

## Case Study: Standardized Findings

*Radiologists and referring physicians collaborate to create standardized guidelines for consistently managing incidental findings uncovered through a lung cancer screening program.*

By Brooke Bilyj

### Key Takeaways:

- Radiologists in a lung cancer screening program used a standardized system to report pulmonary nodules, but they didn't have a clear framework to report incidental findings.
- In collaboration with referring physicians and other specialists, radiologists developed standardized guidelines for managing recommendations related to incidental findings.
- By using standardized guidelines to report incidental findings, radiologists can consistently provide clear follow-up care recommendations to patients and referring physicians.

The main goal of LungHealth®, the low-dose CT (LDCT) lung cancer screening program that Beth Israel Deaconess Medical Center (BIDMC) launched in 2016, is to detect lung cancer early and improve survival rates among high-risk patients. But radiologists are uncovering more than lung nodules through the program; they are also detecting a lot of incidental findings. Now, program leaders are standardizing how they handle these findings, expanding LungHealth beyond lung cancer detection for more holistic patient care.

"In the past, radiologists weren't always sure what to do about incidental findings," says Lauren M. Taylor, RN, BSN, LungHealth program manager. "We really didn't have any framework around what exactly makes up an incidental finding in the context of lung cancer screening or how to determine what type of follow-up care to recommend." (Read "[A Proactive Role for Radiology](#)" to learn more about BIDMC's LungHealth program.)

As an ACR-designated lung cancer screening center, LungHealth uses ACR's Lung-RADS™ guidelines to consistently assess and report lung nodules using a standardized reporting template. But to create a standardized protocol for incidental findings found through LDCT screening, program leaders had to work closely with referring physicians and other specialists.

To that end, Taylor and LungHealth's medical director, Alexander A. Bankier, MD, PhD, met with specialty departments throughout the hospital and asked for their input. Specifically, they asked the specialists what findings within the framework of lung cancer screening and in light of a patient's specific risk profile should require follow-up or additional testing. They also asked what the recommended next steps should be for each potential finding.

From there, Taylor and Bankier created a list of all of the different possible findings, correlated to each specialty's recommended next steps. Then, they asked an independent group of referring physicians across the hospital to audit the list until everyone agreed with how the recommendations were presented. "It was a strenuous process," Taylor says. "It has to be



Alexander A. Bankier, MD, PhD, professor of radiology at Harvard Medical School and chief of the cardiothoracic imaging section and director of functional respiratory imaging at Beth Israel Deaconess Medical Center, and Lauren M. Taylor, RN, BSN, LungHealth program manager, led development of standardized guidelines related to incidental findings.

fairly extensive, because it touches on every possible incidental finding you could see for each section of the body."

Once the radiologists and other physicians reached a consensus, Taylor and Bankier began rolling out the guidelines around mid-October of 2018. They uploaded the list of recommendations into the reporting template that the radiologists use for lung cancer screening, and Bankier talked with the radiology team about using the guidelines to manage incidental findings more consistently.

"Now, when our radiologists read a lung cancer screening exam and see a renal cyst of a certain size, for example, they can look it up and find a direct recommendation based on what they're seeing," Taylor says. "The recommendation is then directly inserted into the report. This way, all incidental findings and their potential management recommendations are reported in a standardized manner across the board."

Just a couple weeks after implementing the new guidelines, Taylor says the benefits are already obvious. "We've received positive feedback from referring

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physicians who like receiving direct recommendations for incidental findings. Having guidelines in place to determine the next steps after a scan is very helpful to them and valuable for patient care," she says. "For our radiologists, it removes the gray area around incidental findings. Now, their recommendations are very clear, reproducible, and consistent."

### Next Steps:

- Communicate with specialists outside your area of focus to identify their follow-up recommendations for potential findings related to their section of the body.
- Organize each specialist's recommendations into a master document that other physicians can review before implementing new imaging follow-up guidelines.

- Empower radiologists to manage incidental findings more consistently by incorporating multidisciplinary recommendations into your standardized reporting template.

### Share Your Story

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