



## The Importance of Communication between Clinics, Pathologists and Radiologists in the Diagnosis of Cancer

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### Short Communication

Currently, cancer is one of the leading causes of death 1. The initial diagnosis of cancer is a complex process that involves many healthcare specialists; mainly radiology and pathology. Although they are not usually involved in direct patient care, their findings and interventions are responsible for the treatment and subsequent outcomes of the patient with cancer. The imaging findings suggestive of malignancy are biopsied to confirm or rule out a definitive diagnosis; some radiologists who indicate suspicion of malignancy, an error of the biopsy and its processing, by the pathologist is not representative of the suspicious are a detected, result, in a negative report of cancer. To avoid this, it is essential that specialists communicate and correlate their findings to ensure proper management, it is essential to ensure that the correlation of the findings, the need for communication, correlation and resolution of discordant results reduce diagnostic errors. It is essentially necessary to encourage the relationship between specialists to make the decision in a hospital or institution (or in different institutions) 2. The lack of communication increases the risk of discordance between specialists in relation to clinical, imaging and pathological findings have consequences serious if they are not resolved. It is obvious that any improvement of the communication process to ensure the timely exchange of clinical information could reduce these false negative reports; it is necessary to standardize the terminology to reduce misinterpretations of biopsies for pathological study. Gaps are recognized in work flows that can impede optimal communication of patient data and progress being made to resolve these critical issues and concerns; to improve workflow processes that would improve communication and resolution of discordant findings. Suggestions include efforts to develop quality assurance programs and good practice guides that meet not only the needs of specialists, but, most importantly, provide optimal patient care. Specialists are collaborating another types of malignancies. Future studies should examine the role of work flow processes in the broader clinical context. These studies should include efforts to quantify both the rate of discordant findings and their effects on public health. Their results should be used to develop dedicated quality assurance programs that include quality measures and good practice guidelines that respond to the needs of the different specialists and patients they serve.

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