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Improving PET Scan Report Clarity Using Radiotracer Information: A Physician Survey

Lekhya Kollu, BA[1], Christopher Grivas, MD[2], Jian Q. Yu, MD[1], Daniel M. Geynisman, MD[1], Namrata Vijayvergia, MD[1].

[1]Fox Chase Cancer Center; [2]Temple University Hospital.

BACKGROUND

Advancements in PET imaging have introduced novel cancer-specific radiotracers (e.g. Ga-68 Dotatate for NETs) targeting unique cancer biomarkers and biological processes. Amid the rapid pace of oncology practice, essential details in PET scan reports, such as the radiotracer used and the clinical indication for a scan, may be overlooked by providers. Addressing this, we investigated the potential benefits of enhancing report clarity by including radiotracer information in the impression section of PET reports.

METHODS

Online surveys were sent to physicians and advanced practice providers across various medical and surgical specialties. An initial 15-question survey explored respondents' current PET report reading practices and opinions on the need for clarity improvement. Subsequently, a revised PET scan impression template was implemented, so that all reports would include a line in the impression stating the radiotracer used and the common clinical indications of this tracer (e.g. *This scan utilized a Ga-68 PSMA tracer, typically used for evaluating prostate cancer*). A follow-up survey assessed provider opinions on the utility of this new format.

RESULTS

Sixty-five providers participated in the initial survey and 23 in the follow-up. In the initial survey, a majority (58%) of participants emphasized the impression as the most important part of a PET report, with 38% "often" or "always" reading only the impression section. Simultaneously, more than half of respondents found it at least "sometimes" challenging to identify the radiotracer used in a scan or the clinical indication for the radiotracers used. Subsequently, only 32% of providers were at least "somewhat confident" in interpreting the findings of non-FDG PET scans, compared to the 67% who were at least "somewhat confident" in interpreting FDG-PETs. After introducing the new PET report template, a follow-up survey found that the addition of this new line in the impression improved physicians' ease of reading reports— 39% of respondents "strongly agreed" that it would reduce reading time, and 48% "strongly agreed" that it would improve report clarity and clinical utility. Overall, 73% anticipated that this change would increase their confidence in interpreting PET reports.

CONCLUSIONS

Our survey responses emphasize the need for improvements in the accessibility of radiotracer and clinical indication information. They support the inclusion of this information in the impression of PET reports, streamlining reading and improving the utility of PET reports for providers. Further education among oncology-associated specialties regarding novel PET tracers and their indications is an important next step.

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