



How to AIRP:

Submission recommendations for people who need clear directions

YOU need an AIRP case!

- But can't I just pay a \$500 waiver?

Dear residents,

Since this has come up in increasing frequency, I wanted to send out this email to clarify our policy.

With regard to AIRP, our policy is that residents submit a case in preparation for the rad-path course.

Our department generously pays for your registration, and we would like your full participation.

Submitting a waiver fee in lieu of a case is strongly discouraged and would require our approval, considered on a case-by-case basis.

Should we grant a waiver, the fee will not be reimbursed by our program.

Extension of the deadline for case submission is usually allowed, and we can facilitate that on your behalf if needed.

Best,
Andrew

1/23/2024 email

YOU need an AIRP case!

When?

- By 1 month before you attend the AIRP conference in your R3 year (likely in the spring, but this can vary)

What?

- Pick a case (any case) with good radiologic findings + GOOD PATHOLOGIC findings
- In fact, you might ask a pathologist for a case (will need both gross and histologic images): this is the Rate Limiting Step

How much time?

- Getting the materials together for the case: emails, follow up emails, going to the Pathology Department... this can take A WHILE
- Actually putting together the submission: 4-6 hours

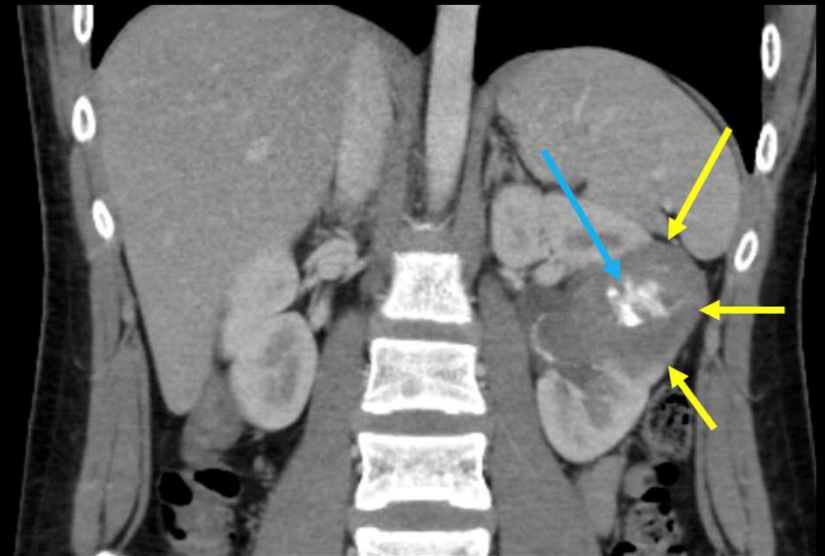
And?

- You will need ...

Things you need for your AIRP case

Radiology Studies:

- De-identified **DICOM** images of the any relevant imaging studies
- Representative images to highlight the important points
 - **JPEGs** with the arrow sign, (see right)
- Radiology report (as a **PDF**)



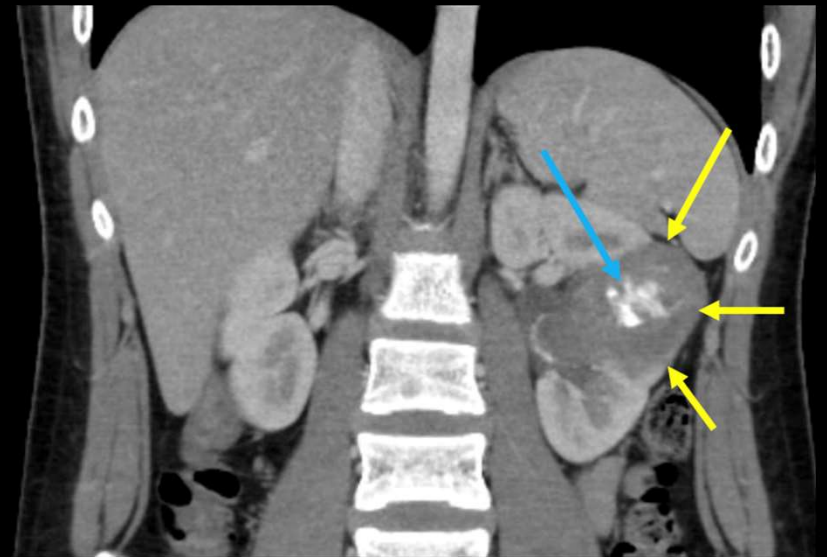
Lovely arrows for people who don't want to scroll through the image stack

A brief sidenote on Representative Images...

