

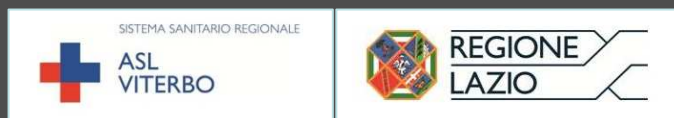


SNOP
Società Nazionale Operatori della Prevenzione

asur
marche 3
azienda sanitaria unica regionale
area vasta n. 3

Asbesto, asbestosi e cancro: dal riconoscimento e controllo del rischio alla qualità della sorveglianza sanitaria degli esposti ed ex esposti.

*Le Linee Guida ILO e il programma di
certificazione NIOSH per B reader: lo stato
dell'arte e i possibili sviluppi
Rita Leonori – Augusto Quercia*



Civitanova Marche 01.10.2015

Parleremo di...

- Stato dell'arte per l'applicazione delle LG ILO per le radiografie nelle pneumoconiosi
- Possibili sviluppi
- Le LG ILO devono essere applicate ?
Analisi e riflessioni su casi reali

Workforce Surveillance



The systematic process of:

***Collection* health data from working populations**

***Aggregation and analysis* health and environmental data**

***Evaluation* identify patterns and trends**

***Reporting* to those who can guide preventive actions**

*Matte, et al. Guidelines for medical screening in the workplace. OM:SOTA Reviews, 1990
Courtesy dott. Jack Parker*

M. FACCINI

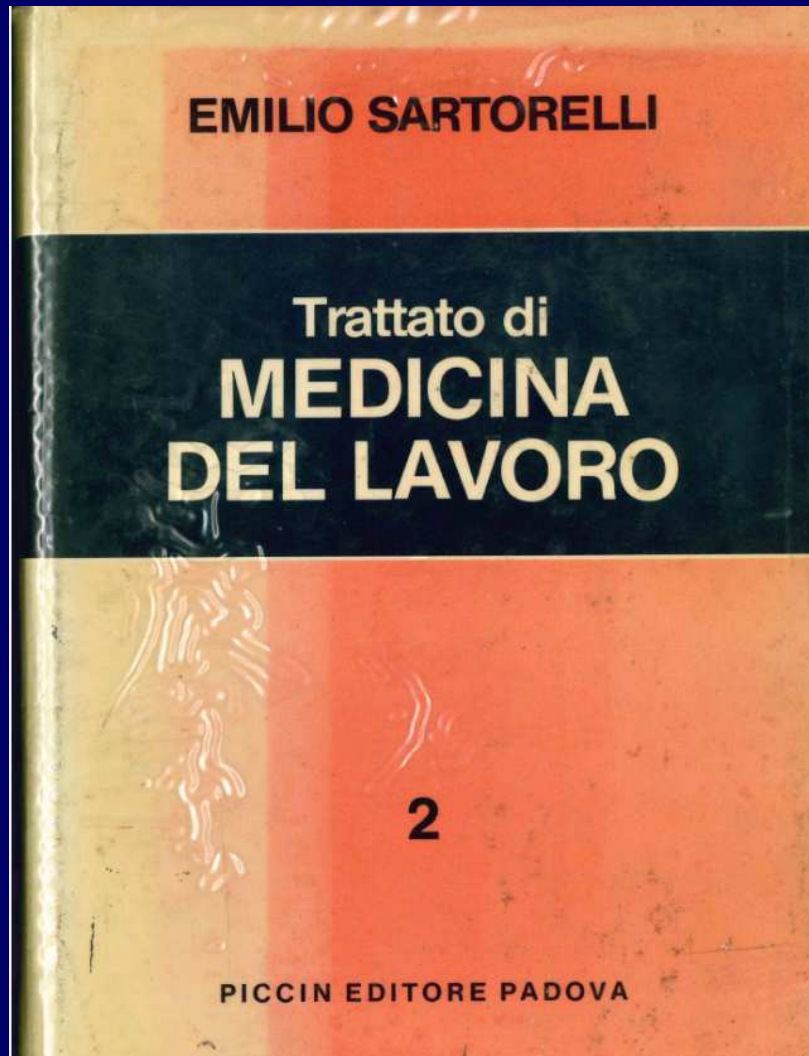
La radiologia delle pneumoconiosi

Faccini editore



“il classificare ... è divenuta una necessità soprattutto per scopi medico-legali in modo che a Johannesburg, nel Belgio od in Val d’Aosta si possa parlare lo stesso linguaggio e fare le stesse valutazioni.”

M. Faccini, 1973



“...è necessario adottare nella lettura dei radiogrammi una classificazione delle opacità radiologiche polmonari sulla quale sia stato raggiunto un accordo internazionale. Nel 1971 è stata proposta una classificazione mista ILO/UICC...”

