



SCBT-MR **Spotlight**

SCBT-MR Quarterly Newsletter

Editors: SCBT-MR Communications Committee

Spring | 2014

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President's Address



Richard L. Ehman, MD,
President

Why Should We Reinvent the Practice of CT and MRI?

In the last commentary in this series, I explored the surprising notion that, as practiced today, the revolutionary diagnostic technologies known as computed tomography and magnetic resonance imaging have to a great extent been invented by their users: the radiology community.

In just a few decades, with these life-saving tools, radiology has changed the practice of medicine to the extent that most physicians can scarcely imagine taking care of patients without them. By bringing diagnostic clarity to clinical decisions that were previously shrouded in

alternatives to invasive procedures, these areas of radiology practice have rightly been assigned high economic value by the medical community. CT and MRI procedures in the US have been the focus of innovation and ever increasing sophistication and quality, thereby meriting excellent reimbursement within the traditional fee-for-service practice. In many medical systems in the US, strong financial performance in high-tech medical imaging is a vital source of net revenue that is used to offset net losses in other areas of care.

In this sense, the radiology enterprise has some intriguing parallels with companies in the commercial sector that dominate the upper tiers of their respective markets by focusing on the high-end products that optimize their financial performance. But, as famously described by Clayton Christensen in his 1997 book "The Innovator's Dilemma", some of these iconic, highly-successful companies have fallen victim to a phenomenon known as "disruptive innovation". Complacently focusing on the high-end products that make them so successful, they fail to respond to innovations at the low end of their business sector and they don't pay attention to looming market shifts that might be linked to these innovations. In business schools, students are exposed to case studies of famous companies whose downfall was rooted in a failure to recognize disruptive innovations and the associated market shifts that eventually destroyed their comfortable high-end business models.

In radiology, strong environmental forces are challenging the current practice model, including the steady decline in fee-for-service reimbursement. More importantly, the rise of bundled payment systems for medical care could change radiology practice from a strong source of net revenue to a pure cost center in a single stroke.



Surely it is now critical for radiology to pursue innovations that are disruptive in the sense that they may not appear to make business sense in the traditional fee-for-service model. Instead, these innovations may be designed to allow our most powerful diagnostic tools to be used even more extensively for the benefit of patients in a new world of bundled and population-based care. What are the opportunities to reinvent CT and MRI to address these challenges? I'll explore that in my next commentary.

anticipate another highly successful learning experience for everyone involved.

Opportunities for registrants will include networking with peers, face time with faculty experts, and even a chance to participate in the program. Attendees will experience a new program format this year, which includes two Keynote Speakers, a total of eight interactive workshops, and an entire afternoon dedicated to scientific research.

Returning this year are the extremely popular sessions of Round Table Discussions, Cases We'd Like to Do Over, and the Image Interpretation Panel. Attendees can join the experts for an informal early morning discussion on the latest hot topics and then root for their favorite speakers during the Interpretation Panel and Missed Case sessions! Active SCBT-MR members can be a part of the action by volunteering to present a case, join one of the Interpretation Panel teams, or lead/co-lead a Round Table Discussion. The members who are chosen to participate will receive 20% off the registration fee.

Paid registrants for the FULL meeting will receive a DVD of the 2014 SCBT-MR Annual Course. The DVD content will contain the necessary SA-CME to meet the three-year requirement.

The Ritz-Carlton New Orleans is located on the edge of the French Quarter on Canal Street, one block from Bourbon Street. It offers guests easy access to the city's most popular and unique attractions. The renowned Garden District is nearby, and the Louis Armstrong New Orleans International Airport is just minutes away. Local area attractions include the French Quarter, Mardi Gras World, Audubon Institute Insectarium, Audubon Institute Aquarium of the Americas, Audubon Institute Zoo, and Magazine Street.

For more information about registration, lodging, and how to participate as a volunteer, please visit the SCBT-MR website meeting page at: [SCBT-MR 37th Annual Course](#)

We look forward to seeing you in The Big Easy in September!