You will need 2 of each:



A "clean" copy

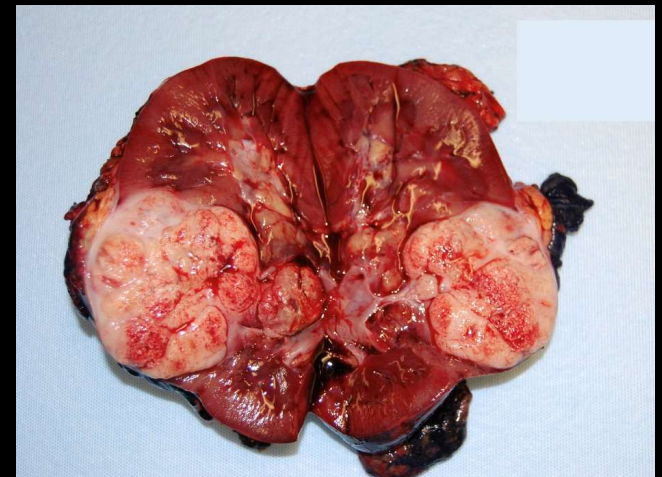


A copy with annotations

Things you need for your AIRP case

Pathology Studies:

- De-identified gross pathology images (as **JPEG**)
- De-identified slides
 - Can physically send **glass slides**,
 - Or virtual slides (**.svs**, **.ndpi**, **.mrxs**, **.bif** or **.vsi** format)
- Representative images to highlight the important points
 - **JPEGs** with the arrows
 - Know stain and magnification
- Pathology report (as a **PDF**)
- **Signed verification form** from pathologist

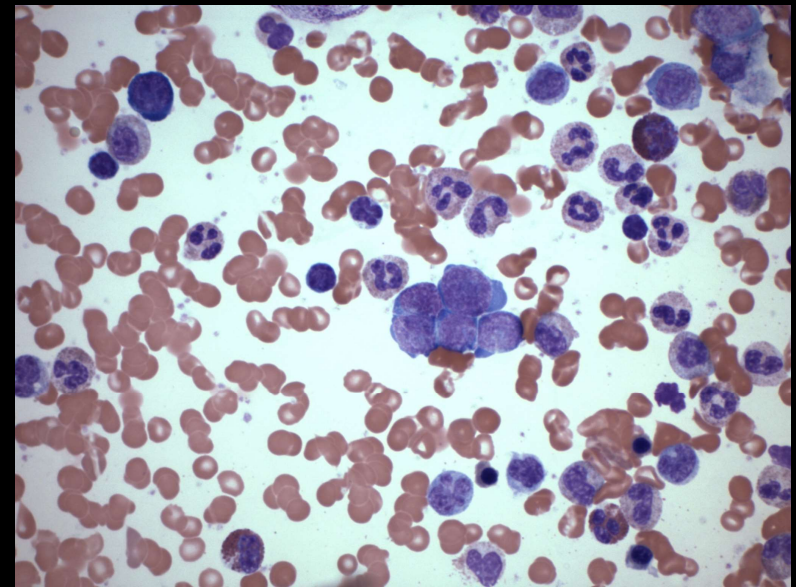


Gross image!

