PURPOSE:

To provide guidance for radiologists when reporting on a diagnosis of “new or highly suspicious malignancy”.

GUIDELINES:

1. A definitive or high probability unsuspected cancer will be reported through the critical results reporting system as an “Critical Level Orange” (closed within six hours) which will prompt the ordering provider with a BPA of the result.
   1a. This diagnosis is an upgrade from it’s prior alert level of “Critical Alert Yellow”, to ensure ordering providers understand the urgency and importance of this unsuspected but critical diagnosis.

2. Any questionable finding that is NOT definite or highly concerning for a new cancer (example hyperdense cyst vs mass, indeterminate thyroid nodules, inflammation vs cancer, etc) can still be communicated with a “Critical Alert Yellow” result (closed out within seven days).

3. Breast radiologists will not be impacted and can continue communication as they currently do per MQSA guidelines.
| **Green (verbally at time of interpretation) or Red**  
| **(communication within 60 minutes of report finalization)** | **Orange**  
| **Communication within 6 hours** | **Yellow**  
| **Communication within 7 days** |
| **Chest:**  
- New (unexpected) pneumothorax without chest tube  
- Life threatening line/tube misplacement  
- Acute pulmonary embolism or acute aortic syndrome  
- Retained foreign body  
| - Any New or High Suspicion Malignancy  
| **Chest:**  
- Unexpected pneumonia or opportunistic infection  
- Significant pericardial or tension pleural effusion  
- Unexpected intracardiac clot  
- Suspected acute Tb  
- New whole lung collapse  
- New SVC syndrome in out-patient  
| **Chest/Abdomen:**  
- Unexpected thoracic aneurysm > 5cm  
| **Ultrasound:**  
- Any recommendations for FNA/Bx  
| **MSK:**  
- Hardware malfunction  
| **Abdomen:**  
- Unexpected pneumoperitoneum or significant hemorrhage  
- New florid pneumatisis (peds) or findings of ischemic bowel  
- Small bowel volvulus (peds)  
- Any finding that could require same day surgery (e.g. acute cholecystitis or acute appendicitis)  
- Active GI bleed  
| - New intra-abdominal abscess  
- Acute diverticulitis  
- Complicated or unexpected bowel obstruction  
- New biliary obstruction  
- Intussusception (peds)  
- New ureteral calculus  
| **Ultrasound:**  
- Pseudoaneurysm/AVF  
- Molar pregnancy  
- New deep vein thrombosis  
- New Endoleak  
- AAA > 5cm  
| **Breast Imaging:**  
- Biopsy recommendation for suspicious findings  
| **Neuro:**  
- New subdural empyema  
- Metastatic lesion close to nerve root canal  
| **Nuclear Medicine:**  
- Meckel’s diverticulum  
| **Peds:**  
- Non-accidental injury  
| **MSK:**  
- New (clinically relevant) fracture  
- New bone infection  
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