

# Implementation of IOTA Guidelines for Reporting of Ovarian Lesions

Dr A Reddy<sup>+</sup>, Muna Farah<sup>+</sup> & Dr LQ Hon<sup>+</sup>



## INTRODUCTION

There has been an overall trend in increasing Gynaecology referrals for ovarian lesions from Radiology Team

The University Hospital Coventry and Warwickshire (UHCW) Ultrasound department implemented the International Ovarian Tumour Analysis (IOTA) guidelines to standardise the reporting of ovarian lesions (Figure 1)<sup>1</sup>

Aim was to improve communication between Radiology and clinical services by simplifying the risk stratification system: B=benign, I=indeterminant, M=malignant

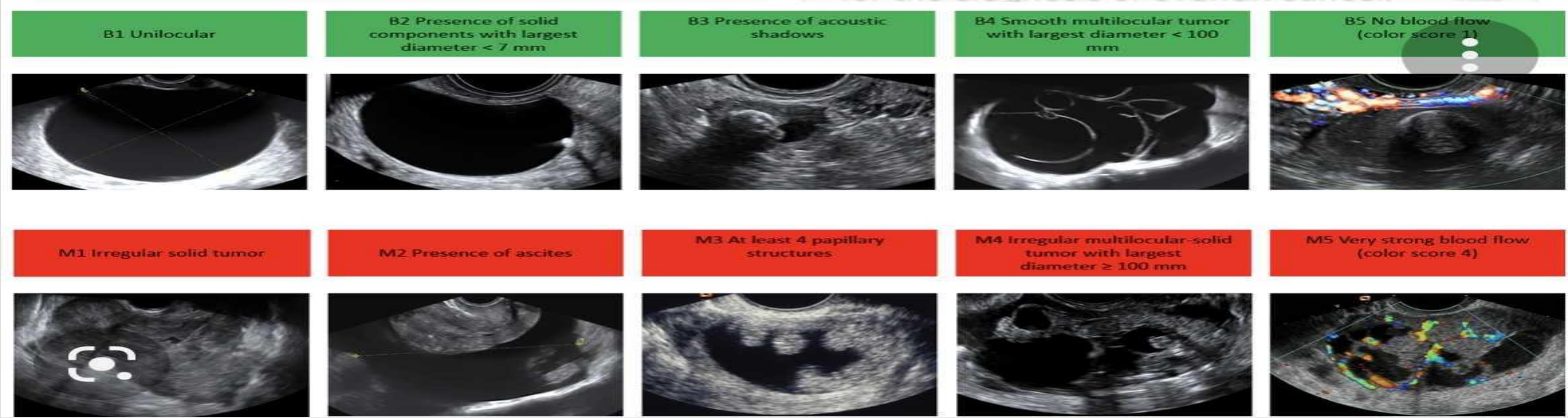


Figure 1

## METHODOLOGY

Six-month prospective audit (September 2022 to March 2023)

Cases sent by sonographers on a voluntary basis for consultant review, who would provide individual feedback monthly

## RESULTS

Month	N/month	Percentage (%) agreement/month
Sept 22	3	100
Oct 22	11	63
Nov 22	12	92
Dec 22	20	85
Jan 23	10	80
Feb 23	12	83
March 23	5	100
TOTAL	73	-

Table 1: Number of scans per month and percentage in agreement between sonographer and consultant review

- Figure 3 shows an example case which had a discrepancy between reporting sonographer and consultant findings
- US from March 23 reported as = “B” features (sonographer) vs. I (consultant)
- Looking back at the MRI from 2019, the cyst had enlarged in size (2cm→ 6cm) and this was concerning enough for further referral to Gynaecology team

