



How to Submit 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

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

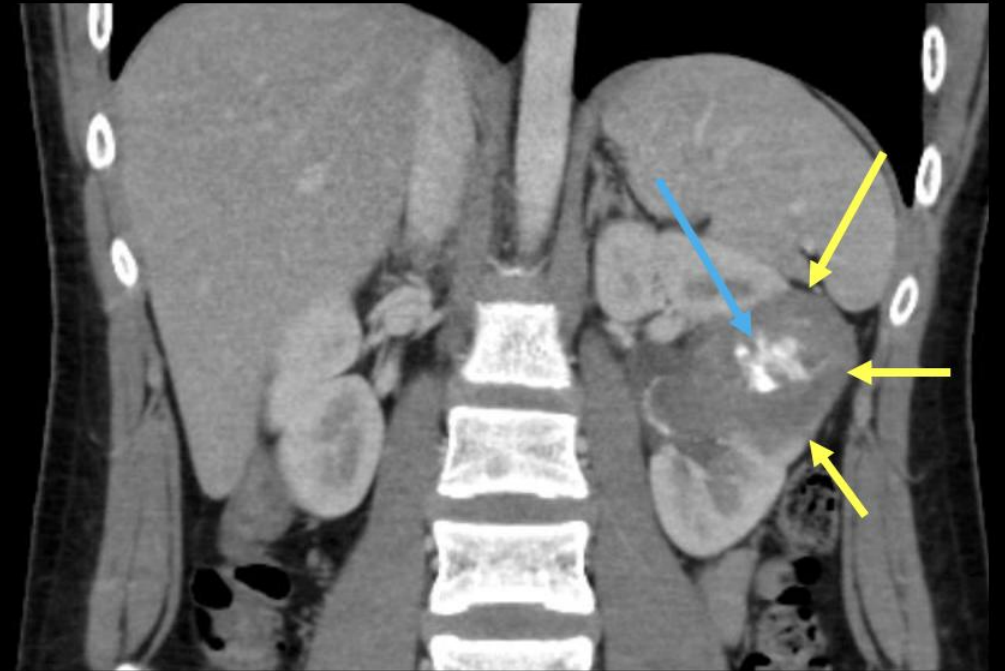
And?

- You will need ...

Things you need for your AIRP case

Radiology Studies:

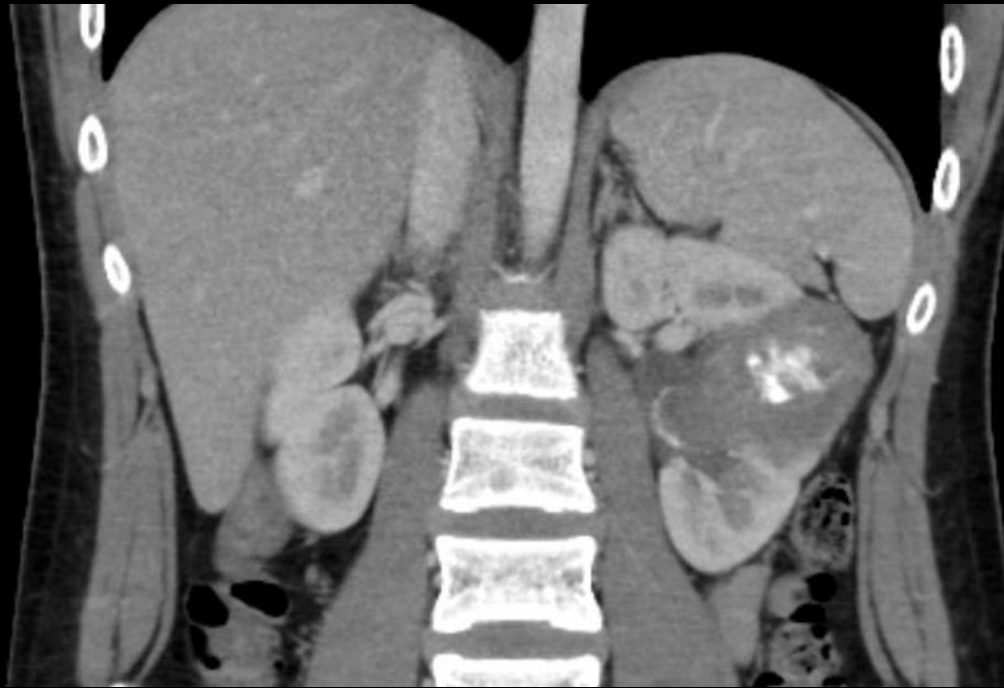
- De-identified **DICOM** images of the any relevant imaging studies
- Representative images to highlight the important points
 - **JPEG**s with the arrow sign, (see right)
- Radiology report (as a **PDF**)



