

## **Radiology Reporting Standards for Pancreatic Mass Evaluation and Staging**

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### **Introduction:**

The aggressive nature of pancreatic ductal adenocarcinoma mandates that proper characterization of extent of disease is necessary to allow the most appropriate management strategy. Given the heterogeneity amongst radiologist reporting styles, a consensus statement was created in 2014 by Dr. Al-Hawary et al. published in *Gastroenterology* 2014;136:291-304 titled "Pancreatic Ductal Adenocarcinoma Radiology Reporting Template: Consensus Statement of the Society of Abdominal Radiology and the American Pancreatic Association". This consensus statement helped create a basis for uniformity of the radiology report in cases of pancreatic mass evaluation. We wanted to see how accurate and standardized our reporting was in the past 12 months for cases of pancreatic mass evaluation and staging. Our goal is to be up to date on the most current accepted national guidelines to help facilitate the most appropriate treatment.

### **Study:**

We did a retrospective chart and radiology report review using a patient list obtained from the oncology database. We included reports from the preceding 12 months. We included all patients which could have had their radiology study reported in a manner similar to the pancreatic ductal adenocarcinoma radiology reporting template consensus statement.

### **Results:**

16 patients were identified. Several features were consistently reported among all included patients, these involved the following: pancreatic mass present or absent, abnormal lymph nodes present or absent, liver lesions present or absent, biliary duct dilation present or absent, pancreatic duct dilation present or absent, arterial or venous patency or thrombosis. The area in which we varied from the consensus statement was the reporting of mesenteric vasculature abutment or encasement and description of variant arterial anatomy. There were 3 cases (19%) in which we did include description of whether there was abutment/encasement of mesenteric vessels. In 2 cases (13%) we included description of variant mesenteric arterial anatomy. In the remaining 14 cases, typical mesenteric arterial vascular anatomy was present but not outright stated.

### **Intervention:**

We will update the reporting template that we use in radiology to evaluate patients with pancreatic mass staging. Specifically, we will include more detailed description of arterial and venous structures including whether there is abutment or encasement and whether the mesenteric arteries are of typical anatomic formation or of normal anatomic variation. By following this new template, we should have more consistent reporting which will allow for better communication to the oncologists and surgeons to help facilitate the most appropriate treatment strategy.

### Reporting per 16 patients