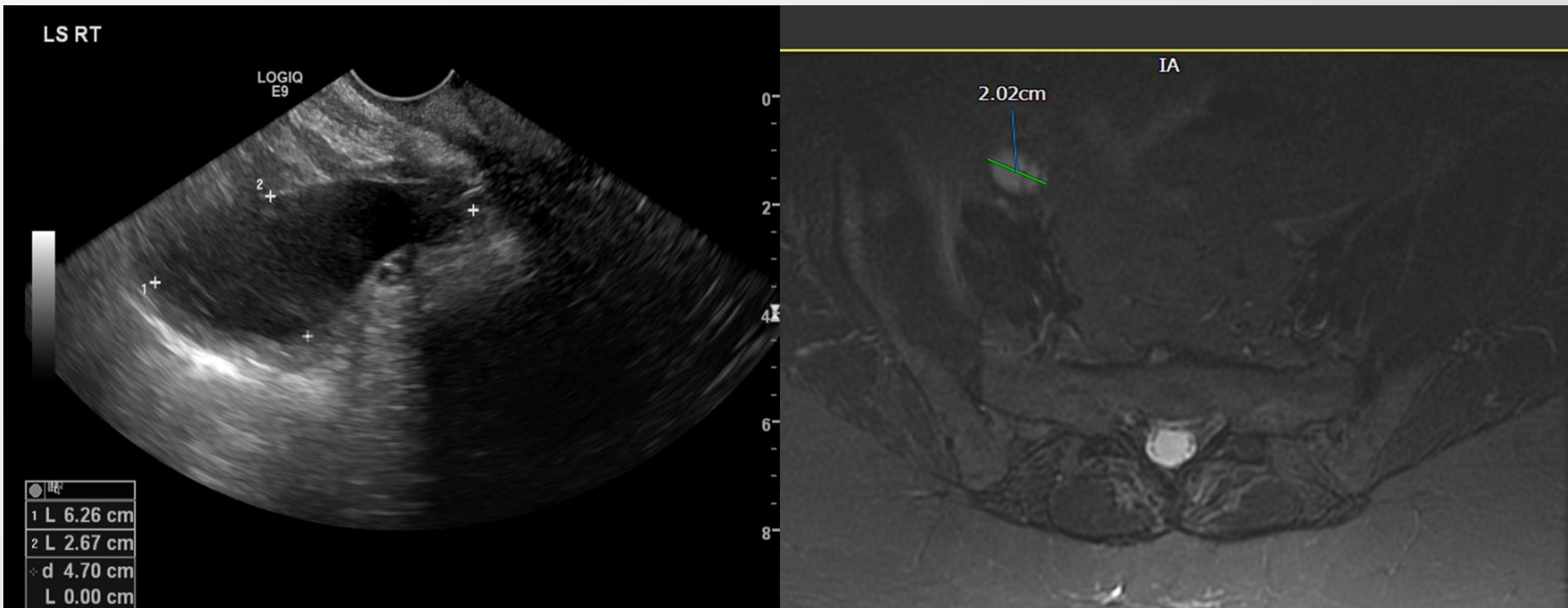
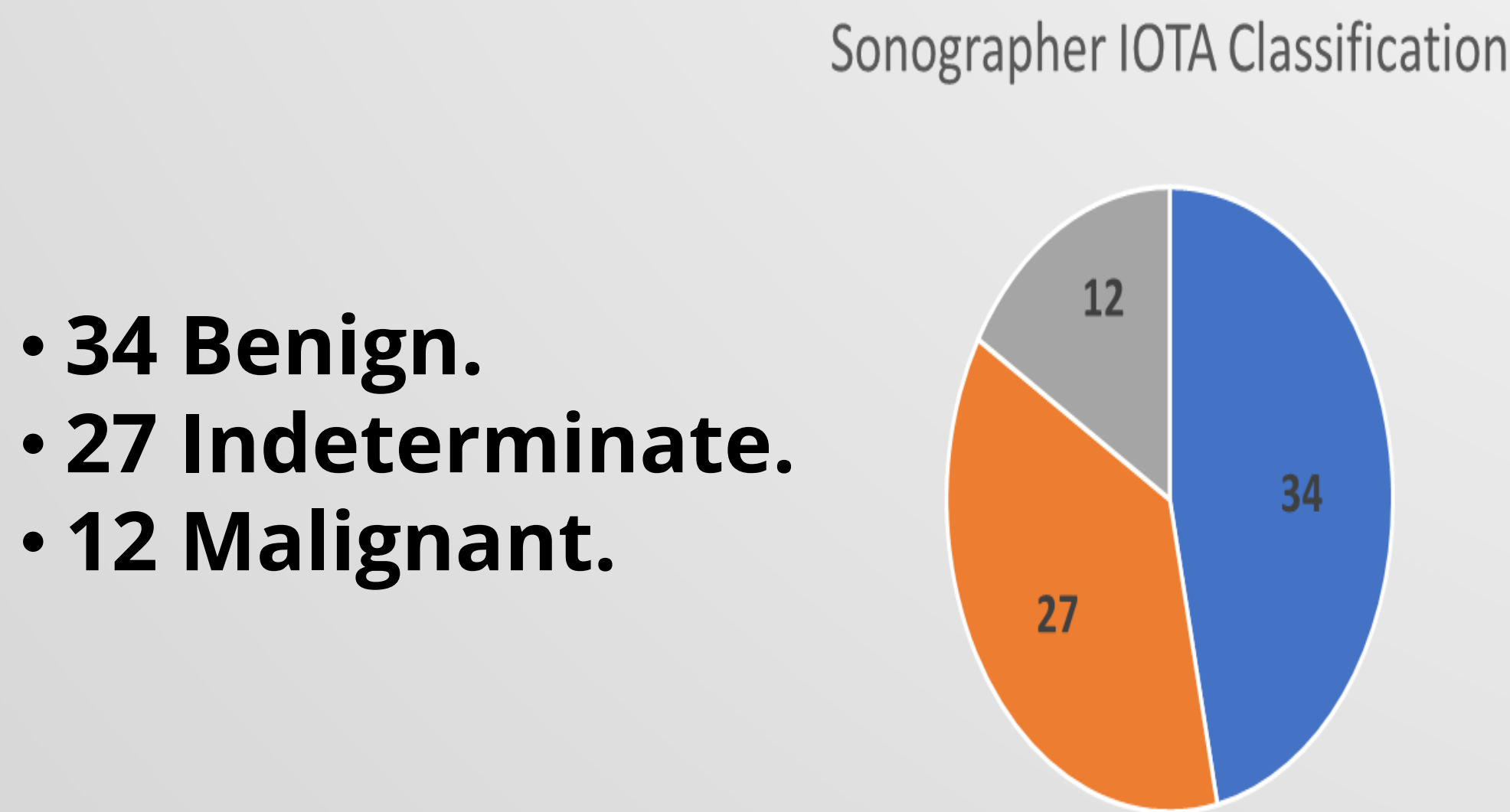


Figure 3: US from 2023

MRI 2019



- 34 Benign.
- 27 Indeterminate.
- 12 Malignant.

Figure 2: Number of lesions classified as B/I/M by sonographers

## CONCLUSION

Successful implementation of IOTA reporting at UHCW

Improvement in communication and consistency of IOTA in US department towards the end of the 6 months

## REFERENCES

1. Timmerman D *et-al* (2010). Simple ultrasound rules to distinguish between benign and malignant adnexal masses before surgery: prospective validation by IOTA group. *BMJ*;341
2. Kaijser J *et-al* (2013). Improving strategies for diagnosing ovarian cancer: a summary of the International Ovarian Tumour Analysis (IOTA) studies. *Ultrasound Obstet Gynecol*;41 (1): 9-20

+ University Hospital of Coventry and Warwickshire (UHCW), Radiology Department.

Table 2: Number of patients identified with ovarian lesion follow up pathway

Further Imaging (US/MRI)	41
Histology + Imaging	13
No follow up	19

Patient follow up (n)	
Further Imaging (US/MRI)	41
Histology + Imaging	13
No follow up	19