Guidelines for Writing Figure Legends general considerations:

- *All figures must be annotated on the RCC platform **only**. We are unable to accept pre-annotated images*

- *Please crop figure parts to an appropriate size while excluding the dead space (black framing) surrounding an image prior to uploading onto the RCC platform. Please provide magnified images of subtle findings*

- *Please use the same type, size, and color of annotation for a specific finding throughout all sets to maintain consistency*

- *Please address each figure part individually and separately. **Avoid writing figure legends that go back and forth between different figure parts.** Each figure part should have its own figure legend. Viewers can only see one figure part at a time.*

- *Please make sure the actual diagnosis is not included in the figure legend or annotated on the figure itself as text (if applicable)*

- *Text annotation on the figure itself should be limited to appointing figure parts (a,b,c), or instances where anatomy parts need to be clarified*

- *All annotations must be addressed/referenced in the figure legends for each figure part*

Guidelines for Writing Figure Legends for still images:

CT Images Format:
For each image, when applicable, please start with image label (a,b,c). Include plane of imaging, contrast type administered (none, oral, IV, or other) and timing or phase, the body location through which the CT examination was performed, and reference to appropriate image annotation.
Example: a) Axial IV and oral contrast-enhanced CT image through the abdomen in the portal venous phase shows a complex right adrenal mass (arrow).

MR Images Format:
For each image, when applicable, please start with image label (a,b,c). Include plane of imaging, pulse sequence, and any related modifiers, contrast type administered (if any) and timing or phase, and the body location through which the MR examination was performed, and reference to appropriate image annotation.
Example: a) Coronal T2-weighted image through the pelvis with fat suppression shows a low signal intensity 5 cm mass (arrow).

Example: b) Axial T1-weighted image with fat suppression after IV gadolinium administration through the liver in the arterial phase shows a heterogeneous large mass (arrows).
Example: c) Axial diffusion-weighted image with b value of 1000 through the mid abdomen shows restricted diffusion in a 3 cm right renal mass (arrow).

US Images Format:
For each image, when applicable, please start with image label (a,b,c). Include plane of imaging, contrast type administered (if any) and timing (IV microbubble agent, intravesical microbubble agent, etc.), and the body location through which the US examination was performed, technique (e.g., color Doppler, spectral Doppler, sheer wave elastography), any related modifiers (standing, Valsalva maneuver, etc.), and reference to appropriate image annotation. Please note ultrasound terminology for the plane of imaging should replace conventional language for cross-sectional imaging (e.g., long axis, transverse).
Example: a) Transverse gray-scale ultrasound image through the pelvis with Valsalva maneuver shows a cystocele (arrow).
Example: b) Long-axis ultrasound image of the liver after IV contrast administration shows a heterogeneous large partially enhancing mass (arrows).

Radiography Format:
For each image, when applicable, please start with image label (a,b,c). Include plane of imaging for single or multiple views, the body location through which the examination was performed, and reference to appropriate annotation.

Example: PA (a) and (b) lateral chest radiographs show a cavitary mass (arrows) in the lateral aspect of the right upper lobe.

Fluoroscopy Format:
For each image, when applicable, please start with image label (a,b,c). Include plane of imaging, contrast type administered (if any) and timing, overhead vs. cine clip (frame rate), any specific maneuvers performed in conjunction with the images (e.g., water siphon test), and the body location through which the examination is performed, and reference to appropriate annotation.

Example: a) Sagittal view of the esophagus of a swallow performed with dilute barium shows irregular narrowing of the esophagus proximal to a hiatal hernia (arrows).

Nuclear Medicine Planar Imaging format:
For each image, when applicable, please start with image label (a,b,c), imaging projection (anterior, posterior), region imaged (whole body planar image, spot image of the chest), imaging time, route of administration (IV, oral), dose of radiotracer, type of radiotracer (Tc-99m, I-123), and reference to appropriate image annotation.

For example: Anterior (a) and posterior (b) whole body planar images acquired 4 hours after IV administration of 10 mCi Tc99m-MDP show an osteoblastic sternal lesion (arrow).
c) Anterior spot images of the chest better show an osteoblastic sternal lesion (arrow)

Nuclear Medicine SPECT, SPECT-CT and PET-CT imaging format:
For each image, when applicable, please start with image label (a,b,c), type of imaging (PET, fused PET-CT, non-contrast CT), plane of imaging (axial, coronal), anatomic level of the image (upper chest, lower chest), timing or phase, route of administration (IV, oral), dose of radiotracer, type of radiotracer (F18-FDG, F18-Fluciclovine), and reference to appropriate image annotation.

