



AMERICAN SOCIETY OF EMERGENCY RADIOLOGY NEWSLETTER

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ASER 2009 Annual Meeting Review

September 30 – October 3, 2009 • Loews Royal Pacific Resort at Universal Orlando • Orlando, Florida
by Fred. A. Mann, MD, FACR

The ASER 2009 Annual Meeting, held September 30 – October 3 in Orlando, Florida was a great success, attracting 253 registrants, 83 spouses/guests, and 4 exhibitors. There was a strong international representation at the meeting, with 55 of the attendees practicing outside of the US.

The scientific portion of the program included 14 papers, 36 posters, and 16 “Cases of the Day”. For the second year in a row, the meeting offered one Self Assessment Module, “Trauma Head to Toe: Thoracoabdominal II”. This SAM was qualified by the American Board of Radiology in meeting the criteria for self-assessment toward the purpose of fulfilling requirements in the ABR Maintenance of Certification Program.



Photo courtesy of the Loews Royal Pacific Resort at Universal Orlando

The course consisted of presentations from 52 faculty members, 48 of whom are ASER members. From the opening session until the closing session, attendance was good, with many of the attendees participating in the question and answer period at the end of each session.

During the Annual Business Meeting of the Society, the following member was voted in as an ASER Fellow: Dr. Charles R. Luttenton of Advanced Radiology Services in Grand Rapids, Michigan. The awards banquet and ceremony provided a pleasant conclusion to the meeting. Congratulations to all of the award recipients.

2009 ASER Annual Meeting Award Recipients

Gold Medalist	O. Clark West, MD, FACR
Founder's Lecturer	O. Clark West, MD, FACR
2009 Fellow	Charles R. Luttenton, MD, FACR
1st Place Paper Award Recipient	Kathleen Tozer, MD
2nd Place Paper Award Recipient	Juan Ramos, MD
3rd Place Paper Award Recipient	Girish Tyagi, MD
1st Place Poster Award Recipient	Chitra Chandrasekhar, MD
2nd Place Poster Award Recipient	Adrian Wong, MD
3rd Place Poster Award Recipient	Gabriel Werder, MD
4th Place Poster Award Recipient	Brenna Talkin
5th Place Poster Award Recipient	Heitor Okanobo, MD
Harris Award Winner	Kathleen Tozer, MD
Case of the Day Winner	Douglas Katz, MD
Novelline Award	Adrian Wong, MD

The Society owes the following meeting organization team a thank you for a job well done:

ASER President	Anthony J. Wilson, MB ChB
Program Director	Fred A. Mann, MD, FACR
Scientific Program Coordinator	Thomas Ptak, MD, PhD, MPH
Cases of the Day Coordinator	Andrew Gelbman, DO
Program Committee Members	Mark Bernstein, MD, Joel Gross, MD, Stephen Hatem, MD, Susan John, MD, Wayne Kubal, MD, Felipe Munera, MD, Clark West, MD, Anthony Wilson, MD and Joseph Yu, MD

ASER 2010 Highlights

Submitted by Joel A. Gross, MD

We invite you to join us this summer at the 2010 ASER Annual Meeting in Seattle, WA.

The meeting will take place earlier than our usual meetings, to take advantage of the long summer days and beautiful weather we typically enjoy in Seattle in August.

Two special sessions on trauma and chest pain imaging protocols will be offered, in which experts from a variety of institutions from the US and abroad present their approaches to imaging.

The meeting will lead off with our popular two day Trauma Head to Toe course, followed by two days of non-traumatic emergency imaging.

Special optional events include dinner with your friends at Tom Douglas' Dahlia Lounge, and a tour of Radiology at Harborview's Emergency and Trauma Center.

We hope you can make the time to stay a few days longer and enjoy the city and nearby attractions, including the Space Needle, Seattle Center, Experience Music Project, Boeing Factory Tour, Mariners Baseball, Pike Place Market, Burke Gilman Bicycle Trail, Seattle Opera, Underground Tour, Ballard Locks, Snoqualmie Falls, kayaking Lake Washington, Mount Rainier, Mount Saint Helens, Olympic National Park, San Juan Islands, Vancouver and Victoria B.C.