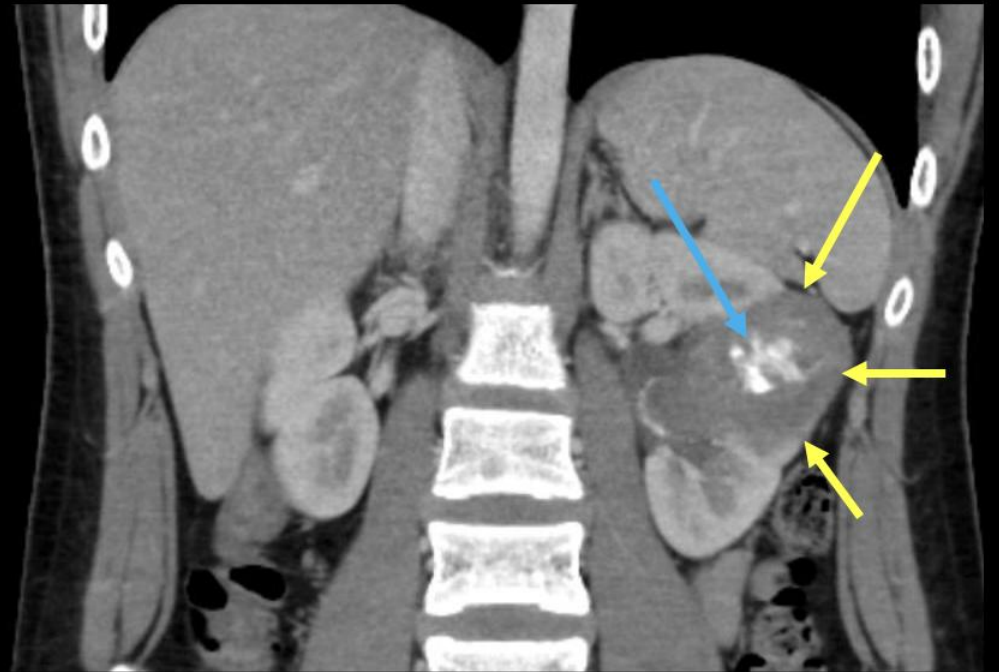
Lovely arrows for people who don't want to scroll through the image stack

A brief sidenote on Representative Images...

You will need 2 of each:



A “clean” copy

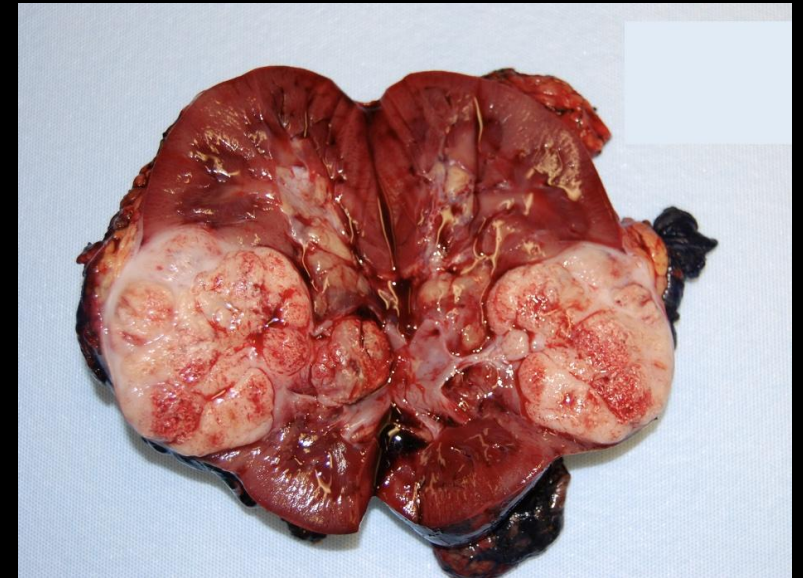


A copy with annotations

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

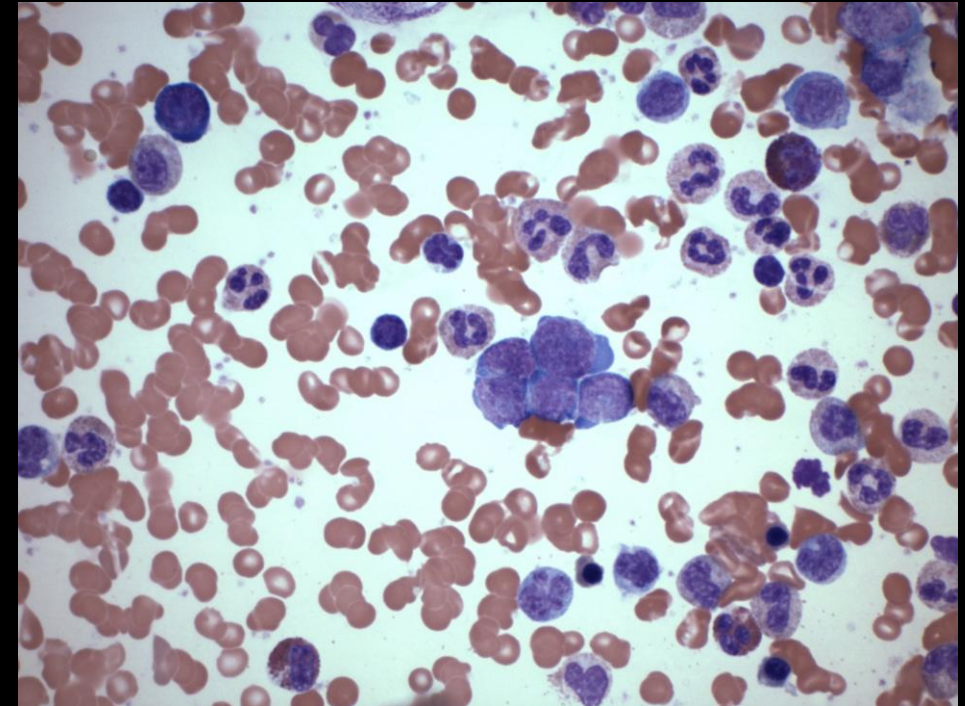


Gross image!

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
- Remove all dates, physician names, and order numbers from reports



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>

***But how do I de-identify DICOM images?

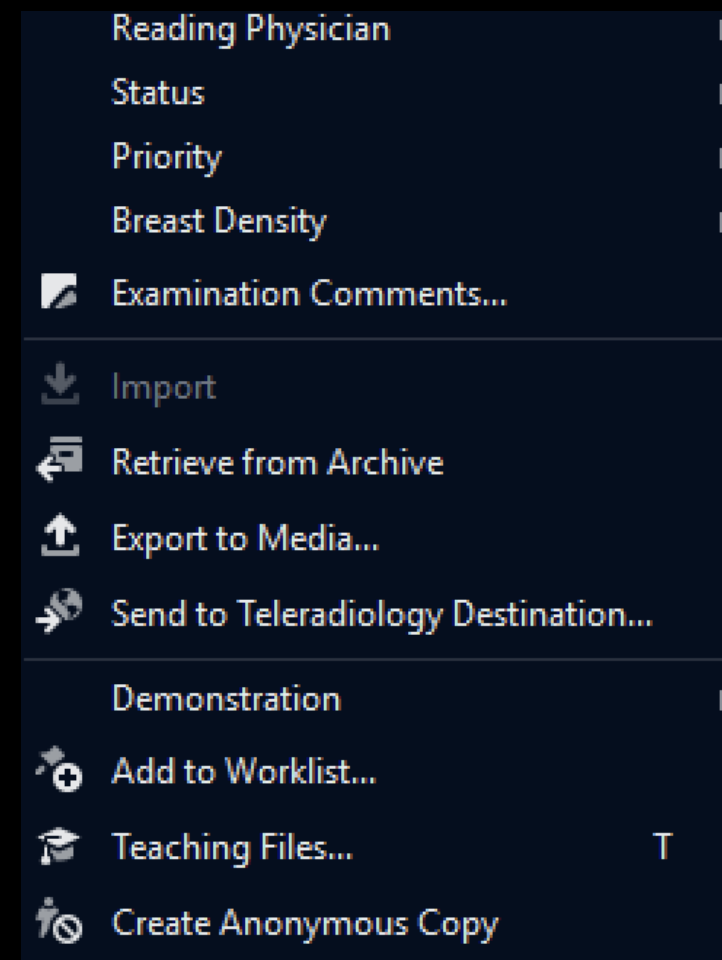
- Images submitted cannot have any identifying information
- Use **Sectra** (see guide below for steps) to de-identify images
- Use **free DICOM viewer program** (multiple good options online, e.g. Osirix) to review your de-identified images