E. Sartorelli, 1981

Sorveglianza ex esposti – Programma CCM – Regioni 2012

PROGETTO ESECUTIVO - PROGRAMMA CCM 2012

DATI GENERALI DEL PROGETTO

TITOLO:
SPERIMENTAZIONE E VALIDAZIONE DI UN PROTOCOLLO DI SORVEGLIANZA SANITARIA DEI LAVORATORI EX ESPOSTI AD AMIANTO, AI SENSI DELL'ART. 258 D.LGS 81/08.

ENTE PARTNER: (Regione, Iss, Inail, Agenas):
- INAIL, Dipartimento Medicina del Lavoro
- Università di Padova, Dipartimento di Medicina Ambientale e Sanità Pubblica

ENTE RESPONSABILE DELL'ESECUZIONE: ULSS 20 VERONA

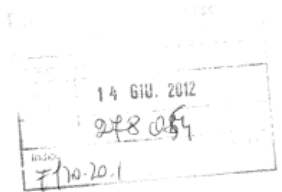
NUMERO ID DA PROGRAMMA: 4

REGIONI COINVOLTE:
numero: 18
elenco:
- Regione Veneto
- Regione Emilia Romagna
- Regione Toscana
- Regione Calabria
- Regione Liguria
- Regione Abruzzo
- Regione Lombardia
- Regione Valle d'Aosta
- Regione Sardegna
- Provincia Autonoma di Trento
- Provincia Autonoma di Bolzano
- Regione Umbria
- Regione Puglia
- Regione Piemonte
- Regione Friuli Venezia Giulia
- Regione Sicilia
- Regione Campania
- Regione Basilicata

DURATA PROGETTO: 24 mesi

COSTO: 350.000 €

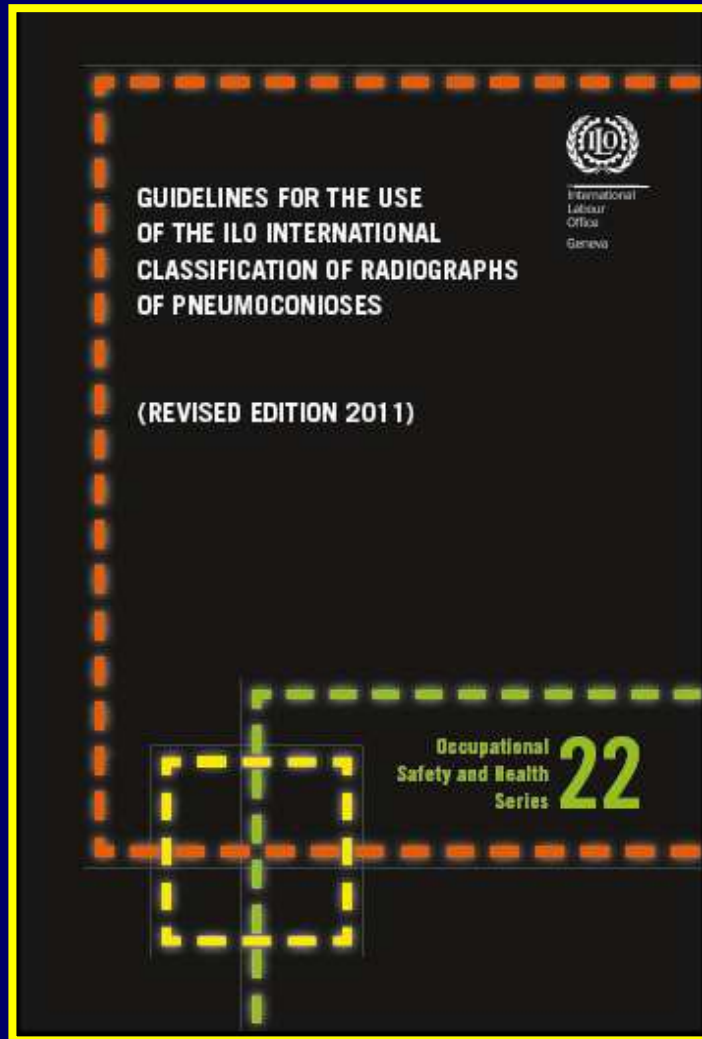
COORDINATORE SCIENTIFICO DEL PROGETTO:
Nominativo: Dott. Luciano Marchiori
Struttura di appartenenza: Servizio Tutela e Sicurezza nei Luoghi di Lavoro
n. tel: 0412791309 - n. fax: 041279331 - E-mail: salute.lavoro@regione.veneto.it



