

### 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 that published a 2010 white paper on a practical and medically appropriate approach for managing incidental findings on CT scans of the abdomen and pelvis.<sup>1</sup>

Additionally, a 2005 statement from the Fleischner Society offers guidelines for the management of small pulmonary nodules detected on CT scans.<sup>2</sup> These resources provide radiologists and referring physicians with guidance related to incidental findings.

The ACR advises that a radiologist must timely communicate any nonroutine findings (e.g., critical or significant findings) in a manner most likely to reach the attention of the referring physician. 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 adequate 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 by the ordering physician 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.<sup>3</sup>
- **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: Chance Encounter: The Rise in the Number of Incidental Findings Brings Ethical and Medical Dilemmas to the Forefront — <http://www.acr.org/News-Publications/News/News-Articles/2012/ACR-Bulletin/201209-Chance-Encounter>
  - *American Journal of Roentgenology*: Defending the “Missed” Radiographic Diagnosis — <http://www.ajronline.org/doi/full/10.2214/ajr.176.2.1760317>
  - *Journal of the American College of Radiology*: Managing Incidental Findings on Abdominal CT: White Paper of the ACR Incidental Findings Committee — [http://www.jacr.org/article/S1546-1440\(10\)00330-3/fulltext](http://www.jacr.org/article/S1546-1440(10)00330-3/fulltext)
  - Massachusetts Coalition for the Prevention of Medical Errors: Communicating Critical Test Results: Safe Practice Recommendations — <http://www.macoalition.org/Initiatives/docs/CTRgriswold.pdf>
  - Medscape: How Do You Solve a Problem Like Incidentalomas? — <http://www.medscape.com/viewarticle/779377>
- Radiology*: Guidelines for Management of Small Pulmonary Nodules Detected on CT Scans: A Statement from the Fleischner Society — <http://pubs.rsna.org/doi/full/10.1148/radiol.2372041887>

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<sup>1</sup> Berland, L. L., Silverman, S. G., Gore, R. M., Mavo-Smith, W. W., Megibow, A. J., Yee, J., . . . Taylor, A. J. (2010, October). Managing incidental findings on abdominal CT: White paper of the ACR Incidental Findings Committee. *Journal of the American College of Radiology*, *7*(1), 754–773.

<sup>2</sup> MacMahon, H., Austin, J. H., Gamsu, G., Herold, C. J., Jett, J. R., Naidich, D. P., . . . Fleischner Society. (2005, November). Guidelines for management of small pulmonary nodules detected on CT scans: A statement from the Fleischner Society. *Radiology*, *237*(2), 395–400.

<sup>3</sup> Emerman, C. L., Gallagher, M. A., & Diaz, P. J. (2012, March). Incidental radiology findings: Effectiveness of a radiology–electronic medical records interface system for improving communication. *Journal of Clinical Outcomes Management*, *19*(3), 111–115.

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