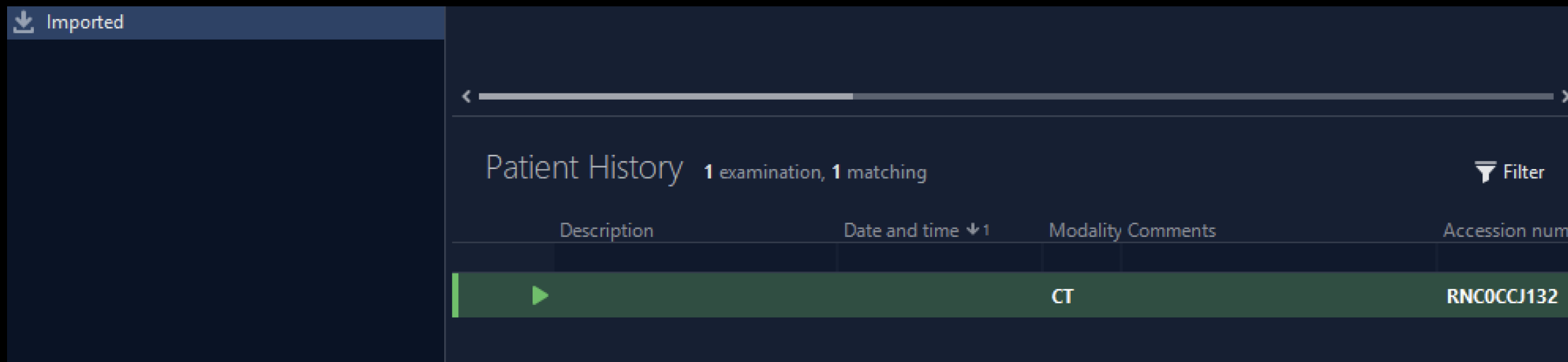
DICOM images with no identifiable data allowed


***De-identifying DICOM images

- In **Sectra**:
- Right click and click on “**Create Anonymous Copy**”
- Click second option under Clinical Trial...
“**Default Anonymization Profile**”

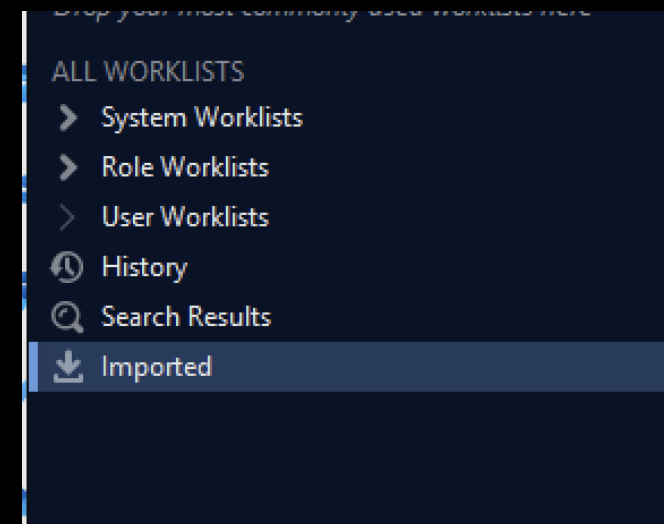


***De-identifying DICOM images



Description	Date and time ↓ 1	Modality	Comments	Accession number
		CT		RNC0CCJ132