Annual Meeting 2014



September 27 - October 1, 2014

Ritz-Carlton New Orleans
\$215.00 per night Single/Double plus applicable taxes

Group Code:

- RMVRMVA (Deluxe King Accommodations)
- RMVRMVB (Deluxe Double Accommodations)

Reservation Deadline: Friday, September 5, 2014

Things are well underway for one of the SCBT-MR's most exciting meetings yet - in one of the most beautiful cities in the country! The SCBT-MR 37th Annual Course will be held in New Orleans from September 27 through October 1, 2014 and we



Executive Director Report



Michele Wittling
SCBT-MR Executive Director

SCBT-MR has begun 2014 with a new and improved website. The Communication Committee should be congratulated on a job well done. The re-design makes it easier to navigate and find the content you need. Please investigate the many elements provided to help you in your practice, including protocols from experts, pictures from the annual meeting, and slide presentations from courses and lectures from past meetings. You can also catch up on the latest research through the scientific abstracts and electronic posters. Did you know there are now cases posted quarterly - both diagnostic AND Physicist? Check it out! Ask some of SCBT-MR's most experienced Fellows a question that you come across in your daily practice. If there other resources you would like to see on the website, send your suggestions to the Communications Committee using the contact form on the website.

Your membership gives the society the strength to provide expertise to many endeavors that impact your daily practice. SCBT-MR is a collaborative partner for two practice guidelines being updated by the ACR in 2014. Thank you to Dr. Marilyn Siegel for representing the society on the committee reviewing and revising the **ACR-ASER-SCBT-MR-SPR Practice Guideline for the Performance of Pediatric Computed Tomography (CT)**. Dr. Beth McFarland was the SCBT-MR representative for the **ACR-SAR-SCBT-MR Practice Guideline for the Performance of Computed Tomography (CT) Colonography in Adults**. In addition, she represented the society before the FDA during the public comment period on CT Colonography before the Joint Meeting of the Gastroenterology-Urology Panel and the Radiological Devices Panel. Her efforts are greatly appreciated.

As part of the National Colorectal Round Table at American Cancer Society during colon cancer awareness month (March), they have started a campaign of "80 by 18" (80% screening rates for colon cancer by 2018). The SCBT-MR has joined this campaign.

SCBT-MR recently signed on as a stakeholder to a letter in response to the *CMS National Coverage Analysis (NCA) Tracking Sheet for Lung Cancer Screening with Low Dose Computed Tomography (CAG-00439N)*, with the American College of Radiology (ACR), Lung Cancer Alliance (LCA), and the Society of Thoracic Surgery (STS) and other organizations.

It may seem in the distant future, but we are already underway developing a great program and meeting experience for the 2014 Annual Course in New Orleans. Some favorites will be back, including round table discussions, missed cases and a film panel competition. Volunteer to participate in one of these activities and receive a 20% discount on registration. The Ritz Carlton New Orleans is located on the edge of the French Quarter, providing easy access to many of the city's attractions and at the same time an elegant and quiet retreat. Visit the website for a glimpse of the preliminary program and the world class faculty and make your plans to attend. Registration will be open soon.

SCBT-MR's new website!

Click on the links below to view

- ▶ Full Posters from the 2013 Annual Meeting
- ▶ View Open Fellowship Listings
- ▶ Over 50 CT and MRI Protocols
- ▶ Annual Meeting Lectures from 2013, 2012, 2011...
- ▶ Archives of the Spotlight Newsletter
- ▶ Test your knowledge with our *Case of the Quarter*
- ▶ Video lectures from the 2012

Follow SCBT-MR





Call for Abstracts 2014

Call for Abstracts 2014
[Apply Now](#)
 DEADLINE - JUNE 2, 2014 at 11:59 pm EST

SCBT-MR is now accepting submissions of original scientific abstracts related to Body CT or MR and imaging sciences for its 37th Annual Meeting, September 27 - October 1, 2014 at the Ritz Carlton in New Orleans, Louisiana.

NEW THIS YEAR - Abstract submission is open to the following:

- Medical students
- Residents
- Those in fellowship training
- Post-doctoral fellows
- Junior Faculty (candidate not more than 7 years beyond resident or fellowship training)

NOTE: Submission of an abstract constitutes a commitment by the 1st author to personally present the work at the scientific session of the annual meeting if the abstract is accepted.