Photos courtesy of Tim Thompson

Calendar of Events

ASER 2010
Annual Scientific Meeting
August 11-14, 2010
Grand Hyatt Seattle

SEATTLE, WASHINGTON



**Remember to check
the ASER Job Board**



This is a free Job Listing service of the American Society of Emergency Radiology website for Emergency Radiology professionals. Register to post your free, 60 day listing today.

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Report: ASER representative to ACR Intersociety Meeting, 7/31-8/2/09, Banff

Submitted by: Stephen Hatem, MD

Theme: Financing Research and Education in Radiology:

Current Challenges and Future Solutions, Chair, Dr. Chip Dodd (University of Colorado)

The meeting began with an overview of the program and objectives: to review funding of radiology research and education. The role of leadership was also addressed. In particular, 7 stakeholders were identified:

1. Academic practices
2. Industry
3. Private practices
4. Radiology societies (“small”)
5. Payors
6. Hospitals
7. Patients

Following an informative series of brief talks presenting the historical context, reviewing the current scope of efforts and their “cost”, case presentations from chairs at both large, academically prominent, and smaller academic departments were given. Subsequent presentations provided the perspectives of a hospital CEO and industry representatives (Philips, GE, Siemens). 2 private practice leaders provided their views. Finally, the keynote lecture was on the financial structure of US medical schools.

Attendees were assigned to 3 groups to answer 3 questions and make recommendations for a white paper to be prepared by Dr. Dodd:

1. What is the interest of the stakeholders?
2. Should the stakeholders support radiology education and research?
3. If yes, how?

There was fairly broad consensus that all stakeholders have an interest in radiology education and research. Conclusions largely focused on ways to get stakeholders to participate, in either forced or voluntary fashion. There was a consensus that radiology and radiologists need to increase their profile and improve their “branding”, and that this should be done as a concerted fundraising

project to support R&E. The proposed model is a “United Way” like model with an umbrella organization spearheading advertising and fundraising drives and providing a central intake site, but providing for directed contributions to societies, foundations, and academic and training departments of choice. This is in part to minimize competing interests, assure accountability of recipients, and allow contributions to institutions the donors have a personal connection to (i.e., training program, specialty society). If this model is adopted, ACR may provide guidance to departments and societies in setting up eligible foundations. SIR set up a foundation and sees a 12:1 return on investment in seed grants leading to other funding.

This “support” may be mandatory through the ABR at the time of MOC’s or SAMs. Osteopaths already do this.

Additional persuasive arguments were made by the Academy of Radiology Research (ASER is a member), an “educational” organization in DC to our elected representatives. They have been active and successful in partnering with other stakeholders, especially patient advocacy groups, to push joint concerns.

Some other notes of interest:

- RSNA R&E Fund seed grants have a 30:1 benefit in terms of future funding to sponsored investigators. Talk about a good return on an investment! Comparable to reported return on college costs.
 - Only 10% of members contribute. Most are academicians.
- The ACR has established a task force to create a “cookbook of in-house teleradiology” to help private practices make informed decisions about outsourcing vs. insourcing teleradiology, both nighthawk and dayhawk. ASER will try to have an active voice on this task force.

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AMERICAN COLLEGE OF RADIOLOGY COUNCILOR'S REPORT TO THE MEMBERS OF THE AMERICAN SOCIETY OF EMERGENCY RADIOLOGY

Submitted by Stanford M. Goldman, MD

The most important message I would like to portray to the membership, is the importance of being members of your local, state and national radiological societies; particularly the ACR. This is especially true as these societies represent your interests in relationship to the president's healthcare initiative. They alone speak for our interests. As important, I would like to strongly advocate you becoming active members in these radiological societies and give input into the current leadership of these societies. Let me also stress that despite what has been circulating, the ACR has not taken any official position in regard to healthcare reform as of 8/12/09.

The rest of this report will predominantly deal with the annual meeting which occurred in Washington in the spring of 2009. I filled in for Dr. Novilline as the ASER councilor at that meeting because he was quarantined because of an outbreak of Swine Flu at the Harvard Medical School. There were many important issues discussed and/or approved at that meeting; and below are five of them.