- Files will now be under “Imported”
- Note that some imported files are NOT completely anonymous (e.g. contain contrast dose, radiation dose, patient identifiers -- even whole VRAD reports with patient information!)

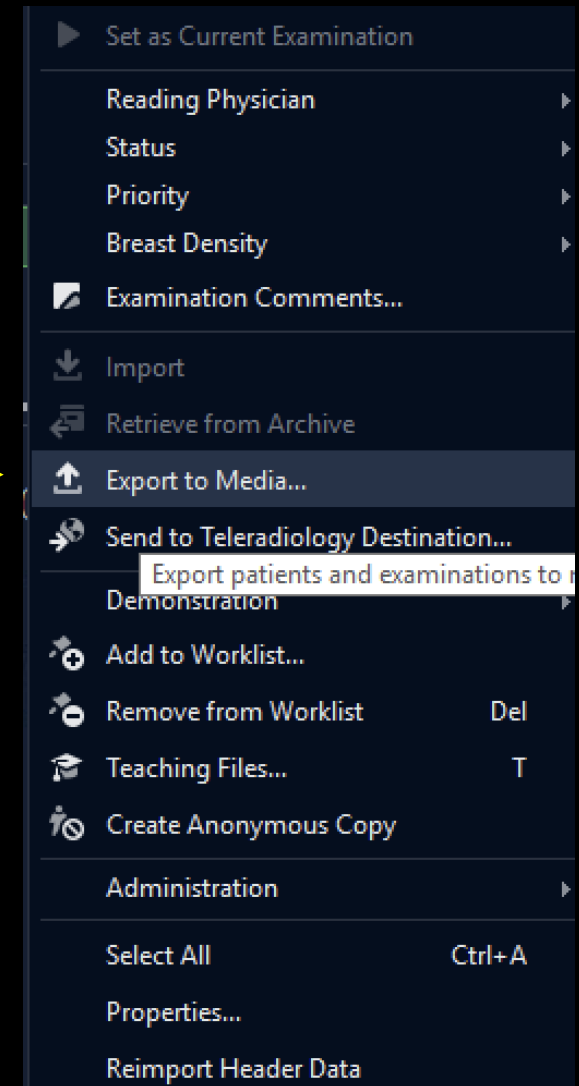


***De-identifying DICOM images

- Scroll through each image under the series to see that it is **clear of any PHI**.
- Also, click on each series (axial, coronal and sagittal) and press **“SHIFT D”** on the key board. Go through each information to **check there are no identifiers** (i.e., ordering provider, accession #, workstation, etc). Review to make sure all identifiers are changed.

