# Beginners Guide to Hospital DXAS

# Differences between ISJ & Hospital DXAS

The HL7 does not auto populate for hospital DXAs

Results table must be filled out manually

FRAX or No FRAX- must be determined by the DXA drafter and reported appropriately (calculation of FRAX is often necessary)

Comparison information is manually entered for hospital DXAs

# SELECT ATTENDING:

This box will pop up for each new hospital system you draft exams for (DAILY). If you are not seeing a normal dictation screen, this box is probably hidden on your desktop! Minimize windows to find this box. Select UNASSIGNED and OK

					[	OK	Cancel	
					Apply this attendi	ng to future repor	ts	
				Radiologist:	-onusaighteu			~
	ОК	Cano	cel		YUNG, MICHAEL			~
	Apply this attending to future re	ports		Select Attendir	YEE, DOMINIC Yesalusky, Michael			
Radiologist:			$\sim$		WRIGHT, KIMBERL WYATT, ERIC	YH.		
select Attending	(Site: HCA Aurora)	f	^		WILLIAMS, ADAM WRIGHT, IAN K.			
	(C) 1101 1	2	~		WILHELER, SHANE			

# HL7 Table does not AUTO POPULATE!

Manually fill in each box using the information provided on DXA IMAGES: (The next few slides will walk you through the process)



Z-score

T-score

# RESULTS : []

In the red results bracket- enter the device information: Found at the bottom of the page for GE and under scan information for Hologic (see pick list options)

Fields (35)	Report - JOHNSON, KELLY SUE - E4186797	Image not for 1 Printed 04.28 II 71 75 41 41 0 2010 20 000 Remarks 04.00
Reason Indications Clinical risks Family History Parental Hip Fracture	CURRENT MEDICATIONS: [_] TECHNICAL QUALITY: The images were reviewed, applying	
Scanner name Lumbar levels	and analysis.	GE Healt
Pick List Choices GE Lunar Prodigy GE Lunar Prodigy Primo GE Lunar Prodigy Advance Hologic Discovery C Hologic Discovery W Hologic Horizon C	RESULTS:       GE Lunar Prodigy Advance         Anatomic Site       BMD(g/cm2)       T-score       Z-score         AP spine	Maatifiar 2: Pental Colae: Sea: Edunichy: Height: DOB: Aas: Massopanse Age: Referring Physican:
Enter Findings Mode	Right Total hip	Scal Editoria shore:
	Model: Horizon	W (S/N300452M) HOLO



# **ROI Data: SPINE**

Notice the 1st AP spine fill in field has a pick list with scroll bar for additional choices: (select the levels)







	BMD	Your	2 ng-Adult	Age-Matched		
Region	(g/cm <sup>2</sup> )	(%)	T-score	(%)	Z-score	
11	0.964	85	-1.4	93	-0.6	
L2	0.959	80	-2.0	87	-1.2	
L3	1.411	118	1.8	128	2.5	
L4	1.495	125	2.5	135	3.3	
L1-L2	0.962	83	-1.7	90	-0.9	

Use DXA images and HL7 table to fill in RESULTS

When entering -1.7 say "MINUS 1.7"

 RESULTS:
 GE Lunar Prodigy Advance

 Anatomic Site
 BMD(g/cm2)
 T-score
 Z-score

 AP spine
 (L1-L2)
 0.962
 -1.7
 -0.9

 Left Femoral neck
 []
 []
 []
 Right Femoral neck
 []

 Right Femoral neck
 []
 []
 []
 []
 []

 Right Total hip
 []
 []
 []
 []
 []

### **ROI Data: HIP**



Delete unused result boxes if only one hip is imaged (notice right hip boxes have been eliminated) RESULTS: GE Lunar Prodigy AdvanceAnatomic SiteBMD(g/cm2)T-scoreAP spine (L1-L2)0.962[-1.7][-0.9]Left Femoral neck0.706[-2.3][-1.4]Left Total hip0.813[-1.6][-0.9]Forearm-Radius 1/3[-1.6][-0.9]

Z-score

## **ROI Data: Forearm**





Radius 33% is the only set of numbers reported for forearm

#### Specify Left or Right in the fill in field in front of forearm

TECHNICAL QUALITY: The images were reviewed, apply and analysis.

RESULTS: GE Lunar Prodigy AdvanceAnatomic SiteBMD(g/cm2)T-scoreZ-scoreAP spine (L1-L2)0.962-1.7-0.9Left Femoral neck 0.706-2.3-1.4Left Total hip0.813-1.6-0.9Left Forearm-Radius 1/30.7370.30.4

## FRAX (10-year Probability of Fracture):

#### GE studies- FRAX is a separate image:

Left Femur FRAX*					
Risk Factors:         None         Alcohol (3 or more units per day)         Family Hist. (Parent hip fracture)         Glucocorticoids (Chronic)         History of Fracture (Adult)         Secondary Osteoporosis         Rheumatoid Arthritis         Tobacco User (Current Smoker)					
<ul> <li>On Treatment</li> <li>Previous Fracture (Hip or Spine)</li> </ul>	FRAX (10-year Probability of Fracture): Major Osteoporotic Fracture: <mark>6.5%</mark> Hip Fracture: <b>1.3%</b>				
10-year Probability of Fracture: Major Osteoporotic Hip Population	6.5% 1.3% USA (Caucasian)				
Based on Femur (Left) Neck BMD					



