

Body Imaging Index Lesion Measurement Guide **January 24, 2009**

The following guidelines are intended to standardize reporting of lesions to facilitate reading of follow-up examinations. While they mostly apply to measuring index malignant masses, they also may be used for non-malignant lesions and collections as appropriate.

- All measurements of malignant lesions should be bi-dimensional, rounded to the nearest mm. Other measurements should be rounded to the nearest mm or 0.5 cm, as appropriate. The longer axis measurement should appear first.
- Place all measurements in separate paragraphs.
- The description of an index lesion should be brief, but still sufficient to help locate it on follow-up exams should the calipers not have been saved.
- Report the current and previous image numbers for every index lesion. If the scan comprises more than one phase (pre-contrast, arterial, venous, and so on), report the series number as well as the image number.
- If a numbering scheme has already been established in a prior report, you should use the same scheme even if it departs from these guidelines.
- Choose no more than two index lesions for the entire report and number them craniocaudally. Index lesions for the abdomen and pelvis should be listed and numbered separately. Generally, all the index measurements should appear at or near the beginning of each section.
- All other things being equal, size matters when choosing index lesions (larger is preferred.) However, conspicuity and border definition are also important. For example, an isolated, well-defined hepatic metastasis may be preferable to a larger one that is poorly-defined and difficult to separate from other lesions.
- Even if a pre-existing index lesion has resolved completely, it should still be listed along with a phrase stating that it is no longer visible. (This does not apply to index lymph nodes, which should always be measured even if they are not pathologically enlarged.)
- If a previously measured index lesion turns out to be unrelated to the primary disease process (for example, a hepatic mass that was reported as a metastasis but is clearly a hemangioma), mention it on follow-up reports, but do not measure it unless it has changed or you feel that measurements are medically warranted. In any case, clearly state that it is not an index lesion.
- If you re-measure an index lesion because you feel that it was improperly measured before, state that you are re-measuring it.
- Do not add new index lesions unless absolutely necessary, as this may require us to remeasure them on every preceding exam. Often, it is sufficient to state that there is a new lesion without providing measurements. However, the overriding goal is to do what you feel is medically appropriate.