Pathology doesn't always save gross images – check to make sure they have this for your case (otherwise you need a special waiver from AIRP for a case with no gross)

Things you need for your AIRP case

- **HPI**: as a report in **PDF** format
- **Operative and/or Procedural report**: as a report in **PDF** format
- A brief report on disease entity (see “**Case Features**” on submission portal slides)
- **Literature references** (3+)
- Other things you can have, but don't need:
 - Discharge summary
 - Illustrations
 - Videos




Cells: lots and lots of cells
Maybe have a path friend (or the actual pathologist) briefly walk you through the cell types before you caption it

These AIRP websites can tell you more

- <https://www.acr.org/Lifelong-Learning-and-CME/AIRP/Four-Week-Course/Case-Submission>
- <https://www.acr.org/Lifelong-Learning-and-CME/AIRP/Four-Week-Course/Case-Submission/FAQ>

Case submission portal



ACR INSTITUTE FOR RADIOLOGIC PATHOLOGY

ACAS

AIRP Case Archive System

[FAQ](#) [Support](#)

CASE 1

- Organ System, Location, and Distribution
- Diagnosis/Differential Diagnosis
- Patient Information
- Contributing Hospital
- Pathologist Information
- Publishing Information
- Disclosure and Copyright Release

Case Data Clinical Information Radiology Pathology Multimedia Optional Educational Activity

Organ System, Location and Distribution

* indicates a required field

Organ System *
Genitourinary

Organ Location *
Kidney

Back Next

Case submission portal portal


CASE 1

←


Diagnosis/Differential Diagnosis

* indicates a required field

Diagnosis 1 *

Search... 

Diagnosis 2

Search... 


Check if you had trouble finding an accurate diagnosis

Provide your Diagnosis *

Extraskeletal Ewing sarcoma of the kidney

Differential Diagnosis

Differential Diagnosis 1 *

WILMS TUMOR / NEPHROBLASTOMA 

Differential Diagnosis 2

- ✓ Organ System, Location, and Distribution
- ✓ Diagnosis/Differential Diagnosis
- ✓ Patient Information
- ✓ Contributing Hospital
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Case submission portal

CASE 1

←

Organ System, Location, and Distribution ✓
Diagnosis/Differential Diagnosis ✓
Patient Information ✓
Contributing Hospital ✓
Pathologist Information ✓
Publishing Information ✓
Disclosure and Copyright Release ✓

Patient Information

* indicates a required field

Pediatric Case(Age 17 and under) *

Yes
 No

Is patient under 1 year old *

Yes
 No

Age (At the time of specimen)

Years *

Sex *

Race *

▼ ⓘ

Case submission portal

CASE 1

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✓ Case Data ✓ Clinical Information ✓ Radiology ✓ Pathology Multi

Contributing Hospital

* indicates a required field

Name of Residency Program *

Name of Contributing Hospital *

Country *

Street Address *

Street Address Line 2

City * State/Province *

Case submission portal

The screenshot displays a web interface for a case submission portal. On the left, a sidebar lists various sections with checkmarks, including 'Pathologist Information' which is currently selected. The main content area is divided into two panels. The left panel, titled 'Pathologist Information', contains a form with fields for 'First Name', 'Last Name', and 'Email Address', all marked as required. Below these fields is a question about providing information for an additional pathologist, with 'No' selected. At the bottom of this panel is a 'Specimen ID' field containing '23S00420'. The right panel, titled 'Additional Specimen ID', features a form with a 'Specimen ID' field containing '33BM0005'. Below this is an 'Add Specimen ID' button, a link for 'Verification/Consent Form', and an 'Uploaded' section showing a file named 'Slide_use_verification_form_SIGNED.pdf'. 'Back' and 'Next' buttons are located at the bottom of the right panel.

CASE 1

Case Data Clinical Information Radiology Pathology

Pathologist Information

* indicates a required field

Pathologist

First Name *

Last Name *

Email Address *

Do you wish to provide information of an additional pathologist? *

Yes

No

Specimen ID *

23S00420

Additional Specimen ID

Specimen ID *

33BM0005

+ Add Specimen ID

Verification/Consent Form * [View/Print Form](#)

Uploaded

File Name

Slide_use_verification_form_SIGNED.pdf

Back Next

Note: The verification form comes as both a link and a .pdf file --- a pathologist signs it attesting that the slides belong to the case that you're submitting.

Case submission portal

CASE 1

←

Case Data Clinical Information Radiology Pathology Multimedia Educational Activity

History and Physical Report Auto Saved

* indicates a required field

The History and Physical (H&P) report is required. You must submit the document(s) in PDF format.