“...i rilievi radiografici devono essere interpretati sulla base della classificazione ILO delle radiografie per pneumoconiosi, sottoposta a revisione...preferenzialmente da un b-reader”

“L'uso della classificazione ICOERD è raccomandata nel Documento di consenso di Helsinki 2014”

Linee Guida ILO



A livello internazionale:

- larga diffusione
- consenso unanime

In Italia:

- applicazione non costante
- applicazione parziale

Pubblicate nel 1949; modificate/aggiornate 1950, 1958, 1968, 1971, 1980, 2000, 2011

Classificazione ILO

- Fornisce un mezzo per descrivere e registrare sistematicamente le anomalie radiografiche provocate dalla inalazione di polveri
- Si applica a tutte le pneumoconiosi
- Si applica solo a rxt in proiezione postero-anteriore

Obiettivo

- Codificare in modo semplice e riproducibile le anomalie radiografiche delle pneumoconiosi

Metodo

- Confrontare rx in esame con serie standard
- Codificare le immagini (forma, grandezza, profusione) con lettere e numeri
- Registrare in modo sistematico

Risultato

- Uniformità di linguaggio
- Limitazione variabilità



INTERNATIONAL
LABOUR
OFFICE
GENEVA

International Classification of Radiographs of Pneumoconioses

(Revised, 2000)

**22 STANDARD
RADIOGRAPHS
COMPLETE SET**

© International Labour Organization 2002



BUREAU
INTERNATIONAL
DU TRAVAIL
GENÈVE

Classification internationale des radiographies de pneumoconioses

(Révisée, 2000)

**JEU DE 22 CLICHÉS
TYPES**

© Organisation internationale du Travail 2002

GUIDELINES FOR THE USE OF THE ILO INTERNATIONAL CLASSIFICATION OF RADIOGRAPHS OF PNEUMOCONIOSES

ILO Standard Images (ILO 2011-D) in DICOM Format

Revised Edition 2011



Klinikum Westfalen – Knappschafts Krankenhaus
Dept. of Radiology D-44309 Dortmund
e-mail: radiologie@kk-dortmund.de



This revised (2011) edition of the *Guidelines for the use of the ILO International Classification of Radiographs of Pneumoconioses* extends the applicability of the ILO scheme to classifications of results from digital radiographic images of the chest. The *ILO Standard Digital Images (ILO 2011-D)* have been prepared for this purpose.



Ordering Information:

You may purchase ILO publications securely online at <http://www.ilo.org.publins> or request by writing to the Publications Bureau, International Labour Office, CH-1211 Geneva 22, Switzerland; fax 41-22-799-69-38; email: pubvente@ilo.org

ISBN 978-92-2-125049-4

International Labour Office – Geneva

Instruction for users

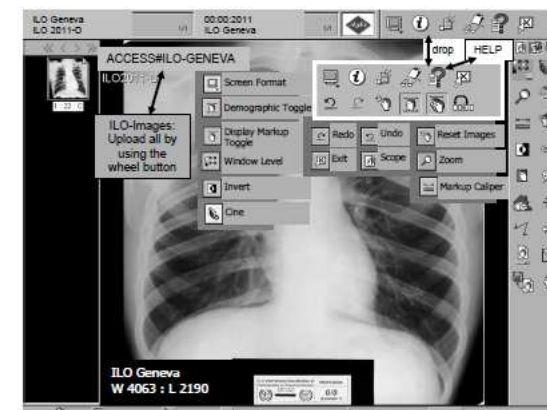
- To view images for making ILO classifications and for diagnostic purposes use only Picture Archiving and Communications System (PACS) units or single workstations with modern medical diagnostic monitors designed for viewing chest images.
 - For PACS workstations, import the ILO Standard Digital Images (ILO 2011-D) into the PACS units and use the PACS tools for viewing the images.
 - If using single medical workstations, upload all 22 ILO Standard Digital Images (ILO 2011-D) into the user device and use the AGIA-Viewer included on the DVD.
- To view images for demonstration and teaching purposes only a Personal Computer (PC) and associated monitor with the minimum requirements specified below can be used.
 - On a PC, select ILO 2011-D and upload all 22 Images, by using the wheel button. Use the AGIA-Viewer included on the DVD.
- The following icons of the AGIA-Viewer are important to manage the viewing process: reset images, window level, cine viewer, zoom, mark-up calliper and help (see: User Guide Manual Book). There are other icons that are visible in the AGIA-Viewer but they should be ignored.

