Tentative 10/1/66

Explanation of Radiological Interpretation of X-ray Chest Films on U.S.P.H.S. Asbestos Chest Studies

1. International Classification

   a. The reading of the films will utilize the U.S.P.H.S. modification of the ILO Classification for small and large opacities, insofar as is possible. If the predominant lesions seen fit into the ILO Classification, they shall be so designated. If, however, there are changes not classifiable under the ILO Classification scheme, then they shall be classified as "Alpha" as outlined below:

   b. A classification of "Z" includes the following possibilities:

      (1) An area of nodulation suggestive of pneumoconiosis but not of sufficient extent to be included in Category 1 (i.e., not an area ". . . equivalent to at least the second and third anterior rib spaces of either side. . .").

      (2) An area of suspected nodulation which might be confused with normal lung markings.

      (3) A film showing a large opacity (of A, B, or C size) consistent with pneumoconiosis but having a background which either cannot be defined or does not show definite nodulation.

      (4) A film showing one or more opacities which could be due to tuberculosis, cancer or some other condition but which arouses the suspicion of the reader as to the pneumoconiotic etiology of the lesion.

2. "Alpha" designation

   "Alpha" indicates a diffuse pattern of ill-defined roentgenologic shadows. The reading of "alpha" indicates changes not classifiable under the U.S.P.H.S. Modification of the ILO classification for small opacities. "Y" will be used to classify a film where the reader is suspicious of the existence of an "alpha" pattern but when a definite reading of "alpha" is not possible. The "alpha" pattern, when it predominates, will be classified according to the extent of visible chest cavity involvement and profusion of the lesions as follows:

   a. "Alpha" category 1: Diffuse pattern involving an area equivalent to at least the second and third anterior rib spaces of either side, and at the most, not greater than one third of the two lung fields combined;

   b. "Alpha" category 2: Diffuse pattern greater in extent than category 1 which may be distributed over the whole or nearly the whole of the lung fields;

   c. "Alpha" category 3: Diffuse pattern more extensive than "alpha" category 2.

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3. Classification of films

Under this system of classifying lung lesions presumably due to pneumoconiosis, the following possibilities of classification of small or ill-defined lesions are included:

"O" Negative for pneumoconiosis

"Y" or "Z" As designated above. This category will be used when a definite "alpha" pattern is not present. If both a suggestive pneumoconiotic lesion classifiable under the U.S.P.H.S. Modification of the ILO Classification and an ill-defined pattern suggestive of "alpha" are suspected, the reader will be expected to note one or the other depending on which lesion predominates, but not both "Z" and "Y". A possibility of a large opacity (ax) or the presence of a large opacity (A, B, or C) may be used with "Z", "Y", or a designation of an alpha pattern.

"1,2, or 3 p,q, or r" to be used when definite small nodulation is the predominant lesion seen with classification to be made according to the U.S.P.H.S. modification of the ILO classification. Large opacities may be noted as under "Z" above.

"Alpha" 1,2 or 3 To be used when "alpha" shadows predominate. Large opacities may be noted as under "Z" above.

4. Area of Lung predominately involved.

For any lesion seen (whether classifiable under the ILO system and/or the "alpha" system), a notation will be made of the area of the lung predominately involved (upper half of lung fields, lower half of lung fields, or evenly distributed between upper and lower halves).

5. Pleural changes

Non-calcified pleural changes will be determined in terms of chest wall involvement and will be classified as to minimal changes (category 1), moderate (category 2), or extensive (category 3) changes.

6. Pleural calcification

The anatomic location of pleural calcification (chest wall or diaphragmatic) will be noted with the extent classified as minimal (category 1), moderate (category 2), or extensive (category 3).

7. Irregular heart border

The designation "i" for irregular heart border ("shaggy heart") will be mentioned when 25% or more of either the right or left heart border is irregular and poorly defined in the PA roentgenographic projection.

8. Honeycomb appearance

The designation "ho" will be used to indicate multiple small adjacent radioluscencies up to 1 cm. in diameter and of any geometric pattern, most of which are surrounded by a distinct wall of increased density. It is suggested that the area of lung involved be anatomically located in the "Remarks" section, following the notation of "ho".

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