

## Incidental Radiology Findings

### Question

What is the generally accepted practice for identifying, documenting, and communicating incidental radiology findings? Does communicating depend on the potential severity of the findings? Who is ultimately responsible for communicating the findings to the patient?

### Answer

The American College of Radiology (ACR) does not have specific practice guidelines, technical standards, or ACR Appropriateness Criteria® related to incidental findings. However, the ACR did form an Incidental Findings Committee (IFC) that has published a [series of white papers](#) providing guidance and algorithms on various imaging techniques and types of incidental findings. White paper topics include:

- Abdominal CT (2010)
- Abdominal and Pelvic CT and MRI – Adnexal, Vascular, Splenic, Nodal, Gallbladder, and Biliary Findings (2013)
- Thyroid Nodules (2015)
- Adrenal Masses (2017)
- Liver Lesions on CT (2017)
- Pancreatic Cysts (2017)
- Renal Masses on CT (2018)
- Pituitary Findings on CT, MRI, and <sup>18</sup>F-Fluorodeoxyglucose PET (2018)

- Mediastinal and Cardiovascular Findings on Thoracic CT (2018)
- Adnexal Findings on CT and MRI (2020)

The Fleischner Society has published several iterations of a guideline on the management of incidental pulmonary nodules detected on CT scans. The most recent guideline was issued in 2017.<sup>1</sup> Radiologists and referring physicians can use these resources from ACR and the Fleischner Society to guide consistent decision-making related to incidental findings.

Further, the ACR advises that “in emergent or other nonroutine clinical situations, the interpreting physician should expedite the delivery of a diagnostic imaging report (preliminary or final) in a manner that reasonably ensures timely receipt of the findings.”<sup>2</sup> Likewise, accrediting agencies, such as The Joint Commission, require effective mechanisms for communicating nonroutine, critical, or significant findings. Except in the instance of self-referred mammography patients, the responsibility for communicating incidental findings to patients usually rests with the referring or ordering physician.

## Good Practices

- **Interpretation.** The radiologist should clearly indicate to the referring physician whether the interpretation is definite, possible, suspected, or equivocal. Any evidence-based practice used to determine probability should be documented.
- **Documentation.** As appropriate, the interpretative report should identify further tests that the referring physician and patient might want to consider based on additional clinical information that the physician may have.
- **Workflow.** A well-defined process for communicating incidental findings to the referring or ordering physician can help ensure appropriate follow-up of important findings to the patient.
- **Nonroutine findings.** Critical or significant incidental findings that may seriously affect the patient’s health are best communicated verbally to the referring physician.

- **Fax confirmation.** Receipt of any faxed findings should be documented in a paper log or in the electronic health record (EHR). Software is available that automatically records when the fax was successfully received.
- **Automated system.** Using an EHR system that identifies incidental finding notations in radiology reports and generates notifications for clinicians and letters to patients can help improve patient safety.
- **Self-referred patients.** Incidental findings for self-referred patients must be reported directly to the patient and any primary care physician or specialist identified by the patient during initial intake.

## Resources

- [American College of Radiology: Incidental Findings](#)
- [Massachusetts Coalition for the Prevention of Medical Errors: Communicating Critical Test Results](#)
- [Radiology Business: How to Manage Incidental Findings: Today's Radiologists Turn to a Mix of Society Guidelines and Trusting Their Instincts](#)
- [RadioGraphics: Updated Fleischner Society Guidelines for Managing Incidental Pulmonary Nodules: Common Questions and Challenging Scenarios](#)
- [Radiology Business: Incidentally Yours, Radiologist](#)
- [Radiology: Guidelines for Management of Incidental Pulmonary Nodules Detected on CT Images: From the Fleischner Society 2017](#)

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<sup>1</sup> MacMahon, H., Naidich, D. P., Goo, J. M., Lee, K. S., Leung, A., Mayo, J. R., . . . Bankier, A. A. (2017). Guidelines for management of incidental pulmonary nodules detected on CT Images: From the Fleischner Society 2017. *Radiology*, 284(1), 228-243. <https://doi.org/10.1148/radiol.2017161659>

<sup>2</sup> American College of Radiology. (2014, Revised). *ACR practice parameter for communication of diagnostic imaging findings* (Resolution 11). Retrieved from [www.acr.org/Clinical-Resources/Practice-Parameters-and-Technical-Standards/Practice-Parameters-for-Documentation-and-Reporting](http://www.acr.org/Clinical-Resources/Practice-Parameters-and-Technical-Standards/Practice-Parameters-for-Documentation-and-Reporting)

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