Diagn Interv Radiol 2026; DOI: 10.4274/dir.2026.263541

©Copyright 2026 Author(s) - Available online at dirjournal.org.
Content of this journal is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.

CONTRAST MEDIA

LETTER TO THE EDITOR

Reply: Radiologists' tendency to collaborate with referring physicians in managing contrast media-related risk factors

Burak Öztürk[1]
Özgür Karabıyık[2]

[1]Ünye State Hospital, Clinic of Radiology, Ordu, Türkiye

[2]Erciyes University Faculty of Medicine, Department of Radiology, Kayseri, Türkiye

Dear Editor,

We appreciate the authors' interest in our study evaluating the collaborative tendencies of radiologists in managing contrast media-related risk factors.[1] Their thoughtful remarks give us a welcome opportunity to clarify the methodological details they highlighted.

First, regarding the validation of the modified Control Preferences Scale (CPS), we acknowledge that we did not perform formal psychometric testing on the translated and adapted version before starting the investigation. Rather than altering the scale's fundamental construct, our modification primarily involved contextualizing the scenarios specifically for contrast media risk management.[2] The fact that the vast majority of participants successfully completed the scale suggests the core concept of decision-making control remained intact. However, we certainly agree that future large-scale studies would benefit from a properly validated psychometric assessment.

Second, the authors raised a question regarding the six excluded participants. The CPS requires participants to rank their preferences in a consistent, logical order.[2] If a participant's choices contradict each other—for example, choosing both the completely active and entirely passive cards as their top preferences—the permutation is invalid. We excluded these responses as a strict methodological requirement of the CPS design to ensure logical data reliability, not as a subjective clinical choice. Because this exclusion was purely procedural, we did not perform a separate demographic sub-analysis on this group.

Third, we agree that face-to-face administration by a single researcher carries a potential risk of social desirability bias. We opted for this method because having an interviewer present kept the survey process consistent. It also meant we could answer any immediate questions about the modified cards. Without this direct interaction, it would have been nearly impossible to get enough responses from doctors dealing with the fast-paced daily schedule of a city hospital.

Finally, the comments regarding workplace culture and inter-specialty dynamics are highly relevant. Radiologists often end up taking a passive role simply because of the historical divide and ingrained stereotypes between diagnostic and clinical specialties. This kind of behavior is not unique to us; it has been documented in various interprofessional settings.[3] Our research primarily considered systemic and infrastructural hurdles, but the psychosocial environment is clearly equally important. Exploring these social barriers through qualitative studies would be a positive next step for the field. We are very grateful to the authors for sharing their thoughts and helping to advance this conversation.

Conflict of interest disclosure

The authors declared no conflicts of interest.

Corresponding author: Burak Öztürk

E-mail: dr.burak61@gmail.com

Received 02 March 2026; accepted 03 March 2026.

Epub: 11.03.2026

Publication date: 04.05.2026

DOI: 10.4274/dir.2026.263541

You may cite this article as: Öztürk B, Karabıyık Ö. Reply: Radiologists' tendency to collaborate with referring physicians in managing contrast media-related risk factors. *Diagn Interv Radiol*. 2026;32(3):304-305.

References

1. Öztürk B, Karabıyık Ö. Radiologists tendency to collaborate with referring physicians in managing contrast media-related risk factors. *Diagn Interv Radiol*. 2026;32(1):65-70. [Crossref]
2. Degner LF, Sloan JA, Venkatesh P. The Control Preferences Scale. Can J Nurs Res. 1997 Fall;29(3):21-43. [Crossref]
3. Lewis C. The impact of interprofessional incivility on medical performance, service and patient care: a systematic review. *Future Healthc J*. 2023;10(1):69-77. [Crossref]