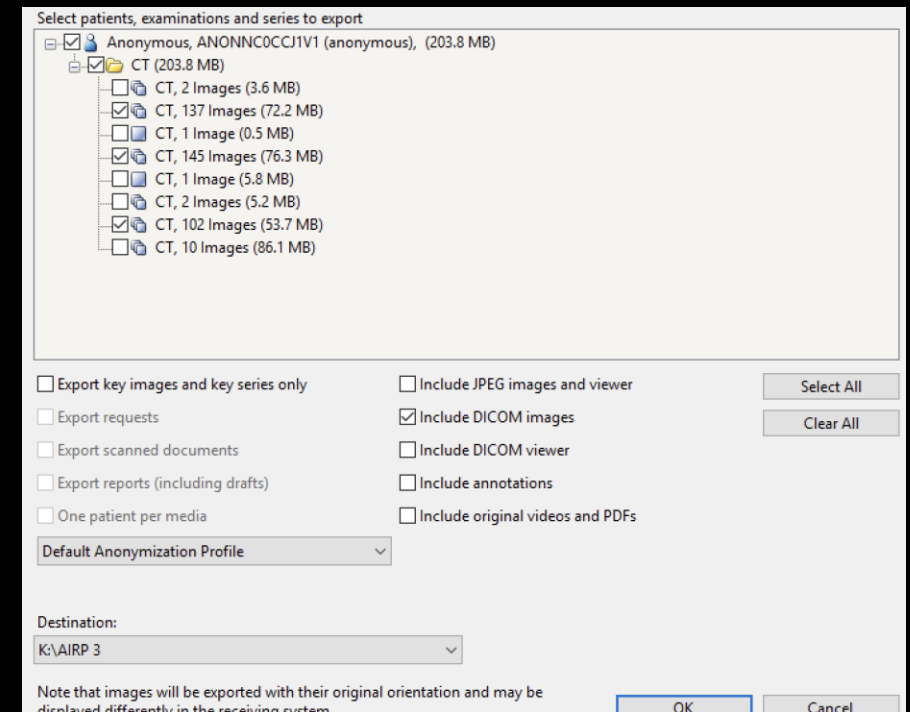
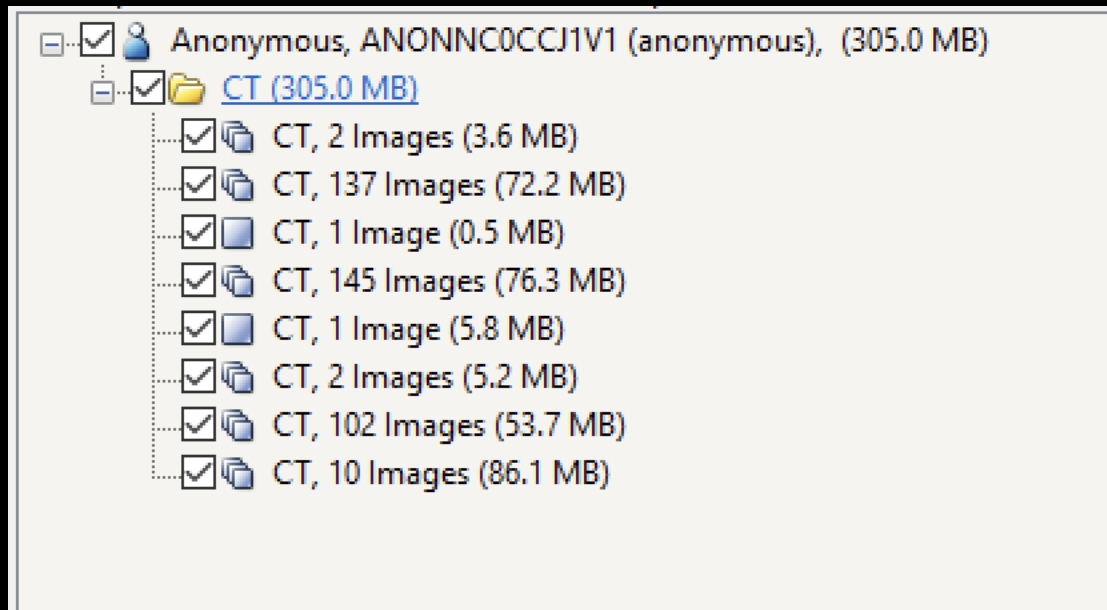
***De-identifying DICOM images

- Note which series you want to export by the # of images in the series
 - For example, a CT scan with 137 axial images, 145 sagittal images and 102 coronal images.
 - Notice that screen shots, VRAD report, patient radiation dose and contrast dose page have <10 images (and these series all contain identifiers!).
- Click “Export to Media...”



