

Incidental Radiology Findings

Question

What is the generally accepted practice for identifying, documenting, and communicating incidental radiology findings? Does communicating depend on the potential severity of the findings? Who is ultimately responsible for communicating the findings to the patient?

Answer

The American College of Radiology (ACR) does not have specific practice guidelines, technical standards, or ACR Appropriateness Criteria® related to incidental findings. However, ACR did form an Incidental Findings Committee (IFC) that has published a [series of white papers](#) providing guidance and algorithms on various imaging techniques and types of incidental findings. White paper topics include:

- Lung Findings on Thoracic CT (2021)
- Adnexal Findings on CT and MRI (2020)
- Mediastinal and Cardiovascular Findings on Thoracic CT (2018)
- Pituitary Findings on CT, MRI, and 18F-Fluorodeoxyglucose PET (2018)
- Renal Masses on CT (2018)
- Adrenal Masses (2017)
- Liver Lesions on CT (2017)
- Pancreatic Cysts (2017)
- Thyroid Nodules (2015)

- Abdominal and Pelvic CT and MRI — Adnexal, Vascular, Splenic, Nodal, Gallbladder, and Biliary Findings (2013)
- Abdominal CT (2010)

In 2023, ACR and the American College of Emergency Physicians collaborated to produce a new white paper titled [Best Practices in the Communication and Management of Actionable Incidental Findings in Emergency Department Imaging](#).

Additionally, the Fleischner Society has published several iterations of a guideline on the management of incidental pulmonary nodules detected on CT scans. The most recent guideline was issued in 2017.¹ Radiologists and referring physicians can use these resources from ACR and the Fleischner Society to guide consistent decision-making related to incidental findings.

Further, ACR advises that “in emergent or other nonroutine clinical situations, the interpreting physician should expedite the delivery of a diagnostic imaging report (preliminary or final) in a manner that reasonably ensures timely receipt of the findings.”² Likewise, accrediting agencies, such as The Joint Commission, require effective mechanisms for communicating nonroutine, critical, or significant findings. Except in the instance of self-referred mammography patients, the responsibility for communicating incidental findings to patients usually rests with the referring or ordering physician.

Good Practices

- **Interpretation.** The radiologist should clearly indicate to the referring provider whether the interpretation is definite, possible, suspected, or equivocal. The radiologist also should document any evidence-based practice used to determine probability.
- **Documentation.** As appropriate, the interpretative report should identify further tests that the referring provider and patient might want to consider based on additional clinical information that the provider may have.
- **Workflow and Communication.** A well-defined process for communicating incidental findings to the referring or ordering provider can help ensure appropriate follow-up of important findings to the patient. A [closed-loop communication](#) strategy can ensure important information does not get overlooked or fall through the cracks.

- **Nonroutine findings.** Critical or significant incidental findings that may seriously affect the patient's health are best communicated verbally to the referring provider.
- **Fax confirmation.** Receipt of any faxed findings should be documented in a paper log or in the electronic health record (EHR). Software is available that automatically records when the fax was successfully received.
- **Automated system.** Using an EHR system or other technology that identifies incidental finding notations in radiology reports and generates notifications for clinicians and letters to patients can help improve patient safety.
- **Self-referred patients.** Incidental findings for self-referred patients must be reported directly to the patient and any primary care provider or specialist that the patient identifies during initial intake.

Resources

- [American College of Radiology: Incidental Findings](#)
- [Applied Radiology: Managing Incidental Findings](#)
- [Radiology Business: How to Manage Incidental Findings: Today's Radiologists Turn to a Mix of Society Guidelines and Trusting Their Instincts](#)
- [Radiology Business: Incidentally Yours, Radiologist](#)
- [Radiology: Guidelines for Management of Incidental Pulmonary Nodules Detected on CT Images: From the Fleischner Society 2017](#)
- [The Joint Commission: Quick Safety Issue 52: Advancing Safety With Closed-Loop Communication of Test Results](#)

Endnotes

¹ MacMahon, H., Naidich, D. P., Goo, J. M., Lee, K. S., Leung, A., Mayo, J. R., . . . Bankier, A. A. (2017). Guidelines for management of incidental pulmonary nodules detected on CT Images: From the Fleischner Society 2017. *Radiology*, 284(1), 228–243. <https://doi.org/10.1148/radiol.2017161659>

² American College of Radiology. (2020, Revised). *ACR practice parameter for communication of diagnostic imaging findings* (Resolution 37). Retrieved from www.acr.org/-/media/ACR/Files/Practice-Parameters/CommunicationDiag.pdf

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