Drop files or browse to upload

Uploaded 1 out of 8 files

File Name	Document Type*	Upload Date
History_and_Physical_PDF.pdf	Original	2/25/24

Clinical Summary *

View Example ^

B I U

[REDACTED] with history of asthma presenting with 1.5 months of intermittent hematuria with increasing left flank pain and fatigue. Physical exam was grossly normal, excepting left flank tenderness on spinal flexion. Renal ultrasound demonstrated a 4.7 cm area of abnormal calcification in the lower pole of the left kidney. Further imaging with CT abdomen/pelvis demonstrated an interpolar 7 cm left renal mass with central calcifications as well as numerous low-attenuation lesions at the spine, bilateral iliac bones, bilateral ischium, and bilateral pubic bones. Bone biopsy of a large left iliac bone lesion was pursued, ultimately revealing pathology consistent with metastatic Ewing sarcoma. Left total nephrectomy was pursued, revealing a central necrotic, partially calcified renal mass with histology and immunohistochemistry consistent with Ewing sarcoma of the left kidney.

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Case submission portal

CASE 1 ←



- History and Physical Report
- Operative/Procedural Report
- Discharge Summary Report (Optional)

The operative or procedural report is required. If applicable, provide both. You must submit the document(s) in PDF format.

Operative Report

Drop files or [browse](#) to upload

Uploaded 1 out of 8 files

File Name	Document Type*	Upload Date	
 Op_Report_Full_PDF.pdf	Original <input type="button" value="v"/>	2/22/24	

Procedural Report

Drop files or [browse](#) to upload

Case submission portal

CASE 1

←

✓ Case Data ✓ Clinical Information ✓ Radiology ✓ Pathology Multimedia Optional ○ Educational Activity

Discharge Summary Report (Optional) Auto Saved

* indicates a required field

The discharge summary report is optional. If submitted, the document(s) must be in PDF format.

Discharge Summary Report

Drop files or [browse](#) to upload

Back Next


Case submission portal

CASE 1 ←

- ✓ Case Data
- ✓ Clinical Information
- ✓ Radiology
- ✓ Pathology
- Multimedia Optional
- Educational Activity

DICOM ↻ Auto Saved

Please copy the DICOM images to your hard drive first. This will speed up the process.



To upload data, simply drag and drop a file here, or use the buttons below to upload files from your local computer.

Dicom files are accepted.

Case submission portal

CASE 1

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Case Data Clinical Information **Radiology** Pathology Multimedia Optional Educational Activity

Representative Images Auto Saved



* indicates a required field

Please upload the representative images that best demonstrate the key features and optimally illustrate radiologic pathologic findings. Images must be in JPEG format.

Radiologic Images View Annotation Examples

Drop files or browse to upload

Uploaded 4 out of 20 files

File Name	Caption *	Type *	Annotation	Upload Date
 Renal_Mass_clean.jpg	CT abdomen, coronal view.	Original		2/22/24
 Left_Iliac_Lesions_clean.jpg	CT pelvis, axial view.	Original		2/22/24

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Case submission portal

CASE 1

←

✓ Case Data ✓ Clinical Information ✓ Radiology ✓ Pathology Multimedia Optional Educational Activity

Radiology Report


Auto Saved

* indicates a required field

At least one radiology report is required. Please provide a radiology report for every DICOM study submitted. You must submit the document(s) in PDF format.

Drop files or [browse](#) to upload

Uploaded 1 out of 8 files

File Name	Document Type*	Upload Date
 Radiology_Report_PDF.pdf	Original	2/22/24

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Case submission portal


CASE 1

←

View Annotation Examples

Drop files or [browse](#) to upload

Uploaded 2 out of 20 files

File Name	Caption *	Type *	Annotation	Upload Date
 Gross_clean.jpg	Gross pathology of the left kidney status post	Original		1/1/01

Gross Pathology Summary *

B *I* U ☰ ☷

The left kidney status post nephrectomy reveals a 7.8 cm tan-yellow, soft, lobulated mass with a central focus of necrosis/calcification within the lower pole of the kidney. The mass abuts the renal capsule, distorts the major calyces, and encroaches upon the renal pelvis.

