Enhancing Gout Diagnosis In Cancer Patients Through DUAL-ENERGY CT (DECT): A QI Initiative at MD Anderson Cancer Center

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INTRODUCTION

- Synovial fluid analysis, the gold standard of gout diagnosis is challenging in cancer patients with difficult joint access or contraindications for arthrocentesis.
- DECT is a noninvasive alternative to detect MSU deposition
- A rise in gouty arthritis incidence among cancer patients at MD Anderson Cancer Center with missed diagnoses, need for repeated imaging, prolonged hospitalization, and delayed treatment prompted the formation of a multidisciplinary team for our QI project.

METHODS

A multidisciplinary team met bi-weekly for six months.

Primary Aims;

- ► Increasing DECT for gout diagnosis by 50%
- Reduce errors of DECT ordering and image processing by 50%

Secondary Aims;

- > Validate gout protocol in phantom
- Optimize workflow for enhanced patient outcomes.



Worked with IT department to create order set in EMR

- Test available in all locations except West Houston.
- Validated the new DECT gout protocol in phantom.



Radiologist choose MSK gout, only perform on Siemens Equipment.

Staff & technician education about the test on the correct machines & software.

Figure.2. Impact - Effort Matrix		
H I G H	 Increased awareness New order set in EMR. Schedule CT at correct location and time Image read in the correct machine Test & validate the new DECT Gout protocol in phantom 	 Financial benefits from early diagnosis Less hospitalization Lesser chance of need of reimaging
L O W	 Patient education on DECT Continued education of provider & radiologist & rad tech Apprehension with previous negative experience 	 Patient prioritizing imaging High staff turnover High patient volume for testing Lack of information on efficacy
EASY		DIFFICULT

EASY



- Started new DECT service for patients with gout.
- New order set in EMR
- Tested and validated the new DECT gout protocol in phantom.
- Monitored ordered studies with outcomes.
- We achieved our target in increasing the volumes by > 50%.

- process (t (10) = -5.49, p = 0.000)



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GOUT PROTOCOL VALIDATION

We minimized the number of errors and safety events to surpass our goals.

We increased awareness about the availability of this study among our faculties.

A two-sample t-test confirmed a strongly significant increase in using the new