1. Executive Director, Harvey Neiman, acknowledged that there was some effect because of the recent stock market collapse, flat revenues, increasing expenses and other financial matters. However, because of the fiscal conservative policy of the ACR, Secretary Treasurer Paul Ellenbogen reported that there will be NO INCREASE IN DUES THIS YEAR.

2. The ACR and the American Roentgen Ray Society (ARRS) are implementing the merger of the two societies. This merger will provide the ACR with a much stronger educational arm. The ACR is urging radiologists to consider joining both societies.

3. The ACR, on its own, has already had success with its Learning Center in Reston, Va. and is offering certificates of proficiency, which is important in the credentialing in hospital environments and for 3rd party payers.

4. The ACR has been active in its attempts to collaborate with other medical specialties in regard to appropriateness criteria. In specifics, the ACR and the American College of Cardiologists (ACC) have, over the last year or two, been progressing in developing such criteria in the field of cardiac imaging.

5. Dr. N. Reed Dunnick discussed the current status of the ABR in regard to the MOC-fulfilling CME and SAM credits for recertification in our specialty. The ABR intends to increase the required number of SAM credits (30%) for recertification.

To review Dr. Stanford Goldman's report in its entirety, please contact the ASER Officer at aser@meetingmanagers.com, and a copy will be emailed to you.

ASER Co-Sponsors Workshop on Computed Tomography in Emergency Medicine: Ensuring Appropriate Use

Submitted by O. Clark West MD, FASER, FACR

On September 23 and 24th, 2009, I represented ASER as a cosponsor of "Computed Tomography in Emergency Medicine: Ensuring Appropriate Use." The sponsor of the meeting was the National Council on Radiation Protection and Measurements (NCRP). The workshop was organized to address the rapidly increasing use of CT in Emergency Center patients nationwide. In addition to myself, several ASER members participated in the workshop including Stuart Mirvis, Stephen Baker and Bob Novelline.

Based on 2008 estimates, CT is responsible for 49% of medical radiation exposure to the US population; approximately one third of all CT scans are now performed on emergency patients. The general theme of the

workshop was that CT is of tremendous diagnostic value and has greatly improved emergency physicians ability to rapidly and accurately make diagnoses and institute appropriate treatment of ill and injured patients. However, because of concerns of risks of radiation dose and financial cost, use of CT should be scrutinized, particularly when multiple body parts are imaged or multiple sequential CT scans are performed on the same patient.

The workshop's most important recommendation was to convene an interdisciplinary panel of experts under the auspices of the American College of Radiology (ACR) and the American College of Emergency Physicians (ACEP). The charge of this interdisciplinary panel is to jointly

develop clinical decision rules based on available evidence to guide emergency physicians in the best use of CT in the emergency center. It is hoped that these new clinical decision rules will be widely accepted and employed by the community of emergency physicians. It is further hoped that adherence to these new clinical decision rules will be interpreted as good medical practice in the eyes of regulators, insurers, and litigators.

The PowerPoint presentations from the workshop are available on the NCRP website at: http://www.ncrponline.org/PDFs/CT_presentations_9-09.pdf. An article summarizing the workshop is currently in preparation and should be available in the near future on the NCRP website.

ASER Membership Update

Submitted by Sravanthi Reddy, MD, Chair, ASER Membership Committee

2010 Dues

The first three notices have been sent; and if you have not already paid your 2010 dues, please remember to do so. Dues can be submitted via mail, fax or online. If you have questions regarding your membership or need to update your contact information, please contact the ASER Office via email at aser@meetingmanagers.com or via telephone at 713.965.0566.

