

### Wellcome Trust Lecture 3 Questions

<http://dcnapp1.dcn.ed.ac.uk/neurotube/player/player.asp?vidID=aop82130>

Lecturer: Dr Tom Booth

Q: You split your classification up about the reporting into 4 areas and obviously the one, 12% or 12.5% that don't get reported at all we can't do anything about, but is there any evidence about the rate of incidental findings under the other regimes from those who are using a reactive radiology approach where a radiographer or a researcher maybe spot things or are there any statistics on their incidence of findings under that approach versus routine proactive reporting of everything that comes along?

A: In free text one or two people said that they had different strategies for different body parts because of the prevalence of incidental findings. Say for example in some extremities of the body they may not do a routine reporting strategy where as with some central parts of the body they might take a more proactive approach but that was only 1 or 2 people. It wasn't one of the things that we were really looking at but it would be a very interesting thing to look at. Certainly there is nothing in the literature that I am aware of.