

Oncology of the chest

Quality of communication between referring clinicians and radiologists. How important is it? An analysis of this problem in imaging of pulmonary complications after HSCT in children.

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PURPOSE

Purpose of this study is:

-To identify and assess the key elements of communication and its importance in imaging of pulmonary complications after hematopoietic stem cell transplantation (HSCT) in children.

-To propose easy-to-use, effective ideas to improve communication and the impact of diagnostic imaging on clinical decisions.

MATERIAL and METHODS

186 patients, who underwent 200 HSCT procedures were enrolled. We analysed referrals to radiology department and corresponding radiological reports in terms of completeness. In total 166 chest CT scans and 260 chest radiographs were made.

RESULTS

The analysis of results revealed weak points in quality and quantity of informations given by the clinicians on referrals. Such informations as time and type of HSCT, result of microbiological examinations and defined clinical question, were lacking in up to 57% of referrals. The statistically significant decrease (p

CONCLUSIONS

Although the quality of CT image of lung tissue in modern scanners is almost perfect, the radiological symptoms are not 100% specific. The sufficient amount of clinical data can help radiologist to narrow the differential diagnosis. We propose the templates of the easy-to-fill-in referral which provides all the necessary clinical/patient data and the template of structured report with separate parts entitiled "summary of radiological findings" and "differential diagnosis".

REFERENCES

1. Soubani AO, Pandya CM. The spectrum of noninfectious pulmonary complications following hematopoietic stem cell transplantation. *Hematol Oncol Stem Cell Ther.* 2010;3(3):143-57.
2. Afessa B, Abdulai RM, Kremers WK, Hogan WJ, Litzow MR, Peters SG. Risk factors and outcome of pulmonary complications after autologous hematopoietic stem cell transplant. *CHEST Journal.* 2012;141(2):442-50.
3. Inaba H, Yang J, Pan J, Stokes DC, Krasin MJ, Srinivasan A, et al. Pulmonary dysfunction in survivors of childhood hematologic malignancies after allogeneic hematopoietic stem cell transplantation. *Cancer.* 2010;116(8):2020-30.
4. Hollingsworth CL, Frush DP, Kurtzburg J, Prasad VK. Pediatric Hematopoietic Stem Cell Transplantation and the Role of Imaging 1. *Radiology.* 2008;248(2):348-65.
5. Wallis A, McCoubrie P. The radiology report--are we getting the message across? *Clin Radiol.* 2011;66(11):1015-22.

11th International Conference Advances in Pneumology

Cologne, Germany, November 6-7, 2015

6. Schwartz LH, Panicek DM, Berk AR, Li Y, Hricak H. Improving communication of diagnostic radiology findings through structured reporting. *Radiology*. 2011;260(1):174-81.
7. Bosmans JM, Peremans L, De Schepper AM, Duyck PO, Parizel PM. How do referring clinicians want radiologists to report? Suggestions from the COVER survey. *Insights into imaging*. 2011;2(5):577-84.
8. Marcovici PA, Taylor GA. JOURNAL CLUB: Structured Radiology Reports Are More Complete and More Effective Than Unstructured Reports. *American Journal of Roentgenology*. 2014;203(6):1265-71.
9. Bosmans JM, Weyler JJ, De Schepper AM, Parizel PM. The radiology report as seen by radiologists and referring clinicians: results of the COVER and ROVER surveys. *Radiology*. 2011;259(1):184-95.