

Poster #: 25

Title of Abstract: Hepatopancreaticobiliary Oncologic Surgery and Structured Reporting: What the Surgeons Want to Know

Institution: Emory Health Care

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Modality: Multi

Organ System: GI

Intro: N/A

Purpose: N/A

Methods Used: N/A

Results of Abstract: N/A

Abstract:

Discussion: N/A

Scientific and/or Clinical Significance? N/A

Relationship to existing work N/A

Purpose: To illustrate the use of hybrid disease-specific structured reporting templates developed in collaboration with our institution's hepatopancreaticobiliary (HPB) surgeons and how these templates ensure inclusion of clinically / surgically relevant information. **Content Organization:** 1. Review literature regarding merits and drawbacks of structured reporting. 2. Highlight key factors in clinical decision-making and surgical planning for four major HPB oncologic diseases including pancreatic mass staging, pancreatic cystic neoplasms, liver mass / masses, and extrahepatic biliary pathology. 3. Show examples of non-template and template-based reporting for each of these diseases, including imaging correlates. 4. Review preferences of referring clinicians and radiologists from a large academic medical center, as ascertained by a brief survey prior to and after implementation of embedded templates. For example, a short embedded structured template for liver mass / masses would include: Liver mass: Lesion #: Size and location of largest lesion: Enhancement characteristics: Distribution (# right / # left): Vascular involvement: Biliary dilation: Liver volume (total / right / left): Background liver disease: Anomalous vasculature / biliary anatomy: Diagnostic impression: Major Teaching Points: 1. Structured reporting remains a controversial and complex issue, with studies suggesting increasing clinician preference and research benefits, while at the same time potential decreases in quality of interpretation and report completeness. 2. Hybrid disease-specific structured reporting templates embedded within a radiology report can mitigate the known drawbacks of an entirely structured report, while ensuring the inclusion of clinically relevant information for staging and surgical planning. Particularly in an academic center with rotating residents and multiple radiologists, templates can ensure standardized lexicon and reporting style. 3. Hepatopancreaticobiliary oncologic surgery is an evolving field with increasing treatment possibilities. A multidisciplinary and collaborative approach to report design is key in maintaining the relevance and utility of our radiology reports.