Bone-RADS™ – Radiography Imaging Report Template for Potentially Neoplastic Bone Lesions (Short)

Examination: [ ] Radiographs, [number] Views.

Date of Study: [ ]

Clinical Indication: [ ]

Technique: [ ] views of the __________

Comparison/Correlation is made with __________

Patient Sex and Age:

FINDINGS:

Lesion Size:

Location/Bone Involved:

Radiodensity:

Matrix:

Other Findings:

BONE-RADS SCORING SYSTEM:

<table>
<thead>
<tr>
<th>Margin</th>
<th>Periosteal Reaction</th>
<th>Endosteal Erosion</th>
<th>Pathological Fracture</th>
<th>Extra-osseous Soft Tissue Mass</th>
<th>History of Primary Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA = 1</td>
<td>None = 0</td>
<td>Mild = 0</td>
<td>No = 0</td>
<td>No = 0</td>
<td>No = 0</td>
</tr>
<tr>
<td>IB = 3</td>
<td>Non-aggressive = 2</td>
<td>Moderate = 1</td>
<td>Yes = 2</td>
<td>Yes = 4</td>
<td>Yes = 2</td>
</tr>
<tr>
<td>II = 5</td>
<td>Aggressive = 4</td>
<td>Deep = 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IIIA-C = 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Margination/Zone of Transition: [ ] points

Periosteal Reaction: [ ] points

Endosteal Scalloping: [ ] points
Pathological Fracture: [ ] points
Evidence of Extra-osseous Soft Tissue Mass: [ ] points
History of Primary Malignancy: [ ] points
Point Total: [ ] points

BONE-RADS Score:
[ ] 0 (N/A) – Incompletely Characterized – further evaluation is suggested below
[ ] 1 (1-2 points) – Very Low Risk of malignancy - very likely benign
[ ] 2 (3-4 points) – Low Risk of malignancy - probably benign
[ ] 3 (5-6 points) – Intermediate Risk of malignancy - potentially malignant
[ ] 4 (7 or more points) – High Risk of malignancy – highly suspicious for malignancy

IMPRESSION:
Most Likely Diagnosis: 1. ____________
Differential Diagnosis:
1. ____________
2. ____________
3. ____________

RECOMMENDATION:
[ ] No further imaging follow up is necessary – unless new symptoms or change in clinical status
[ ] Radiographic surveillance is recommended at ___ months
[ ] Advanced imaging evaluation is recommended (SELECT BELOW)
  [ ] Magnetic Resonance Imaging (MRI) of the __________ [ ] without [ ] with contrast
  [ ] Computed Tomography (CT) of the __________ [ ] without [ ] with contrast
  [ ] Nuclear Medicine Technetium-99M Bone Scan
  [ ] PET-CT
  [ ] PET-MRI
  [ ] Other: __________
[ ] Biopsy and/or Orthopedic Oncology consultation is recommended