Opening the DVD

Insert the DVD and wait a few seconds until the application starts automatically. If the AUTOSTART mechanism is not available, please access the DVD via MY COMPUTER, select the BIN directory and start the application CDVIEWER.EXE manually. The colour adjustment must be set to TRUE Colour 32bit. If necessary, this should be adjusted by means of CONTROL PANEL DISPLAY AND SETTINGS.

Minimum system requirements for PCs:

- Intel C2D 2.6 GHz or equivalent processors
- 2 GB RAM or higher; DVD-ROM reader;
- 21" LCD Monitor
- Windows XP / Windows Vista / Windows 7



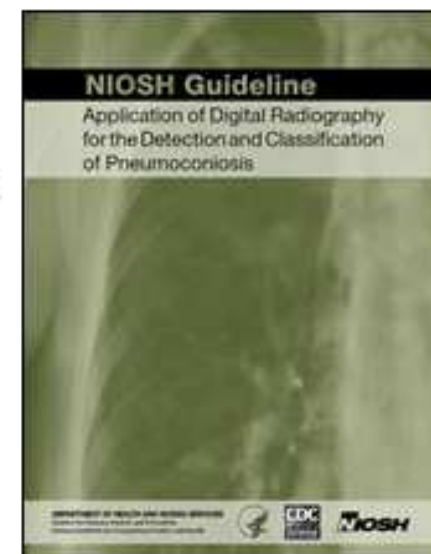
NIOSH Guideline: Application of Digital Radiography for the Detection and Classification of Pneumoconiosis

DHHS (NIOSH) Publication Number 2011-198

August 2011

This NIOSH Guideline is based upon accepted contemporary professional recommendations, and provides technical and operational guidance for radiographic facilities and physician readers who obtain digital chest radiographs for the evaluation of pneumoconiosis. The intent is to assure that the recognition of pneumoconiosis using digitally-acquired chest radiographs is at least as safe and effective as traditional film screen radiography

[NIOSH Guideline: Application of Digital Radiography for the Detection and Classification of Pneumoconiosis](#)  [PDF - 1,114 KB]



NIOSH Reading Sheet

1544192534 DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE OMB No.: 0920-0020

DATE OF RADIOGRAPH
MONTH DAY YEAR
CENTERS FOR DISEASE CONTROL & PREVENTION
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program
Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
ROENTGENOGRAPHIC INTERPRETATION
TYPE OF READING
FACILITY IDENTIFICATION

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY
☐ Overexposed (dark) ☐ Improper position ☐ Underinflation
☐ Underexposed (light) ☐ Poor contrast ☐ Mottle
(If not Grade 1, mark all boxes that apply) ☐ Artifacts ☐ Poor processing ☐ Other (please specify)

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES ☐ Complete Sections 2B and 2C NO ☐ Proceed to Section 3A

2B. SMALL OPACITIES
a. SHAPE/SIZE
PRIMARY SECONDARY
b. ZONES
c. PROFUSION
SIZE ☐ ☐ ☐ ☐ Proceed to Section 3A

2C. LARGE OPACITIES
SIZE ☐ ☐ ☐ ☐ Proceed to Section 3A

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES ☐ Complete Sections 3B, 3C NO ☐ Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)
Site
Calcification
Extent (chest wall; combined for in profile and face on)
Width (in profile only) (3mm minimum width required)

3C. COSTOPHRENIC ANGLE OBLITERATION ☐ ☐ Proceed to Section 3D NO ☐ Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)
Site
Calcification
Extent (chest wall; combined for in profile and face on)
Width (in profile only) (3mm minimum width required)

4A. ANY OTHER ABNORMALITIES? YES ☐ Complete Sections 4B, 4C, 4D, 4E NO ☐ Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)
aa at ax bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pl px ra rp tb
OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

4E. Should worker see personal physician because of findings in section 4? YES ☐ NO ☐ Proceed to Section 5

5. PHYSICIAN'S Social Security Number*
*Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

FILM READER'S INITIALS
DATE OF READING
MONTH DAY YEAR

LAST NAME - STREET ADDRESS
CITY STATE ZIP CODE

CDC/NIOSH (M) 2.8
REV. 6/02

4961192530

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- ☐ Eventration
☐ Hiatal hernia

Airway Disorders

- ☐ Bronchovascular markings, heavy or increased
☐ Hyperinflation

Bony Abnormalities

- ☐ Bony chest cage abnormality
☐ Fracture, healed (non-rib)
☐ Fracture, not healed (non-rib)
☐ Scoliosis
☐ Vertebral column abnormality

Lung Parenchymal Abnormalities

- ☐ Azygos lobe
☐ Density, lung
☐ Infiltrate
☐ Nodule, nodular lesion

Miscellaneous Abnormalities

- ☐ Foreign body
☐ Post-surgical changes/sternal wire
☐ Cyst

Vascular Disorders

- ☐ Aorta, anomaly of
☐ Vascular abnormality

4D. OTHER COMMENTS

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.