For example: Axial PET (a), fused PET-CT (b), and non-contrast CT (c) images through the upper chest acquired one hour after IV administration of 10 mCi F18-FDG show a hypermetabolic right hepatic lesion (arrow)…

Additional info to add as applicable:

- For cardiac imaging: indicate whether static, cine or gated images, type of study (rest perfusion, stress perfusion, etc.) and plane (short axis, vertical long axis, 4-chamber view).
- For three-phase bone scan, indicate imaging phase (blood flow, blood pool, or delayed).

IR Images Format:
For each image, when applicable, please start with image label (a,b,c). Include modality of imaging and body/structure location (primarily for fluoroscopic images), and reference to appropriate annotation. US and CT images should follow the formats listed above.
Please provide specific information regarding the needles, wires, or any other relevant invasive equipment during the image acquisition or the procedure being performed.

Ex: a) Biopsy of the retroperitoneal mass was performed using a 22G spinal needle (or 18G biopsy gun, etc)

Ex: b) Digital subtraction angiogram of the right hepatic artery demonstrates a hypervascular tumor in the right hepatic lobe (arrow).
Ex: c) Fluoroscopic spot image from percutaneous transhepatic cholangiography demonstrates a beaded appearance of the intrahepatic bile ducts (arrows).

Mammography Images Format:
For each image, when applicable, please start with image label (a,b,c). Include laterality, positioning, type of imaging (mammogram/tomosynthesis, US, MRI, etc.), location of finding (use conventional descriptors).

Example: a) Right magnification craniocaudal view digital mammogram shows pleomorphic calcifications in a segmental distribution (arrow) in the upper outer quadrant.

Example: b) Left spot compression mediolateral oblique view tomosynthesis image shows architectural distortion (arrow) in the subareolar breast.

Guidelines for Writing Figure Legends for movie clips:

No more than a total of THREE cine (movie) clips should be submitted.

Cine (movie) clips can be submitted in XX and YY formats.

All patient identifiers, institutional information, and manufacturer logo should be removed PRIOR to upload

Movie clips should be cropped appropriately to exclude unnecessary dead spaces surrounding the image. Do not annotate the movie clips prior to uploading onto the RCC platform (please note, RCC platform currently doesn't provide movie clip annotation capability)

Movie clips should be submitted in a separate set, preferably, a single movie clips per set. This set should be followed by a set of still images which show the abnormality intended to be demonstrated in the movie clip. The still images should be appropriately annotated within the RCC platform as stated above.

If more than one movie clips is submitted in a set (exceptional situations), then indicate parts (a,b,c) in the figure legends and follow the remainder of guidelines.

For each movie clip, indicate imaging plane, organ of interest (if applicable), sequence (if applicable), presence or absence of contrast, and findings. For breast MRI, please indicate which breast (right or left) is shown.

Example figure legends:
Ultrasound: Gray scale (or color Doppler) movie (cine) clip obtained in transverse (long axis, etc) through the liver (organ of interest) shows……

CT: Coronal reformatted (axial, sagittal reformatted, etc) contrast enhanced CT movie clip of abdomen (pelvis, etc) shows….

MR: Coronal reformatted (axial, sagittal reformatted, etc) SSFSE T2WI movie clip of abdomen (pelvis, etc) shows….

Breast MR: Axial T1-weighted, fat-saturated, post-contrast cine clip demonstrates segmental non-mass enhancement in the upper outer quadrant of the right breast.

Cardiac MRI: Short axis (or 4-chamber, vertical long axis, left ventricular outflow tract) steady state free precession (or rest perfusion/stress perfusion) cardiac MR movie clip shows …

Nuclear medicine: For each cine clip, when applicable, indicate type of imaging (planar, SPECT), imaging projection (anterior, posterior), region imaged (whole body, chest), dose of radiotracer, type of radiotracer (Tc-99m, I-123), imaging timing and length of imaging. For example: Dynamic 60-minute cine clip planar images of the anterior abdomen (a) acquired immediately after IV administration of 5 mCi of Tc99m-Mebrofenin show radiotracer excretion into the biliary ducts.