

SAR GI Bleeding DFP Annual Report

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Members

Chair: Jeff Fidler, Mayo Clinic
Co-Chair: Jorge Soto, Boston University
Mahmoud Al-Hawary, University of Michigan
Brian Allen, Duke University
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Mike Gee, Massachusetts General Hospital
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Avneesh Gupta, Boston University
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Ashish Khandelwal; Mayo Clinic
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Farnoosh Sokhandon, Beaumont Health
Mike Wells, Mayo Clinic

SAR International Members

Seong Ho Park, Asan Medical Center, South Korea
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Consultants (non-radiology)

Lisa Strate, University of Washington
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Look back

The GI Bleeding DFP was formed in 2017. The panel is comprised of a diverse group of academic radiologists from institutions across the United States, as well as two international members. The diagnostic and interventional/therapeutic aspects of GI bleeding are well represented in the membership. The panel is supported by two gastroenterologists who are actively engaged in its discussions and activities. The inaugural official meeting was held in Scottsdale in 2018 and the second meeting took place in March 2019, in Orlando, FL, during the annual meeting of the SAR. This past year was a busy one for the GI Bleeding DFP and its members. The group has focused on establishing best practices, identifying gaps in knowledge that could be answered with well-designed investigations, developing educational

tools and planning educational activities and advocacy efforts with pertinent clinical societies.

The first effort of the DFP focused on establishing its presence on the SAR website and Twitter (@SAR_GIBleedDFP). The group subsequently conducted a thorough, directed, review of the literature to identify relevant publications that were worthy of keeping in an article database. This database is housed in the SAR website (<http://www.abdominalimaging.org/#/articles/2>). A panel member has been assigned the responsibility of regularly updating and revising the content of this database. Discussions during the first meeting of the DFP in 2018 quickly identified a problematic area: the members did not agree on the optimal technical and acquisition parameters for CT angiography performed for overt GI bleeding. The group saw an opportunity in this heterogeneity of opinions and decided to pursue what would be the first impactful product of the DFP: a consensus white paper with recommendations about technique. To this end, the DFP collected information from their members regarding the technical parameters used at their own institutions. Based on these results and previously published parameters, the DFP developed consensus recommendations about specific parameters for the evaluation of overt GI bleeding with CT angiography. These results were presented during the 2019 SAR scientific session. The manuscript with the consensus recommendations was recently published in *Abdominal Radiology* [1].

Another initiative of the DFP that has started this past year is the implementation of on-line teaching cases. The cases are submitted by panel members to two designated educational leaders, for review and quality assurance purposes. Once approved, the cases are presented as unknowns, initially with questions on the Twitter site followed by upload of the entire set of slides with the answers on the DFP website the following week (<https://www.abdominalradiology.org/page/DFPgibleedingTC>). A standard template is used to ensure consistency of the educational material. To date, 11 cases have been prepared and uploaded to the website. These cases cover various aspects of imaging technique,

interpretation and diagnosis, clinical implementation and therapy.

The year was also active in regards to scholarly work by the members of the panel, including publication of original articles, one published in *Abdominal Radiology* [2], and a review manuscript [3], and presentations at national and international scientific meetings. For example, at the 2019 SAR meeting in Orlando, panel members were invited to speak on the topics of overt and occult GI bleeding, including one plenary session and three workshops.

Look ahead

The year ahead promises to be equally active, if not more, for the GI Bleeding DFP. Panel members are increasingly being recognized as leaders in this field and many have been asked to participate in workgroups and committees to establish practice guidelines in their own institutions. The panel is currently developing a survey to gather information on the clinical management of patients who present with GI bleeding at different institutions. This survey will be distributed to all SAR members. The data gathered will be helpful in suggesting future management guidelines and defining the appropriate use of imaging techniques. Several timely manuscripts authored or coauthored by panel members have been submitted for possible publication in various journals and are currently awaiting editorial decisions. The 2020 meeting of the SAR will again highlight GI bleeding topics in

the plenary sessions and workshops, all presented by members of the panel. Finally, initial discussions are underway to evaluate the feasibility of conducting multi-institutional prospective trials to answer some of the lingering questions about the optimal technique for this indication (such as the added benefit of multi-energy CT) and the proper utilization in practice (relative to other diagnostic tests, such as endoscopic approaches).

References

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