

**DEPARTMENT OF RADIOLOGY AND BIOMEDICAL IMAGING STANDARD OPERATING PROCEDURES**

<b>Administrative SOP:</b>	<b>Title</b> SOP for Radiologists (Alert for New or High Suspicion Malignancy)		
<b>Reviewed:</b>	<b>Dates:</b> 6/7/23, 6/29/23	<b>Revised / Reviewed</b>	6/29/23
<b>Approved By:</b>	David Facchini, Director; Dr. Melissa Davis MD, Vice Chair for Imaging Informatics; Dr. Jay Pahade Vice Chair Quality and Safety		

**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 results reporting system as a “purple” level alert (closed within three days) which will prompt the ordering provider with a BPA of the result.
  - 1a. If classified as a “purple” alert, a certified letter informing the patient that a finding that requires follow up has been identified will be sent.
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 “yellow” alert (closed out within seven days).
3. Breast radiologists will not be impacted and can continue communication as they currently do per MQSA guidelines.

**YM/Yale New Haven Hospital Critical Radiology Result Classification-** For in-patient and out-patients only. All critical findings on ED patients will be relayed either verbally or through Mobile Heartbeat text and documented as a Green “Critical result”. Non-critical ED findings requiring follow-up will be relayed and documented via a Blue “Critical Result”. List below is a guideline and should not supersede clinical judgment of radiologist.

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	Purple – Communication within 3 days
<p><b><u>Chest:</u></b>            -New (unexpected) pneumothorax without chest tube            -Life threatening line/tube misplacement            -Acute pulmonary embolism or acute aortic syndrome            -Retained foreign body</p> <p><b><u>Abdomen:</u></b>            -Unexpected pneumoperitoneum or significant hemorrhage            -New florid pneumatosis (peds) or findings of ischemic bowel            -Small bowel volvulus (peds)            -Any finding that could require same day surgery (ex. acute cholecystitis or acute appendicitis)            -Active GI bleed</p> <p><b><u>Ultrasound:</u></b>            -Ectopic pregnancy            -New occluded arterial bypass graft            -AAA &gt;5cm with free fluid            -New aortic, carotid or mesenteric dissection            -New mesenteric or transplant organ venous/arterial thrombus            -Ovarian or testicular torsion</p> <p><b><u>Neuro:</u></b>            -Unexpected new intracranial hemorrhage            -New cord compression</p>	<p><b><u>Chest:</u></b>            -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</p> <p><b><u>Abdomen:</u></b>            -New intra-abdominal abscess            -Acute diverticulitis            -Complicated or unexpected bowel obstruction            -New biliary obstruction            -Intussusception (peds)            -New ureteral calculus</p> <p><b><u>Ultrasound:</u></b>            -Pseudoaneurysm/AVF            -Molar pregnancy            -New deep vein thrombosis            -New Endoleak            -AAA &gt;5cm</p> <p><b><u>Neuro:</u></b>            -New subdural empyema            -Metastatic lesion close to nerve root canal</p> <p><b><u>Nuclear Medicine</u></b>            -Meckel's diverticulum</p> <p><b><u>Peds:</u></b>            -Non-accidental injury</p> <p><b><u>MSK:</u></b>            -New (clinically relevant) fracture            -New bone infection</p>	<p><b><u>Chest/Abdomen:</u></b>            -Unexpected thoracic aneurysm &gt; 5cm</p> <p><b><u>Ultrasound</u></b>            -Any recommendations for FNA/Bx</p> <p><b><u>MSK:</u></b>            -Hardware malfunction</p> <p><b><u>Breast Imaging:</u></b>            -Biopsy recommendation for suspicious findings</p>	<p><b><u>-Unexpected finding that is highly likely to be malignant</u></b></p>