Ambiti di impiego della classificazione ILO

- Ricerca epidemiologica
- Screening e sorveglianza di lavoratori esposti a polveri
- Scopi clinici
- Favorire e migliorare il confronto internazionale sui dati delle pneumoconiosi

Fomazione dei B readers in Italia

JOM - Volume 34, Number 9, September 1992

The NIOSH B Reader Certification Program

An Update Report

Gregory R. Wagner, MD
Michael D. Attfield, PhD
Richard D. Kennedy, MS
John E. Parker, MD

Physicians trained in the use of the International Labour Office system for classification of radiographs of pneumoconioses who pass a competence test administered by the National Institute for Occupational Safety and Health are designated as B readers. The current certification and recertification examinations for qualification under the NIOSH B reader program are described. Details of the rationale and format of each examination are given, and information on candidates' scores provided for the years 1987-1990.

primo corso NIOSH: 1998

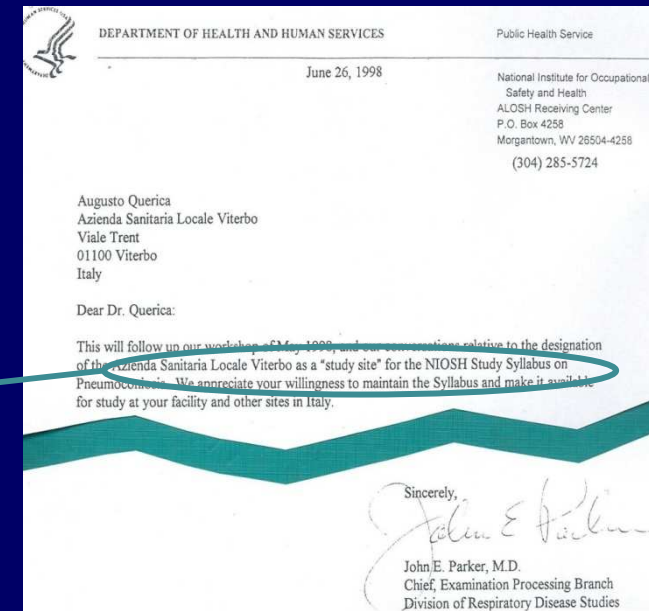
Realizzati:

10 corsi di certificazione

6 corsi di ricertificazione

Formati 113 medici (radiologi e med. lav.)

“designation of the Azienda Sanitaria Locale Viterbo as a “study site” for the NIOSH Study Syllabus on Pneumoconiosis”



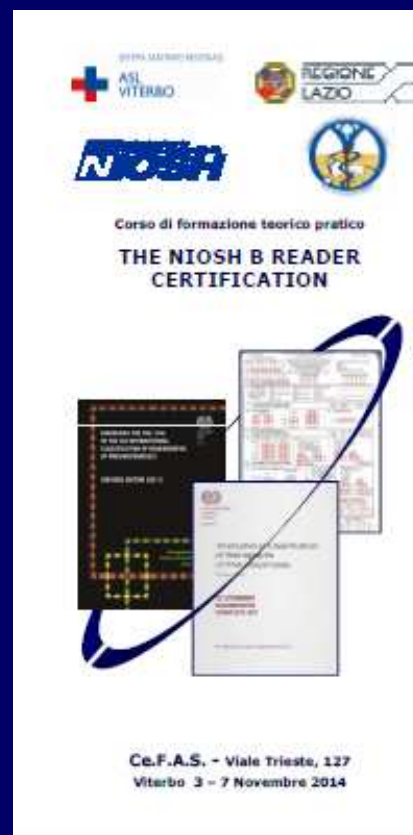
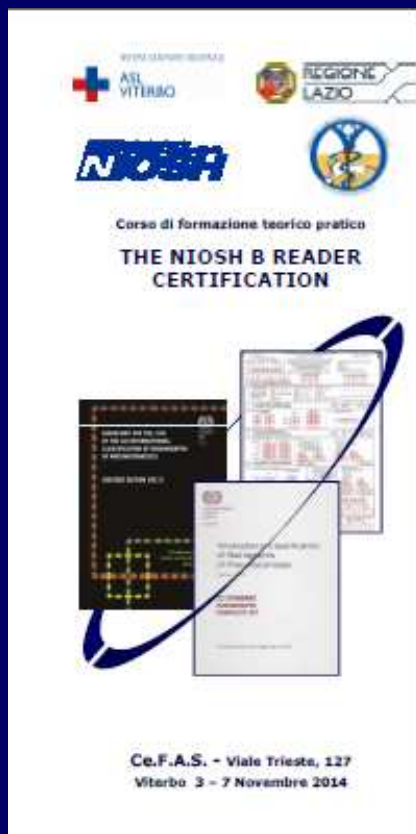
Corso certificazione

