Rad-Path Report: Initial Experience with Combined Radiology and Pathology Reporting for Lung Cancer
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The Clinical Implications of RadPath report in Lung Ca
- facilitated single access report through creation of a system that integrates the radiographic, pathologic, and molecular characterization of cancer
  - Most important
  - Review of diagnostic and procedural imaging to insure sample tissue is true representative of target lesion
  - Reassess Discordant cases

The Clinical Implications of RadPath report in Lung Ca
- development of a RadPath database of detailed phenotypic, molecular, and outcomes data on an evolving cohort of well-characterized patients with lung cancer for purposes of quality control and decision support
- development of Radpath database for common source research database

The Clinical Implications of RadPath report in Lung Ca
- development of standardize data acquisition among various scanner for optimum imaging
- development of RadPath Lexicon to standardize sharing of information across institutions
- combining semi-structured reporting and NLP methods to enable information extraction from free text medical documents
Pathology: Fibroelastotic scar with markedly atypical alveolar lining cells, highly suspicious for adenocarcinoma-in-situ, non-mucinous.
Radiology: Invasive carcinoma with lepidic growth
Final Impression: Discordant
Rebiopsy: Invasive Adenocarcinoma, non-mucinous

Initial Experience
Difficulties
- implementation of standard radiology report
- lack of automated reminder between Radiologist and Pathologist
- difficulty with integration of report
- radiological staging of lung cancer

Solutions
- implementation of standard radiology report; structured report
- lack of automated reminder between Radiologist and Pathologist; work flow through email, paging and powerpath reminders
- difficulty with integration of report; still manual but development of automated data extraction software is in progress
- radiological staging of lung cancer; down staging with range of staging allowing for radiology findings

Thank you
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W. Dean Wallace