Note: For uploading virtual slides, you will contact AIRP via email and they will send you a link to a folder that can handle large (1+ GB) files

Case submission portal



CASE 1

←

View Annotation Examples

Drop files or browse to upload

Uploaded 4 out of 20 files

File Name	Caption *	Type *	Annotation	Upload Date
 Histo_HE_10x_clean	H&E stain (10x magnification) of left renal mass.	Original		2/22/24
 Histo_aspirate_clear	H&E stain of bone marrow aspirate of left iliac lesion.	Original		2/22/24

Histopathology Summary *

B *I* U ☰ ☰

Histopathologic evaluation of left renal mass reveals sheets of small, round, blue cells with high nuclear:cytoplasmic ratio; morphological features are consistent with Ewing sarcoma which was later bolstered by additional immunohistochemical testing. Additionally, bone marrow aspirate of a left iliac lesion demonstrates scattered clusters of similar small, round, blue cells, compatible with metastatic disease.

Case submission portal

CASE 1

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✓ Case Data ✓ Clinical Information ✓ Radiology ✓ Pathology Multimedia Optional Educational Activity

Pathology/Autopsy Report Auto Saved



* indicates a required field

The pathology or autopsy report is required. If applicable, provide both. You must submit the document(s) in PDF format.

Pathology Report

Drop files or [browse to upload](#)

Uploaded 1 out of 8 files

File Name	Document Type*	Upload Date
 Pathology_Report_PDF.pdf	Original <input type="text"/>	2/22/24 

Autopsy Report

Drop files or [browse to upload](#)


Case submission portal

CASE 1 ←

Case Data Clinical Information Radiology Pathology **Multimedia** Optional Educational Activity

Videos ↻ Auto Saved

Video(s) related to the case are optional. If submitted, videos must be in MP4 or MOV formats.

 Drop files or browse to upload

Case submission portal

CASE 1

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Case Data Clinical Information Radiology Pathology Multimedia Educational Activity

Case Features Auto Saved

* indicates a required field

Clinical Features *
Please provide a description of typical location(s), demographics, clinical signs and symptoms, and any pertinent laboratory abnormalities.

Imaging Characteristics *
Please provide a short description of the typical radiologic features of the disease.

Differential Diagnosis *
Please describe how the diagnosis can be distinguished on imaging from other conditions in the differential diagnosis, including features important in radiologic-pathologic correlation.

Pathology *
Please provide a short description of the typical gross and histologic findings of the disease.

Treatment *
Please describe the current treatment approaches to the disease.

Prognosis *
Please provide a short statement of the current prognosis of the disease.

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Case submission portal

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ACAS
AIRP Case Archive System

FAQ Support

CASE 1

Case Data Clinical Information Radiology Pathology Multimedia optional Educational Activity

Case Features Literature References

Literature References

* indicates a required field

Please provide between 3 and 5 references in AMA format. All references must be either peer-reviewed journals or textbooks. Websites can be referenced if they are registries for the diagnosis (e.g. Pleuropulmonary Blastoma registry).

Reference 1 *

Wright A, Desai M, Bolan CW, et al. Extraskeletal Ewing sarcoma from head to toe: Multimodality imaging review. Radiographics. 2022;42:1145-1160. doi.org/10.1148/rg.210226

Reference 2 *

Murphey M, Senchak LT, Mambalam PK, et al. Ewing sarcoma family of tumors: Radiologic-pathologic correlation. Radiographics. 2013;33:803-831. doi.org/0.1148/rg.333135005

Reference 3 *

Houdek MT, Heidenreich MJ, Ahmed SK, et al. Treatment outcomes of extraskeletal Ewing sarcoma. J Surg Oncol. 2023;128:105-110. doi.org/10.1002/jso.27250

Are there additional literature references you wish to provide?*

Yes

No



Good luck!

Reach out to any seniors with questions or concerns!

Feel free to pick up a case in R1 or R2 years!