- Modulo formativo teorico-pratico di 32 ore
- Esame:
 - Lettura e compilazione scheda di 125 rx in 6 ore

Corso ricertificazione

- Modulo formativo teorico-pratico di 13 ore
- Esame:
 - Lettura e compilazione scheda di 50 rx in 3 ore

Corsi certificazione NIOSH per B reader



A. Wolfe



E. Lupi



J. Parker

Introduzione al corso NIOSH per B reader



8 ore formaz.



E. Cardona



R. Leonori



**Corsi di certificazione e ricertificazione
e B-readers certificati sul totale dei partecipanti**

Corsi	N°certificaz.	%	N° ricertificaz.	%
1998	9/9	100	/	/
2002	6/12	50	4/7	57
2004	5/12	41	/	/
2006	11/14	77	8/10	80
2008	7/12	58	2/2	100
2010*	2/20	10	11/16	69
2012	6/16	37	4/5	80
2013	6/12	50	/	/
2014	2/6	33	7/7	100



Italia
24 B readers

16 radiologi
8 med. lavoro

Regione Marche

3 A readers
med. lavoro

B readers: 209 negli USA – 55 in altri Paesi

CDC Home
Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

NIOSH
© All CDC Topics
Choose a topic above

A-Z Index for All CDC Topics

Workplace Safety and Health Topics

NIOSH

Workplace Safety and Health Topics

- NIOSH
- Workplace Safety and Health Topics
- Safety and Prevention
- Chest Radiography

NIOSH B Reader List

Share

CHEST RADIOGRAPHY

NIOSH Successful International Examinees Listed by Country of Residence

Name	Department	Street	City	Country	Zip	Phone
Eduardo Aguiar	FUNDACENTROMIT/CSI	R. Capote Valente 710	São Paulo	Brazil	05409	(551) 130 6661
Eduardo Mello De Capitani		Coimbra 7042	Campinas	Brazil	1307670	(554) 939 5744
Ricardo Arturo Benítez Gelyes		Avda. 8 N 10-98 Apt. 805	Cali	Colombia		
Juan José Cárdenas Talla		Carrera 33 # 50-236	Barranquilla	Colombia		(315) 710 8200
Walter Durán Silva		Cr 13 B # 161-82	Bogotá	Colombia		
Carlos Eduardo Ochoa García	CLINICA PULMONAR	Cra 48 #19a 40 CS 1504	Medellín	Colombia		(574) 418 9957
Mayer Torres Vivero De León		Diligencia Cra N 134 - 13	Nalmedeja	Colombia		
Maria Beatriz Tardío González	CINE-UTPA	Cra 13a 1004	Nalmedeja	Colombia		
Guglielmo Basso Basso		Via Sestembrini 16/a	Cortina	Italy	06073	(335) 618 982
Alessandro Bertagni		Viale Dell'Industria 11/a	Roma	Italy	00142	(065) 106 2126
Donatella Cagnoli		Str. Madonna Dei Monti 5b	Perugia	Italy	06132	(338) 304 0168
Maria Antonietta Cane		Via San Carlo 10	Firenze	Italy		(335) 757 8702
Enrico Cardona		Via Delle Petunie 13	Viterbo	Italy	01100	(347) 424 7347
Domenico Caracciolo		Via S. Maria 15	Viterbo	Italy	01100	(338) 126 4328
Alessandro Maria Cotti		Via F. T. Marinetti 24/c	Viterbo	Italy	01100	(349) 222 6870
Maria Deodati		Via Francesco Saverio 41	Roma	Italy	00166	(347) 708 0932
Fabio Dominici		Via Enrico Fermi 15	Viterbo	Italy	01100	(076) 123 6717
Daniela Giannucci		Via Ippocrate 575	Torino	Italy	05100	(339) 630 3966
Katia Lazzarini		Via Monte Carlo 75 E/s	Roma	Italy	00139	(348) 890 1114
Rita Lorenzi		Via Tiberina N. 211/a	Narni	Italy	05035	(076) 151 8523
Liliana Lotti		Via V. Agostini 1	Sant'Oreste	Italy	00060	(349) 457 9340
Gabriella Maffei		Via Del Lino 45	Perugia	Italy	06125	(347) 320 5711
Giovanna Manzari		Via Camia 939	Roma	Italy	00189	(348) 732 0726
Cinzia Romani		Corte Mattiotti 102	Cromona	Italy	26100	(037) 261 2775

