

**Lung Screening Study
Result Letter to Participant's Physician**

[DATE]

[PHYSICIAN NAME]
[PHYSICIAN ADDRESS]

RE: Participant Name: [PARTICIPANT NAME]
Date of Birth: [DATE OF BIRTH]
Date of Examination: [DATE OF EXAM]

Dear Doctor [PHYSICIAN NAME] ,

Recently [PARTICIPANT NAME] received a voluntary screening exam as part of the Lung Screening Study. This is an NCI-sponsored scientific study designed to compare chest X-rays and spiral CTs as potential screening tests for lung cancer.

[PARTICIPANT NAME]'s (CHEST X-RAY/SPIRAL CT) exam revealed **abnormal findings. The possibility that these findings represent lung cancer cannot be ruled out.** At the participant's request, we are sending you the attached report, documenting the results of the examination.

We have contacted [PARTICIPANT NAME] and recommended that he/she contact you as soon as possible to discuss these findings. We encourage you to see him/her in a timely fashion and discuss whether additional diagnostic follow-up is necessary. If diagnostic follow-up is necessary, we urge you to refer [participant] to a recognized specialist, such as a pulmonologist.

If you would like additional information regarding the diagnosis and treatment of lung cancer, including the names of specialists in your area, please contact the Screening Center. Since the participant is enrolled in an NCI-sponsored study, it is important that we receive follow-up information. We may be contacting your office at a later date to obtain information on the participant's health status.

We appreciate your cooperation in this important program. If you have any questions about the exam results or any other aspect of the Lung Screening Study, please do not hesitate to call NAME, Lung Screening Study Project Coordinator at (###) ###-####.

Sincerely,

Principal Investigator
Lung Screening Study