Each abstract will be eligible for one of the following major awards:

- Resident or Fellow in Training Award - Young Investigator (no restriction to type of research)
- Junior Faculty Award (no restriction to type of research)
- Hounsfield Award (best CT paper)
- Lauterbur Award (best MR paper)
- Poster Awards (first, second and third place)

The total number of accepted abstracts for Scientific Session presentation (~20), Oral Poster presentation (~10), and display posters (~50) will be determined by the Research Committee.

Once again this year - all selected poster presenters will be asked to provide a PDF of their poster to display, post-meeting, on the SCBT-MR website. To

view examples from the 2013 Meeting, click: [ePosters](#) and click on the title of a poster to view. Scientific Session presenters will also be given the opportunity to post their PowerPoint lecture on the SCBT-MR website post meeting. To view examples from the 2013 Meeting, click [eScientific Session Presentations](#).

The Scientific Session and Oral Poster Session will be held on **Tuesday of the meeting** instead of our usual Saturday. Make sure not to miss these important sessions on **TUESDAY, SEPTEMBER 30, 2014**.

All chosen abstract presenters who accept their offer of presentation for the meeting will be sent a link to register for the meeting at a discounted rate.

The audience for SCBT-MR's Scientific Sessions at the annual meeting is Fellows of the Society, leaders in the field of radiology. Don't miss this opportunity to present your research to radiology's leaders.

DEADLINE - JUNE 2, 2014 at 11:59 pm EST

2014 ABSTRACT SUBMISSION RESOURCES

[Guidelines](#)

[Submission Form](#)

Don't worry about conflict with RSNA

SCBT-MR recognizes there may be concerns about the eligibility to submit a scientific abstract to both the SCBT-MR and to the RSNA for inclusion in both programs. RSNA has confirmed that presentation at the SCBT-MR Annual Course Members Only Scientific Session (a closed meeting) does not preclude individuals from submitting the same abstract for consideration for presentation at RSNA. You must disclose this information when you submit your abstract to RSNA, but it will not influence the RSNA selection process.

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Information Overload

(reprinted with permission from the ACR Bulletin, February 2014, Vol. 69, issue 2)

Radiologists have spent decades stockpiling digital images and reports into electronic databases, but extracting usable information from those systems is no simple task.

Big data. It's one of the latest catchphrases in health care and other data-rich industries. Generally, big data is defined as data sets that are so large and complex, they cannot be managed with traditional processing tools. In radiology, the idiom often refers to the sheer volume and size of the reports and images that radiologists generate and collect in their databases. While discussion is swirling about the potential benefits of big data, industries like radiology are challenged with figuring out how to better organize this information to improve efficiency and outcomes.

Radiologists began accumulating electronic data in the 1980s, when the first PACS was developed. The archiving system was revolutionary at the time and dramatically changed radiologists' workflow. Instead of producing images on film and reports on paper, radiologists began generating digital products that were easily stockpiled in electronic databases. The addition of RIS and EMRs has since made it possible to store and manipulate even more information electronically. But after decades of feeding information into these and other databases, many radiologists are finding it difficult to extract relevant data in a way that is advantageous to patient care.

It's a problem that extends beyond radiology, as a patient's medical record is often fragmented across many different databases even within a single institution. As a result, radiologists and other physicians must access multiple information systems to find specific data elements that may be critical to providing optimal patient care, says James H. Thrall, MD, FACR, chair emeritus of the department of radiology at Massachusetts General Hospital. "We have dozens of information systems," Thrall says. "There's one for the blood bank, there's one for the biochemistry lab, the hematology lab, the microbiology lab, radiology, histopathology, immunopathology, the operating room, and so on. It's

all electronic, but when you sit down at the computer, you have to log onto each one of those databases separately to see if there's information about a particular patient."

To read the entire article in the February 2014 Issue of the ACR Bulletin, http://www.nxtbook.com/nxtbooks/acr/acrbulletin_201402/#/12

Help make SCBT-MR's website the repository for body imaging

PROTOCOLS

- Contribute your protocols and help make www.scbtmr.org the go-to place for protocol information you and your colleagues need.

Submit your protocols to SCBT-MR TODAY!

[SUBMIT HERE](#)

Do you have QUESTIONS from your daily practice?