Maura Martini		Via Forattini	Ciampi, Castelli	Italy	01033	(076) 140 2925
Ugo Navarro		Via Spadella No 40	Legnago	Italy	37045	(349) 421 7307
Lucio Olivetti		Via A. Garibaldi 48	Brescia	Italy	25100	(030) 230 7502
Marco Pizzetti		Via Medici 22	Monza	Italy	20900	(369) 663 9800
Roberto Ricci Bini		Via Canto 60	Ravenna	Italy	48121	(399) 441 6776
Ricardo Rocco		Strada Viale Emici 10	Siena	Italy	53100	(057) 752 6765
Maria Russo		Via Lancia No 27	Bari	Italy	70037	(347) 641 7945
Pietro Sergio		Via Villa Giori, 26	Cumona	Italy	26100	
Faustino Sgalleri		Via Bolognese 25	Scandiano	Italy	43019	(052) 298 5107
Hajimu Katsuragi	UNIVERSITY OF FUKUI	1-2-12 Nagatsubo	Tsuruga, City	Japan	9300973	
Nakimasa Kusaka	UNIVERSITY OF FUKUI	Matsukawacho	Fukui	Japan	9101193	(818) 029 6444
Norihisa Sugawara	KOCHI MEDICAL SCHOOL	Kobara, Chosho	Nakotoke	Japan	7838305	(817) 766 4833
Chawan Chuanthong	SAMUTSAKHON HOSPITAL	1500 Ekachon Rd. Bangkok	Bangkok	Thailand	74000	(081) 343 2722
Chuanthong Chuanthong	NAKORNPATHAM HOSPITAL	Tana	Nakhonpatham	Thailand		(089) 183 2622
Chuanthong Chuanthong	RAJAVITHI HOSPITAL	2 Rajavithi Road, Bangkok	Bangkok	Thailand	10400	(662) 354 8005
Chuanthong Chuanthong	FACULTY OF MED SRINAJ HO	2 Rajavithi Road	Bangkok	Thailand	10700	
Chuanthong Chuanthong	ROYAL THAI ARMY HOSPITAL	Rajavithi Road	Bangkok	Thailand	10400	
Chuanthong Chuanthong	RAMATHIBODI HOSPITAL	270 Rama VI Rd., Bangkok	Bangkok	Thailand	10400	
Chuanthong Chuanthong	SONGKLANAGARD HOSPITAL	Nakhonpatham	Hahai	Thailand	90110	
Chuanthong Chuanthong	NAKORNPING HOSPITAL	Nong Chuan	Chiangmai	Thailand		(665) 399 9000
Chuanthong Chuanthong	CENT CHEST INST OF THAIL	Juvaran	Muang	Thailand	11000	
Chuanthong Chuanthong	CHULALONGKORN UNIVERSITY	Rama IV Rajabong	Bangkok	Thailand	10300	
Chuanthong Chuanthong	LERDSIN HOSPITAL	Siam Rd.	Bangkok	Thailand	10500	
Chuanthong Chuanthong	INTERMEDICAL CARE & LAB H	442 Bangkok Road	Bangkok	Thailand	10110	(089) 170 2225
Chuanthong Chuanthong	SIRIRAJ HOSPITAL	2 Rajavithi Road, Bangkok	Bangkok	Thailand	10100	(668) 968 2500
Chuanthong Chuanthong	CENT CHEST INST OF THAIL	Nong Chuan	Nong Chuan	Thailand		
Chuanthong Chuanthong	CENTRAL CHEST INSTITUTE	39 Moo 9, Juvaran Road	Nakhonpatham	Thailand	10700	
Chuanthong Chuanthong	SARABURJ HOSPITAL	Tanabul 4	Nakhonpatham	Thailand		(081) 818 4024
Chuanthong Chuanthong	MEDICINE FACULTY, PSU	Nakhonpatham Road	Hahai	Thailand	90110	(667) 442 9027
Chuanthong Chuanthong	CENTRAL CHEST INST THAI	Juvaran	Nakhonpatham	Thailand	11000	(662) 583 3423
Chuanthong Chuanthong	MAHARAT NAKORNCHASIMA H	Chuanthong	A. Muang	Thailand	30000	(089) 717 0825
Chuanthong Chuanthong	CHEST DISEASE INSTITUTE	Juvaran	Nakhonpatham	Thailand	11000	(662) 580 3423

56 Successful Examinees shown.

Report generated on 2/3/2015

25 italiani su 55 B readers

Il corretto uso della classificazione ILO

- 1) Aderenza alle Linee Guida scritte
- 2) Uso del set di radiografie standard
- 3) Metodo di lettura e registrazione
(scheda di lettura)

