



Comment on: Is work overload associated with diagnostic errors on [¹⁸F]FDG PET/CT

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Dear Editor,

We greatly appreciated the article from the Groningen team entitled “Is work overload associated with diagnostic errors on [¹⁸F]FDG PET/CT?” by Romy Toxopeus et al. This retrospective study analyzed 103 [¹⁸F]FDG PET/CT scans with diagnostic errors corrected via addendum between March 2018 and July 2023. The authors concluded that work overload, measured in relative value units (RVUs) from the German Health Authorities, appears to be linked to these diagnostic errors. In the era of modern digital PET/CT technology with rapid acquisition, the issue of daily organization of medical activities is becoming crucial. Despite the rigorous analysis and significant findings, we wish to address certain comments that may warrant consideration before drawing any premature conclusions. In this study, the activity profiles of imaging practitioners vary significantly, with some having minimal involvement in nuclear imaging. For instance, one physician conducted only 48 PET/CT exams during the study period, for a total of 4311 exams interpreted. This raises the issue of the training of physicians who have a mixed practice. Additionally, it would be insightful to have detailed information regarding the mode of exercise among imaging practitioners with higher activity levels (e.g., whether they interpret different types of exams on the same day or not). Here, the retrospective nature of the study prevents limits such analyses. Moreover, RVUs may not accurately assess the workload of all practitioners, especially those in university hospitals who are involved in teaching, research, and administrative duties. Furthermore, the authors solely

consider addenda on PET as diagnostic errors. As acknowledged in the discussion section, an unspecified number of errors not addressed by addenda may have been overlooked, potentially underestimating the extent of errors. For instance, dictation errors, typographical errors, and interpretation errors could also have significant clinical implications for patients (e.g., errors in vertebrae numbering, tumor laterality). This study is indeed significant and underscores the importance of customizing work activities for each practitioner based on their specific responsibilities (e.g., involvement in research, teaching, administrative tasks, participation in MDT meetings). A calm and interruption-free work environment can also significantly enhance productivity and reduce errors. Thoroughly reviewing complex cases, while difficult to implement in practice, could also reduce errors. Finally, the analysis of diagnostic errors will also necessitate prospective reassessment in teams equipped with AI-based image analysis software.

Sincerely,

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