- FRAX information can be found on slides 59-65 in DXA Drafting PPT
- Use macro ELIMINATE FRAX when FRAX is not appropriate
- If FRAX is not calculated or incorrectly calculated, use <a href="https://frax.shef.ac.uk/FRAX/tool.aspx?country=9">https://frax.shef.ac.uk/FRAX/tool.aspx?country=9</a>

# Macro Compare Hospital:

Comparison information is located in the TREND TABLE (Highlighted in yellow on thumbnails and magnified below each thumbnail) EXAMPLE:

AP spine Bond Denity Trend	Itel frame from bensky frind         Derestower pred - fait (RMD)         Treed: - fait (RMD)         Treed: - fait (RMD)         Let           124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124         124	Left Porcent Bonc Dentify Tend Dentify Ford Reduce 333; (BMO) Una UD Una UD Radius UD Reduce 10 Reduce 1
Trend: 13.12         Change view           Data         Apple         Ball         Precision         Precision	Hig Acts Length Comparison (nm)         Trend: Total         Cuange w           0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td< td=""><td>COMMENTS: Echinol Comments Com</td></td<>	COMMENTS: Echinol Comments Com

	I	Frend: L1-L2	Chan	ide vs		1	Frend: Total	Chan	ge vs
Measured Date	Age (years)	BMD (g/cm²)	Previous (g/cm²)	Previous (%)	Measured Date	Age (years)	BMD (g/cm²)	Previous (g/cm²)	Previous (%)
04/26/2023	51.3	0.962	0.026	2.8	04/26/2023	51.3	0.813	0.033	4.2
01/08/2021	49.0	0.936	-	-	01/08/2021	49.0	0.780	-	-

	Trend: Radius 33% Change vs						
Measured Date	Age (years)	BMD (g/cm <sup>2</sup> )	Previous (g/cm²)	Previous (%)			
04/26/2023	51.3	0.737	0.023	3.3			
01/08/2021	49.0	0.714	-	-			

**COMPARISON:** 1/8/2021. Compared with the previous exam, the lumbar spine bone density has increased by 0.026 g/cm2 (2.8%), which is not statistically significant. The left total hip bone density has increased by 0.033 g/cm2 (4.2%), which is statistically significant. The left forearm bone density has increased by 0.023 g/cm2 (3.3%), which is not statistically significant.

Macro List by Category	Notes
Technical Quality Macros	
609	Previous images reanalyzed
No Spine on f/u	Spine found to be unreliable on prior exam and not imaged on current exam
Selaracia	Spine unreliable (severe sclersosis or degenerative changes), T & Z elevated compared to hip
	and forearm, forearm not imaged, but should have been
Spine Unreliable but Imaged	Delete all spine info in HL7 table if using this macro
Combo	Use if all vertebral bodies are not included
Hypercalcemia	Forearm should be imaged
Hyperparathyroidism	Forearm should be imaged
	REVIEW Slide 55 (MISC. Approved Verbiage)
FRAX Macros	
FRAX	Major $\geq$ 20 % and Hip $\geq$ 3 %
Eliminate FRAX	HRT, OP meds, review slides 59-65 (DXA Drafting)
Comparison Macros	
ROC Unreliable	Spine increase is abnormal compared to other sites, copy and paste the last senetence to add
Compare Hospital	Basic template for entering comparison results
Outside Comparison Hospital	Template for exams with outside priors (similar to isj vs different isj macro)
Summit View Compare	Prior exam performed using GE lunar technology
RWMC Compare Discrepancy	Lumbar spine labeling changed and the trending values are not accurate. (New baseline spine)
Impression Macros	Don't forget rate of change statement when using unique impression macros
Osteopenia Elevated Risk	Frax indicates elevated risk ( <u>&gt;</u> 3% <u>&gt;</u> 20%)
	Use when the pt has a <b>fragility</b> fx (humerus, forearm, femur, tib-fib, spine, ribs, pelvis) but
	diagnosis is (LBD or Normal)
Impression Prior Hip or Vertebral FX	Pt has normal or LBD and reported spine or hip fx (resulting from trauma)
Established Osteoporosis	T scores @ or below -2.5 and 1 or more fx reported (regardless of trauma/no trauma)
Osteoporosis Elevated Risk	(1st OP diagnosis) or (previously diagnosed with OP but not treated and bmd decreasing)
Supra Normal	All Z-scores are @ or above 2.5
7 Cooro Improscion	Males younger than 50, premeno females younger than 45 (@ 45 all females get T & Z-scores
2-Score impression	regardless of menopausal state)
Macro 605	Treatment macros should be used in the impression for all pts on OP meds and Synthetic HRT
Iviacro Stabilization	Do not include fx risk statement in impression for pts on treatment
Macro 606	Macro 605- Sig. increase in BMD , Macro Stabilization- No sig. change in BMD, Macro 606- Sig. decrease in BMD

# Assigning Hospital Exams to Radiologists:

- Dr. Yung Do not reserve ISJ or Banner DXAS (Site codes BNIS), he will sign off on all other hospital DXAS
- Lampert, Barke, and Hsieh- Can usually sign off on all DXAs
- Obregon will email when he is available
- Brenneman- ISJ dxas only