Il caso del lavoratore S.A. (1975)

Data	Rx aziendale	B readers
1998	0/0	p/p 0/1
2002	0/0	p/p 2/2
2003	---	p/q 2/2
2005	n.c. *	q/q 2/3

* Opacità micronodulari **localizzate diffusamente** a carico di entrambi i polmoni

Possibili sviluppi

- Gruppo/i di lettori riferimento regionale (omogeneità, massa critica di rx,...)
- Attrezzature, spazi e tempi dedicati **
- Organizzazione in rete SPRESAL/gruppo lettori per: ex esposti, esposti (da MC, SPRESAL...)
- **R**ilettura in doppio cieco
- Raccolta dati e restituzione dati

**** Utilizzo fondi 758 per orario aggiuntivo B readers (radiologi, medici del lavoro...) ?**

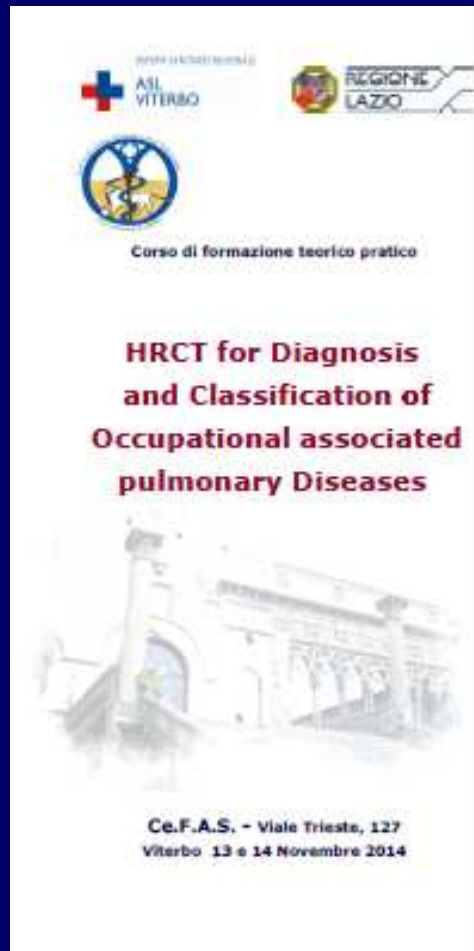
Grazie per l'attenzione

International Classification of Occupational and Environmental Respiratory Diseases - ICOERD

“Analogous to the International Labour Organization (ILO) classification, the ICOERD coding scheme should always be used when the CT/HRCT examination is employed for occupational medical investigations or expert opinions. After publication of the guidelines and recommendations on diagnostics and expert assessment of asbestos-linked diseases and silicosis, the application of a standardized investigation program and assessment with the ICOERD classification form are obligatory, at least for the initial assessment”

Hering KG, Hofmann-Preiss K, Kraus T - Radiologie, 2014 apr; 54 (4)

Corso classificazione ICOERD



K. Hering



E. Lupi



J. Parker



K. Hofman-Preiss

Drucken		zurücksetzen (ganzes Formular)		CT (Techn., Pos., Qual.) zurücksetzen																																																						
CT-Klassifikation (ICOERD - International Classification for Occupational and Environmental Respiratory Diseases)																																																										
GDNR:		CT-Nr. / Datum		Position																																																						
Name:		Schichtzahl		Sequenztechnik ☐ KV ☐ BL ☐ 1 ☐																																																						
Vorname:		Schichtdicke		Single slice Spir. ☐ mAs ☐ RL ☐ 2 ☐																																																						
geb.:		Fenster-einstellungen		Multi slice Spir. ☐ sec ☐ KM ☐ 3 ☐																																																						
		CTDI:		DLP: BMI: 4 ☐																																																						
Ist der gesamte Film ohne Befund? ☐ nein ☐ ja ☐ Symbole zurücksetzen																																																										
Lunge	Bereich zurücksetzen		Häufigste Größe		Felder/Streuung																																																					
	Rundliche Verdichtung P = < 1,5 mm ☐ nein ☐ ja ☐ (schlecht begrenzt) Q = 1,5 - 3 mm ☐ nein ☐ ja ☐ R = > 3 - 10 mm ☐ nein ☐ ja ☐				<table border="1" style="width: 100%; text-align: center;"> <tr><th colspan="6">R</th><th colspan="6">L</th></tr> <tr><th></th><th>0</th><th>1</th><th>2</th><th>3</th><th></th><th>0</th><th>1</th><th>2</th><th>3</th></tr> <tr><td>O</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>U</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		R						L							0	1	2	3		0	1	2	3	O										M										U									
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