Welcome New Members

After the success of the Annual Meeting in the fall, the Membership Committee has had an influx of 70 new Society members. Please join us in extending a warm welcome to the Society's newest members:

Active

Dr. Stephan W. Anderson
Dr. David Areman
Dr. Bradley A. Brenner
Dr. Jack A. Brock
Dr. Ruth Ceulemans
Dr. Amy L. Conners
Dr. Mark E. Dearing
Dr. Zachary Delproposito
Dr. David K. Doty
Dr. Franklin Earnest, IV
Dr. Garret M. Gannuch
Dr. Eric A. Jensen
Dr. Nalini Kanth
Dr. John M. Knudsen
Dr. Anil N. Kurup
Dr. Scott D. Logan
Dr. Vincent A. Lombardi
Dr. Randy A. Musack
Dr. Timothy V. Myers

Dr. Douglas A. Nichols

Dr. Michael A. Romeo

Dr. Paula J. Shepherd

Dr. David Thickman

Dr. Bradley M. Tipler

Dr. Marvin D. Walker

Dr. Thomas T. Win

Dr. Robert D. Zimmerman

Associate

Dr. Faezeh Abedi-Tari

Dr. Scott W. Melanson

Dr. Ashalatha R. Tatineny

Training Member

(Fellowship)

Dr. Sandro Galea-Soler

Dr. Philip A. Hodnett

Dr. Timothy G. Scanlon

Dr. Olivier Van Rillaer

Training Member

(Residency)

Dr. Brian D. Antoniano

Dr. Michael U. Antonucci

Dr. Wesley D. Block

Dr. Amra Djerzic

Dr. Adam T. Froemming

Dr. Lori Joy F. Gallardo

Dr. George Ganson

Dr. Wende Gibbs

Dr. Dheeraj Reddy

Gopireddy

Dr. Michael S. Gurin

Dr. Birgit Heremans

Dr. Nathan C. Himes

Dr. Alexander S. Ho

Dr. Maiko Homma

Dr. Becky J. Hwang

Dr. Christopher R. Ingraham

Dr. Michael J. Jubang

Dr. Karan Kapoor

Dr. Scott TO Kennedy

Dr. Behrang Khoie

Dr. David Y. Kim

Dr. Alja Klesnik

Dr. Robert E. Klinglesmith

Dr. Michael Lubarsky

Dr. Sajan T. Mahajan

Dr. Louis Marone

Dr. Joke Meersschaert

Dr. Brett T. Meggison

Dr. David J. Nickles

Dr. Robert P. Raines-Hepple

Dr. Jessica K. Rosenblum

Dr. Jennifer K. Rossi

Dr. Baiju Shah

Dr. Joshua P. Smith

Dr. Kenneth A. Spearman

Dr. Leo L. Tsai

The Society is grateful to the many of you who have actively promoted ASER in your lectures, to your partners, residents and clinical colleagues; and we encourage you all to keep up the good work. The Society is only as strong and active as its membership. Happily, we are thriving, but, as always, looking for more ways to promote the Society as the voice of, and driving force behind, emergency radiology. Please forward any suggestions for improving member services or for new recruitment to me, Sravanthi Reddy at sravanthi.reddy@usc.edu.

How to Join the ASER

Physicians who qualify for membership and who are interested in promoting the goals of the American Society of Emergency Radiology are invited to complete the application form. New applications are reviewed semiannually by the Membership Committee. Upon approval, a dues invoice and notification of acceptance will be sent. To download a printable membership application, please click on the following link, ASER Membership Application

For additional information regarding ASER membership, please visit the ASER website at www.erad.org

Benefits of Joining the ASER

There are many benefits to joining the American Society of Emergency

Radiology, including

- Discounted registration fee for the annual meeting of the Society
- Hard copy and online subscription to the Society's official journal, Emergency Radiology (members-in-training receive only the online subscription; however, hard copy subscription may be purchased for an additional fee)
- Complete access to the ASER website, which includes the Core Curriculum in Emergency Radiology Project and the members only online directory, allowing you the opportunity to connect with emergency radiologists throughout the US and abroad
- The opportunity to participate on numerous committees

All Members-in-Training Receive FREE

Membership in the ASER. The Executive Committee and the Membership Committee of the American Society of Emergency Radiology are pleased to inform you that residents, fellows and medical students can now join the ASER for FREE! Members-in-training will receive free online access to the Society journal, Emergency Radiology, and can subscribe to the printed version at a discounted rate of \$55/year. They will also be able to attend the Annual Meeting of the Society at a discounted rate.

Members-in training are encouraged to submit an abstract for consideration of presentation at the annual meeting of the Society.