ASK THE EXPERTS – SCBT-MR's Expert Fellows and meeting faculty are taking questions you might have. Take advantage of this opportunity to get input from the field's most experienced practitioners.

[Submit a Question](#)

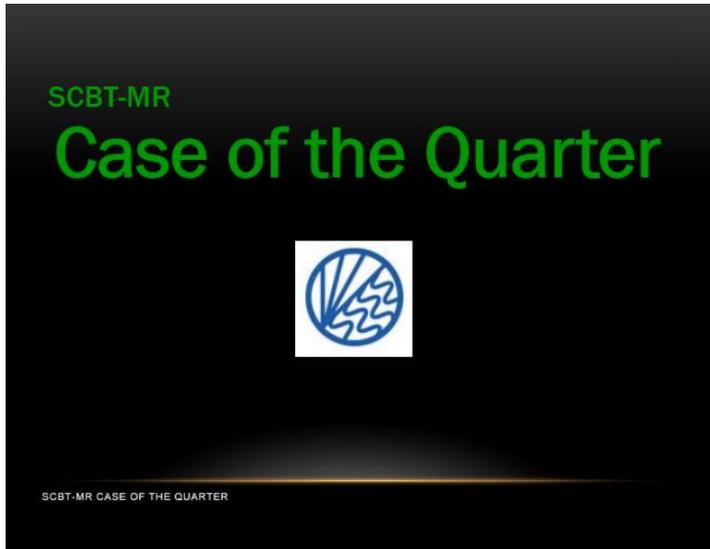
Top



Case of the Quarter

March 2014

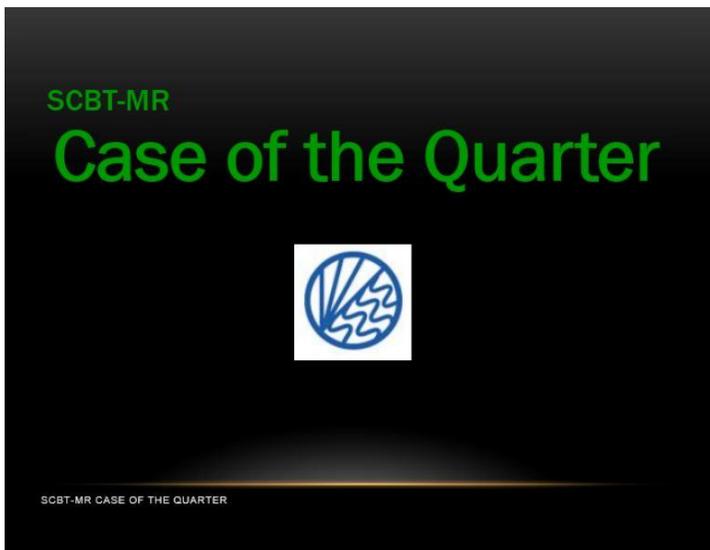
Click below to view.



Case of the Quarter - Companion Case

March 2014

Click below to view



SCBT-MR Member News

- **RSNA, AAPM award imaging physics grants**
Congratulations to Dr. Erik Paulson, MD and Ehsan Samei, PhD from the Duke University Medical Center for being awarded one of the 2014 AAPM/RSNA Imaging Physics Residency Grants.
- **Martin R. Prince, MD, PhD, FACR has endowed the RSNA Research & Education Foundation** to fund the Prince Research Resident Grant, to be awarded for the first time this spring. [Read more](#)

SEND US YOUR MEMBER NEWS!

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SCBT-MR SPOTLIGHT submission deadlines:

WINTER - November 30

SPRING - February 28

SUMMER - May 31

FALL - August 31

QUESTION

*"How do you use breast shields in your CT practice?
Or do you?"*



SCBT-MR Committees

SCBT-MR would like to thank all of its member volunteers. The committees for 2014 are below. Members new to the committees in 2014 are highlighted in **bold**. If you are interested in joining a committee, please contact Ronni Levine at rlevine@acr.org. Please include which committee is of interest to you.

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SCBT-MR's 2015 Annual Meeting



October 7 - 10, 2015
Westin Harbour Castle
Toronto, Canada