Incidentalomas: Managing the Risk of the Incidental Finding
Marlene Icenhower BSN, JD, CPHRM

In preparation for back surgery, Sandra Hogan underwent a series of routine preoperative chest X-rays. The radiologist who reviewed those X-rays in 1995 noted the presence of an abnormality in her lung and recommended follow-up studies. Despite the fact that several of Hogan’s physicians saw the radiology report, the recommended follow-up was never done, and Hogan was not notified of the abnormal finding. Two years later, the abnormality had grown, and Hogan was diagnosed with lung cancer. Although she began treatment immediately, the delay in diagnosis diminished her chance of recovery to less than 5 percent. In August of 2000, a Cook County, Illinois, jury awarded Hogan $14 million in damages for lost wages, medical expenses, and pain and suffering.

Incidental findings (IFs), or “incidentalomas” as they are often called, are defined as “findings that are unrelated to the clinical indication for the imaging examination performed.” Incidental findings on radiologic studies are becoming more common, due not only to advancing technology, but to the number of computerized tomography (CT) scans more than doubling over the past several years. Researchers estimate that while approximately 55 percent of chest CT scans and 61 percent of abdominal CT scans contain IFs, the large majority of them require no subsequent clinical action. The presence of these findings presents a dilemma to the practitioner—what to do with results that no one ever requested? On one hand, if every IF was reported to the patient and subjected to follow-up testing, the patient would be exposed to unnecessary risk, expense, and worry. On the other hand, if an IF that is initially thought to be inconsequential turns out, years later, to have been an early indicator of serious disease, practitioners may find themselves on the receiving end of a summons. Needless to say, the management of the IF requires careful evaluation and implementation of risk mitigation strategies.

RISK MITIGATION STRATEGIES

Standardized approaches – Adoption of professional and institutional guidelines are recommended to ensure “consistent and systematic categorization, disclosure, and management of incidental and secondary findings.” Although IFs can be found in radiologic studies performed on other areas of the body, such as the pelvis, limbs, and head, they are most commonly found on CT scans of the abdomen and pelvis. The guidelines developed by the American College of Radiology (ACR)11 and the Fleischner Society12 for IFs on abdominal and chest CTs, respectively, have been available for several years and have been adopted by most professional organizations and academic institutions. More recently, the Presidential Commission for the Study of Bioethical Issues has urged professional associations to develop guidelines for the categorization of IFs, to develop best practices for management of IFs, and to share those guidelines and recommendations with clinicians. The guidelines developed by professional societies, such as the ACR, the Fleischner Society, and the American Academy of Family Practice, should be used as a framework for developing institutional policies regarding follow-up on IFs.
Informed Consent – Whenever possible, a patient-centered informed consent discussion regarding the possibility of IFs should take place prior to testing. The information provided to the patient should be premised upon evidence-based guidelines tailored to the type of study that is to be administered. The informed consent discussion should include the types of IFs that are more/less likely to be found, which IFs will be disclosed to the patient and their primary care physician, the practitioner’s plan for management of IFs, and the costs associated with follow-up, if known. As is true with all informed consent discussions, the conversation should be thoroughly documented in the patient’s medical record.

Report Generation – Generated reports should be clear, specific, and unambiguous in addressing IFs and should use evidence-based guidelines as a framework. Reports should address IFs and their significance, as well as provide recommendations for follow-up, including the type of follow-up required and the schedule for follow-up studies. Also consider ways to emphasize the portion of the report that details IFs, so that important findings and recommendations are not lost in the body of the report. For example, the discussion of IFs and recommendations could be separated from the rest of the report or highlighted within the report to draw attention to those findings. The details of any notifications provided, including confirmation of receipt, should be clearly documented in the patient’s medical records or included in the radiology report if the patient’s medical records are not otherwise maintained.

Notification – The decision whether to notify a referring or primary care physician regarding an IF should be guided by institutional policies and based upon recommendations for follow-up established by professional organizations. In the event follow-up is required for a particular IF, the provider performing the study must determine the type of notification to provide and to whom it must be provided. If information is provided to a referring provider or following clinician, the reporting provider should ensure that the receiving provider appreciates the significance of the finding, especially if the finding is outside the receiving provider’s scope of expertise. The patient should also be notified of IFs and be provided a copy of the report, based upon the content of the informed consent discussion.

EHR workflows – Once all concerned parties have been notified of significant IFs, the difficult work of tracking recommended follow-up begins. Even if a referring physician receives a report containing IFs, he/she may not act on the recommendations in a timely fashion. Even if the report is provided to the patient, he/she may not understand the significance of the report. Many institutions have found that the solution to avoiding this potential lapse lies within their EHR systems. An Ohio health system successfully uses automation within the EHR to recognize, classify, and flag certain IFs in radiology reports and to communicate those findings to clinicians and patients. The University of Chicago takes a multi-layered approach to follow-up on IFs. The automated system sends an email to the patient’s physician when it is time for follow-up on an IF. If the recommended follow-up is not done, the physician will have to “close the ticket” and indicate why follow-up was not done. If the physician fails to respond again, another email is sent to the physician and copied to the department chair. If the physician still fails to respond, a certified letter is sent to the patient, stating that the interpreting radiologist “strongly suggests” the patient should discuss the report with the ordering physician. If that still does not resolve the problem, a traveling nurse is sent to the patient’s home. Regardless of the method used, a multidisciplinary approach is essential to implementing appropriate follow-up systems within an EHR system.

Additional Resources:

- Commonwealth of Massachusetts, Board of Registration in Medicine, Quality and Patient Safety Division. Incidental Findings Advisory. August 2016.
- Compendium of incidental findings articles by the Journal of the American College of Radiology.

We hope you found this RisKey helpful. If you have questions or would like further resources on this topic, please contact your Coverys Risk Management Consultant.

References

2. Ibid.
3. Ibid.
4. Ibid.
5. Ibid.
6. Ibid.
8. Otrompke J. Chance encounter - The rise in the number of incidental findings brings ethical and medical dilemmas to the forefront. American College of Radiology – News website. https://www.acr.org/News-


18. Brown SD.

19. Kaplan, D. What radiologists should do about incidental findings.


22. Ibid.

23. Ibid.

24. Ibid.

25. Ibid.

26. Ibid.

These links are being provided as a convenience and for informational purposes only; they are not intended and should not be construed as legal or medical advice. Coverys Risk Management bears no responsibility for the accuracy, legality or content of the external site or for that of subsequent links. Contact the external site for answers to questions regarding its content.

COPYRIGHTED
*RiskKey Emails are a publication of Coverys’ Risk Management Department. This information is intended to provide general guidelines for risk management. It is not intended and should not be construed as legal or medical advice.*