Please encourage your residents, fellows and medical students to join today!

Can old dogs really learn new tricks?

Submitted by Charles R. Luttenton, MD, FACR

In my practice, we have some radiologists who interpret ED studies as a significant part of their assignments, some not so much, and others who on weekends and other “off shifts” are asked to help with some ED studies. Introduction of new technology into the clinical world of emergency medicine can be somewhat intimidating. When we first began to perform CTA for the workup of pulmonary emboli, the learning curve varied from radiologist to radiologist, but now seems routine. As we all know, the indications for this workup became less rigorous and the percentage of positive exams decreased.

In an attempt to improve the outcomes for patients suffering from signs of acute cerebrovascular disease, our group, in conjunction with the emergency department, neurology, and interventional radiology, is embarking on the advanced evaluation of patients with cerebrovascular disease. This now includes the usual non-contrast head CT, and now a whole cast of

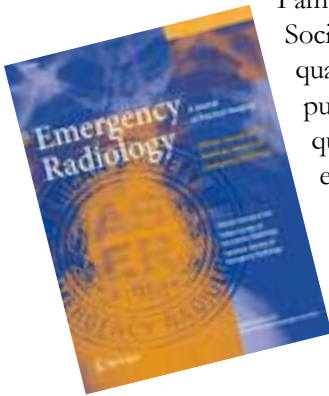
other characters including CTA of the head and neck, perfusion head CT, non-contrast head MRI, brain MRA, and perfusion MR of the brain. New abbreviations such as CBV, MTT, and CBF must be learned. (I have a difficult enough time learning and remembering the multitude of usernames and passwords I use every day.) The cowboys in interventional say “Yes – bring it on”, the neuroradiologists say “Don’t worry – it’s not that tough”, and others of us (referred to as old dogs or “neuro lite”) wonder who blocked the exits.

The Greek philosopher Heraclitus, who was 100 years Plato’s senior, has been paraphrased saying “the only thing that is constant is change”. The actual reference was to water flowing in a river: the flowing river is the same even though the waters are constantly changing. Stated another way, stability is maintained because of constant change. This is beginning to sound like an MRI physics lecture.

After many years of practicing radiology, I fully understand this concept. (No, I didn’t know Heraclitus personally.) It seems that the changes foisted upon us are becoming more complex and frequent over time, but so too are the problems we are asked to solve. Our group has undertaken an intensive educational process from ordering physician to the interpreting radiologist and all the operational steps in between. It is quite an education and a difficult process to identify all of the pieces of the puzzle and then put them together correctly. This entire process was undertaken using the premise of evidence-based medicine. I only hope that all the pre-planning and strong relationships with our emergency medicine brethren will not result in a torrent, as has happened with other technologies. It shouldn’t take long to determine the answer. See you in Seattle.

Emergency Radiology 2009-2010

Submitted by Ronald J. Zagoria, MD, Editor-in-Chief



I am happy to report good news for Emergency Radiology, the official journal of the American Society of Emergency Radiology. During the past year submissions have been excellent in both quantity and quality. There continues to be a robust volume of manuscripts submitted for possible publication in Emergency Radiology. The volume of articles submitted allows us to maintain a high quality journal through peer review-based article selectivity. The quality of articles published is excellent as evidenced by our selectivity with a rejection rate of over 50% of articles submitted for review. Related to the quality of articles published, journal usage, both subscriptions and online downloads, has increased substantially.

Even with our high submission rate, with help of a great team of reviewers, we have been able to maintain a rapid process for reviewing the submitted manuscripts and for making final editorial decisions.

The finished product, Emergency Radiology continues to be published on a regular schedule every other month. The size of the journal has increased substantially from 64 to 80 pages per issue to accommodate more articles. Dr. Leonard Swischuk has continued his excellent column on trauma issues unique to children that is featured in each issue. This has enhanced each issue of our journal with useful information on pediatric trauma radiology.

New to our Editorial Board, whose members help oversee, and contribute to the journal, are Drs. Dominic Barron and Aaron Sodickson. Their positive contributions are already having a good impact on the journal.

Through the help of our reviewers, editorial board, and authors, the journal is prospering and continues to improve.