Respiratory Research Unit
North Bristol NHS Trust

SMART Trial

TRIAL SPECIFIC PROCEDURE
Version 1

CHEST EXAMINATION

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<td>05.09.2011</td>
<td>05.09.2012</td>
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Clinical definition of a procedure tract metastasis (PTM)

A Procedure Tract Metastasis will be defined as a clinically palpable nodule of at least 1 cm diameter felt within 7cm of the boundaries of the procedure tract by two independent assessors.

The assessors should be doctors, nurses or radiographers, who have read the chest examination SOP and feel confident to perform the examination.

Key points
- The chest examination must be performed by two assessors at each clinic visit
- In the event of disagreement between the assessors, they should examine the patient together to resolve the dispute.
- In the event of a nodule developing which does not meet the clinical definition of PTM above (for example the nodule is <1cm), a further clinic appointment should be arranged in 1 month to re-examine the patient to see if the definition has been met.

Chest wall examination
- Discuss with the patient what you are planning to do with the patient and wash your hands.
- Ask the patient if they would like a chaperone in the room while they are examined
- Ensure the patient is suitably exposed to fully visualise the procedure site
- Ensure the patient is in a comfortable position whereby the whole procedure site can be easily seen.
- Monitor the patient for any chest wall tenderness throughout the examination.
- Observe the chest wall and take note of:
  - Whether the procedure site scar is completely healed
  - If there are any other skin changes around the scar, including excoriation, rashes, blistering or erythema
  - Any visible chest wall nodules
- Carefully palpate along the procedure tract with the flat of your hand to feel for any nodulation. Take note of any tenderness.
- Run one finger over the procedure site and also between the ribs that cover the procedure tract to feel for any nodulation. Take note of any tenderness.
• For patients with an indwelling catheter in situ, run your finger either side of the tunnelled catheter, feeling for any extra nodules. Pay particular attention to the site where the catheter passes into the pleural cavity.
• If a nodule is palpated, you need to:
  o Measure and record the maximum diameter of the nodule using the tape measure provided in the trial pack
  o Note the location of the nodule in relation to the procedure site and measure the minimum distance from one to the other with the tape measure provided (from the edge of the procedure site to the closest edge of the nodule). Annotate the chest wall diagram in the CRF to indicate it’s location
  o Feel whether the nodule is tethered to the chest wall or mobile
  o Note whether the nodule is tender to palpate and ask the patient and record whether it is:
    ▪ not tender
    ▪ mildly tender
    ▪ moderately tender
    ▪ severely tender
• Allow the patient to dress and wash your hands
• Record your findings on the follow up visit CRF and in the patient’s notes
• Ensure both assessors have signed and dated the CRF