THE IMPACT OF PULMONARY NODULE REPORTING RADIOGRAPHERS ON PRIMARY REPORTS AND THE MDT PATHWAY

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Reporting

- Shadowing
- Volumetry, software and segmentation
- Template report
  - Volume(where possible)
  - Volume doubling time (VDT)
  - Extra Nodular findings
  - Recommendations
Volumetric/diameter accuracy 2017- Present*

*Radiographers started role at different times, hence variation in confidence levels by verifying Radiologist
Adjusting volumetry parameters to gain reliable segmentation

Poor segmentation – pleura and pericardial fat captured on volumetry

Good segmentation – Juxta pleura setting used to achieve optimal volumetry
### Reporting times pre & post implementing radiographer reporting

<table>
<thead>
<tr>
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<th>Average time to report/verify</th>
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<tr>
<td>Radiologist reporting alone</td>
<td>19 minutes</td>
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<tr>
<td>With Radiographers primary report</td>
<td>9 minutes</td>
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On average the Radiographer reporting times are typically around 10-20 minutes.
Pulmonary Nodule MDT

Follow up cases

Incidental cases

Addenda

Increase in MDT cases

Radiographer lead
CT follow up referrals

Respiratory physicians

Radiographers

Labour intensive requesting

Redeployment
Summary

Reduced workload

MDT

CT requesting

Better patient outcomes