

MSK-RADS (Bone) Scoring System with Management Recommendations (Detailed)

MSK-RADS (Bone) Score	Risk Assessment, Description, and Examples	Management Suggestions
0 = INCOMPLETELY CHARACTERIZED	<p>Risk cannot be adequately predicted</p> <ul style="list-style-type: none"> - Further work-up is necessary - Example: lucent lesions of the axial skeleton such as scapula, spine, or pelvis 	<ul style="list-style-type: none"> - Additional radiographic views or cross-sectional imaging for further evaluation
1 = VERY LIKELY BENIGN	<p>VERY LOW risk of malignancy</p> <ul style="list-style-type: none"> - Pathognomonic benign bone lesion - Classic “Do Not Touch” lesion - Examples: non-ossifying fibroma, osteoid osteoma 	<ul style="list-style-type: none"> - If asymptomatic, consider 6–12-month interval surveillance to ensure expected stability UNLESS there is a change in clinical symptoms - If symptomatic, consider cross-sectional imaging or orthopedic oncology referral for treatment planning
2 = PROBABLY BENIGN	<p>LOW risk of malignancy</p> <ul style="list-style-type: none"> - Asymptomatic geographic lytic lesion without suspicious periosteal reaction or deep endosteal erosion - Typical location and/or matrix of a common benign bone lesion - Examples: enchondroma, giant cell tumor, aneurysmal bone cyst 	<ul style="list-style-type: none"> - Orthopedic oncology referral for surveillance planning or treatment - Consider 3–6-month interval surveillance to ensure stability - Consider advanced imaging to assess tumor composition - Consider biopsy to support or confirm benignity
3 = POTENTIALLY MALIGNANT	<p>INTERMEDIATE risk of malignancy</p> <ul style="list-style-type: none"> - Geographic lytic lesion in a patient with primary malignancy elsewhere - Geographic, but ill-defined lytic lesion 	<ul style="list-style-type: none"> - Orthopedic oncology referral for possible biopsy and/or treatment planning - Consider advanced imaging such as CT, MRI, or bone scan as directed by differential diagnosis

<p>4 = HIGHLY SUSPICIOUS FOR MALIGNANCY</p>	<p>HIGH risk of malignancy</p> <ul style="list-style-type: none">- Malignant until proven otherwise- Geographic lytic lesion with aggressive periosteal reaction or soft tissue mass- Non-geographic osteolytic lesion	<ul style="list-style-type: none">- Orthopedic oncology referral for biopsy and treatment planning- Consider advanced imaging such as CT, MRI, or bone scan as directed by differential diagnosis
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