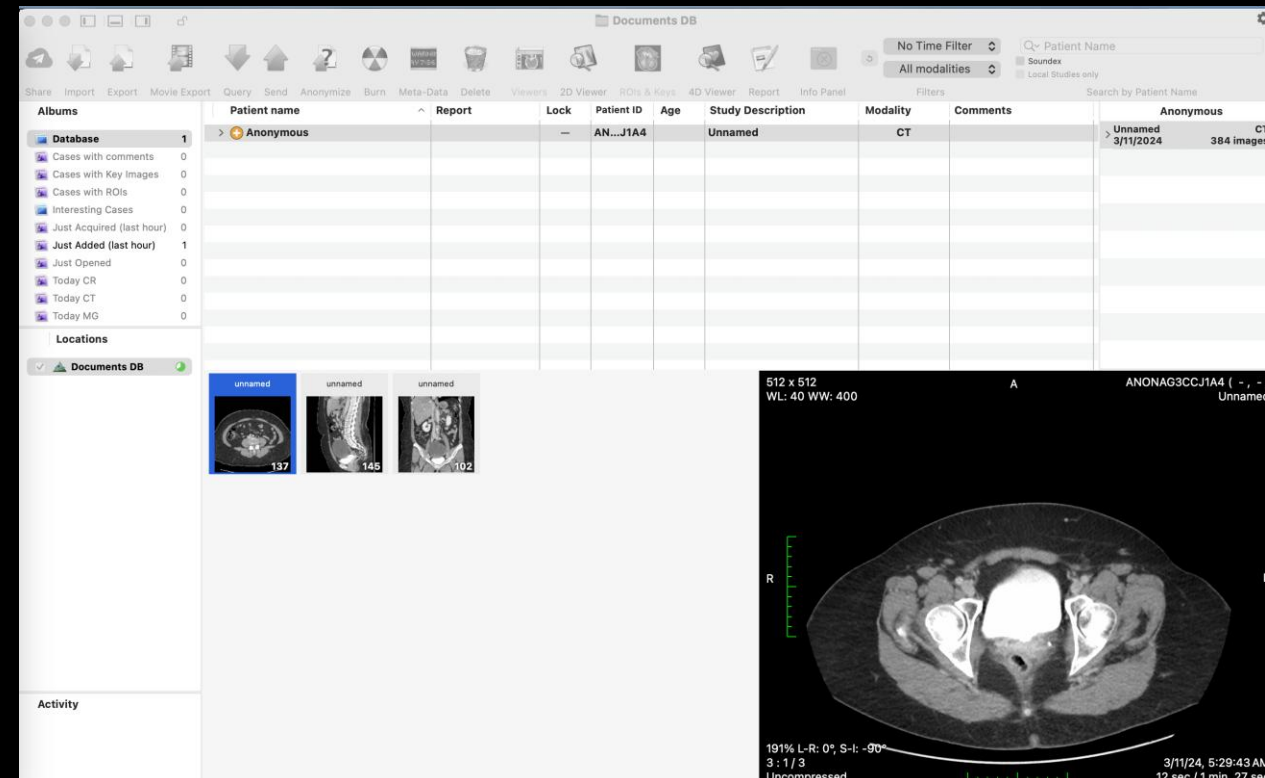
***De-identifying DICOM images

- Click drop down menu and unclick everything except for CT axial, sagittal and coronal images (i.e. the series with 100+ images)
- Unclick everything but “Include DICOM images”
 - If you don’t have a program to view DICOM images, can click “Include DICOM viewer”



***De-identifying DICOM images

- Check again!: Open your saved/exported file to make sure no identifying information is included
- There are lots of good free trial **DICOM viewer programs** (e.g. Osirix):
 - <https://www.osirix-viewer.com/osirix/osirix-md/download-osirix-lite/>
- Upload the DICOM image file into Osirix and confirm the correct series was exported with no identifying information



Osirix interface

Case submission portal

AIRP
ACR INSTITUTE FOR
RADIOLOGIC PATHOLOGY

ACAS
AIRP Case Archive System

FAQSupport

CASE 1
[Redacted]

