Development and Verification of Educational Material for Plain Radiographic Diagnosis of Bone Metastasis: A Preliminary Report

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Our previous studies showed that early diagnosis of painful bone metastasis is difficult and requires improvement in the diagnostic accuracy of plain radiography during an initial patient consultation. In this preliminary study, we evaluate the usefulness of educational material used to improve diagnosis of bone metastasis with plain radiography. This study included imaging data from 129 consecutive patients who visited our orthopedic clinic during the period January 2011 through December 2014. First, we prepared a test to measure the reading ability of orthopedic practitioners, after which the educational material was created. Then, the effectiveness of the educational material was verified by having orthopedic trainees take a pre-test and post-test. The test contained plain radiographic data from 12 patients with lesions and 6 without lesions. The educational material included plain radiographic data from 30 patients with typical findings of bone metastasis, as well as diagnostic magnetic resonance images or computed tomography scans, accompanied by a lecture. The accuracy and sensitivity of diagnosis significantly improved after the lecture; however, specificity decreased. Although the educational material was effective for improving the ability of orthopedic trainees to read plain radiographs of bone metastasis, some aspects of the program need to be improved and revised.

Key words: educational material, plain radiography, bone metastasis, test, practitioner

Materials and Methods
This retrospective study was approved by our institutional review board and conducted in accordance with the Declaration of Helsinki.

Subjects
A consecutive series of 129 patients was selected by retrospective review of our institutional database of all patients with bone metastasis who visited our clinic for symptoms related to first incidence of bone metastasis during the period January 2011 through December 2014. First, using a plain radiographic data set of bone metastasis that had been created in our previous study, we developed a simple test with a high discrimination index for physician reading ability of plain radiographic findings of bone metastasis. In the present study, the discrimination index of patient data in the original plain radiographic data set was calculated by using the results of a blind evaluation in the previous study. Data with a
Discrimination index of 0.2 or higher were extracted\(^1\). The discrimination index was calculated by using a simplified formula in which with the number of the highest 27% of doctors, based on their score result, and the number of the lowest 27% of doctors are represented as \(n_1\) and \(n_2\), respectively. The numbers of doctors who answered correctly among the highest 27% and lowest 27% of doctors are represented as \(a\) and \(b\), respectively\(^2\), as follows:

\[
\text{Discrimination index} = \frac{a}{n_1} = \frac{b}{n_2}
\]

Second, from plain radiographic data files of bone metastasis of 129 patients with bone metastasis, 30 plain radiographic data sets with findings typical of bone metastasis were randomly extracted, excluding data that were used in the test. The educational material was created from plain radiographs, clinical data, and magnetic resonance imaging (MRI) or computed tomography (CT) findings, which supported a diagnosis of bone metastasis.

Third, the effectiveness of the educational material was verified by having 6 orthopedic trainees take a pre-test and post-test. During the lecture that used the educational material, trainees were shown plain radiographs of each case of bone metastasis, and a random participant was asked to identify the site of bone metastasis. Then, the lecturer displayed the correct answer on the images and showed the MRI or CT scans that supported the diagnosis, next to the plain radiographs. During testing, examinees individually evaluated the data and classified the case as “bone metastasis or bone metastasis highly suspected” or “other” within 1 minute, for each case. If “bone metastasis or bone metastasis highly suspected” was selected, the lesion site was also identified. Incorrect identification of the lesion site was regarded as an incorrect answer.

**Statistical Analysis**

The diagnostic results of the pre- and post-tests were compared with the Wilcoxon signed-rank test. A two-sided p-value of <0.05 was considered significant.

**Results**

The present test used plain radiographic data from 18 patients: 12 with depicted lesions and 6 without depicted lesions. The theoretical discrimination index of the present test (mean 0.49, range 0.33 to 0.83) was significantly higher than that of a previous test (mean 0.18, range 0.50 to 0.83). The present test mainly consisted of anteroposterior and lateral plain radiographs and a clinical summary (age, sex, and chief complaint) (Fig. 1).

The educational material mainly included anteroposterior and lateral plain radiographs, brief clinical information (age, sex, and primary lesion site), and MRI or CT scans, which were shown side by side on a screen (Fig. 2). The site of metastasis was the spine in 13 patients and other sites in 17. Twenty-five patients had osteolytic lesions, 4 had osteoblastic lesions, and 1 had a mixed lesion.

The examinees included 2 medical doctors, each with 14 months of post-residency experience in orthopedic surgery, and 4 other medical doctors, each with 2 months of post-residency experience in orthopedic surgery. The diagnostic results of the pre-test and post-test are shown in Figure 3A-C. The accuracy and sensitivity of diagnosis significantly improved after the lecture using the educational materials; however, specificity decreased in half the examinees.
Educational Material on Bone Metastasis

Discussion

The present results suggest that the present educational materials improved the ability of orthopedic practitioners to use plain radiographs to diagnose bone metastasis. Viewing various plain radiographs seemed to be effective in improving their ability to identify bone metastases.

The post-test results showed improved diagnostic accuracy and sensitivity in all orthopedic examinees; however, specificity decreased in some examinees. This decreased specificity may have been caused by hyperawareness of bone intensity and contours, after viewing many different images of bone metastasis. A previous study reported that the sensitivity of post-test results increased when the proportion of abnormal cases in the educational material was high and that specificity increased when the proportion of abnormal cases was low. To limit the decline in the post-test results of our educational material, it may be necessary to display plain radiographs of normal bone and non-bone metastatic disease that must be differentiated from bone metastasis. After increasing the proportion of cases of non-bone metastasis cases, as mentioned above, the usefulness of the educational material should be re-evaluated in a new group of examinees. In addition, use of a reading checklist, guidebook, e-learning system, or an eye-tracking feedback approach might enhance the educational value of the lecture. Program developers must create an environment that improves the ability of orthopedic practitioners to read plain radiographic findings when diagnosing bone metastasis.

Conflict of Interest: None declared; no external funding was received for this study.

References


(Received, November 18, 2018)  
(Accepted, May 22, 2019)  
(J-STAGE Advance Publication, June 15, 2019)