←

✓ Case Data

✓ Clinical Information

✓ Radiology

✓ Pathology

Multimedia
Optional

☐ Educational Activity

✓ Organ System, Location, and Distribution

✓ Diagnosis/Differential

✓ Diagnosis

✓ Patient Information

✓ Contributing Hospital

✓ Pathologist Information

✓ Publishing Information

✓ Disclosure and Copyright Release

Organ System, Location and Distribution

* indicates a required field

Organ System *

Genitourinary

Organ Location *

Kidney

Back

Next

Case submission portal portal

CASE 1

✓ Organ System, Location, and Distribution

✓ Diagnosis/Differential Diagnosis

✓ Patient Information

✓ Contributing Hospital

✓ Pathologist Information

✓ Publishing Information


✓ Disclosure and Copyright Release

←


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 *

Extraskelatal Ewing sarcoma of the kidney

Differential Diagnosis

Differential Diagnosis 1 *

WILMS TUMOR / NEPHROBLASTOMA 

Differential Diagnosis 2

Case submission portal

CASE 1
[Redacted]

✓ 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 *

[Redacted]

Sex *

[Redacted]

Race *

[Redacted]  

Case submission portal

CASE 1

←

✓ Case Data

✓ Clinical Information

✓ Radiology

✓ Pathology

Mult

op

✓ Organ System, Location, and Distribution

✓ Diagnosis/Differential

✓ Diagnosis

✓ Patient Information

✓ Contributing Hospital

✓ Pathologist Information

✓ Publishing Information

✓ Disclosure and Copyright Release

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 the 'Case submission portal' interface. On the left, a sidebar lists various sections with green checkmarks indicating completion: 'Organ System, Location, and Distribution', 'Diagnosis/Differential Diagnosis', 'Patient Information', 'Contributing Hospital', 'Pathologist Information' (highlighted), 'Publishing Information', and 'Disclosure and Copyright Release'. The main content area is titled 'CASE 1' and features a navigation bar with tabs for 'Case Data', 'Clinical Information', 'Radiology', and 'Pathology'. The 'Pathology' tab is active, showing the 'Pathologist Information' form. This form includes fields for 'Pathologist' (with a dropdown), 'First Name *', 'Last Name *', and 'Email Address *', each with a blue bar indicating input. Below these is a question: 'Do you wish to provide information of an additional pathologist? *' with radio buttons for 'Yes' and 'No' (selected). At the bottom of the form is a 'Specimen ID *' field containing '23S00420'. To the right, a modal window titled 'Additional Specimen ID' is open, showing a 'Specimen ID *' field with '33BM0005' and a '+ Add Specimen ID' button. Below the modal, there is a link for 'Verification/Consent Form * View/Print Form' and an 'Uploaded' section showing a file named 'Slide_use_verification_form_SIGNED.pdf'. At the bottom right are 'Back' and 'Next' buttons.

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

History and Physical Report

Operative/Procedural Report

Discharge Summary Report (Optional)

Case Data

Clinical Information

Radiology

Pathology

Multimedia
Optional

Educational Activity

Auto Saved

History and Physical Report

* 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

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 interpolary 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.

Back

Next

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	2/22/24

Procedural Report

Drop files or browse to upload

Back

Next

Case submission portal

CASE 1

History and Physical Report

Operative/Procedural Report

Discharge Summary Report (Optional)

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


✓ Representative Images

✓ Radiology Report

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.

Upload Files

Upload Folder

Case submission portal

CASE 1

✓ DICOM

✓ Representative Images

✓ Radiology Report

←

✓ 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	

Back

Next

Case submission portal

CASE 1

←

✓ Case Data

✓ Clinical Information

✓ Radiology

✓ Pathology

Multimedia
Optional

○ Educational Activity

✓ DICOM

✓ Representative Images

✓ Radiology Report

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

Back

Next

Case submission portal

CASE 1

←

Representative Images


Pathology/Autopsy Report

Gross Images



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

Representative Images





Pathology/Autopsy Report

Histologic Images

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

←

✓ Representative Images

✓ Pathology/Autopsy Report

✓ 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 	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

Illustrations

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

Back

Next

Case submission portal

CASE 1

←

Case Data

Clinical Information

Radiology

Pathology

Multimedia
Optional

☐ Educational Activity

Auto Saved

Case Features

Literature References

Case 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.

Back

Next

Case submission portal

AIRP[®]

ACR INSTITUTE FOR
RADIOLOGIC PATHOLOGY

ACAS

AIRP Case Archive System

FAQSupport

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. Extraskkeletal 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 extraskkeletal 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!