RSNA 2025 Press Kit

Visit the RSNA Newsroom at
RSNA.org/Press25

RSNA® 2025
Imaging the Individual

RSNA 2025 Press Kit
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Contact the RSNA media team for help with your medical stories.
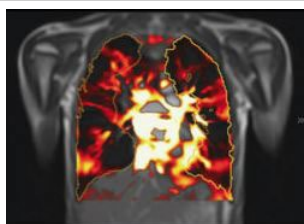
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WHY:
Our team can provide you with the experts, the context and the background you need for medical stories related to radiology.

WHO:
Our renowned medical experts and thought leaders are ready to provide journalists with authoritative background, commentary and quotes.

WHAT:
Standards, such as mammography, CT, MRI, PET, ultrasound and imaging-guided therapies. The latest technologies and treatments, including AI, photon-counting CT, theranostics, 3D printing and advanced visualization in medicine.

HOW:
Annual Meeting — The RSNA Scientific Assembly and Annual Meeting is the world's leading annual radiology forum and offers the latest in medical imaging research and technological advances. Our onsite newsroom provides press kits, images, access to radiology experts and media workspace. Visit the RSNA online newsroom: *RSNA.org/press25*.

Journal Research — News releases and highlights from RSNA's peer-reviewed scientific journals *Radiology*, *Radiology: Artificial Intelligence*, *Radiology: Cardiothoracic Imaging* and *Radiology: Imaging Cancer* are distributed regularly to RSNA media subscribers. Visit *RSNA.org/media* for access to news releases.

Patient Website — *RadiologyInfo.org* offers detailed information in English and Spanish about imaging procedures and treatments, screening and more, written for the general public.

Images & B-Roll — RSNA has radiologic images for a variety of conditions. RSNA's video library features imaging procedures and treatments to help television and web producers create timely, realistic medical segments.

Public Service Announcements (PSAs) — RSNA offers scripted and pre-recorded radio PSAs on important issues, such as breast cancer and lung cancer awareness.

RSNA is an association of radiologists, radiation oncologists, medical physicists and related scientists, promoting excellence in patient care and health care delivery through education, research and technologic innovation.

Looking for Additional Information?

The RSNA 2025 Online Newsroom Provides:

- High-resolution images
- Videos
- Presenter interviews
- Scientific abstracts
- Additional meeting announcements
- Exhibitor news center

All in one convenient location:
RSNA.org/Press25

Email: *Media@RSNA.org*

111th Scientific Assembly and Annual Meeting
McCormick Place | Chicago

Annual Meeting: Nov. 30–Dec. 4 | **Technical Exhibits: Nov. 30–Dec. 3**

RSNA® 2025
Imaging the Individual

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RSNA®
Radiological Society
of North America

November 30, 2025

To: RSNA 2025 Media Attendees

From: Stamatia Destounis, M.D.
                Chair, RSNA Public Information Committee

Welcome to the 111th Scientific Assembly and Annual Meeting of the Radiological Society of North America (RSNA), the world's premier annual radiology forum. More than 4,000 scientific research presentations and education exhibits will cover the latest developments in radiology and related imaging technologies.

RSNA 2025 offers you access to an abundance of compelling medical stories and the latest in artificial intelligence (AI) research and technology.

THE KIT:

The RSNA Board and Public Information Committee are pleased to present the media with 12 news releases on some of the hottest topics from the scientific program. The meeting also provides facilitated access to many of the world's leading radiologic researchers and hundreds of story ideas for now and later.

Here are the topics you'll find in this kit.

- More Muscle, Less Belly Fat Slows Brain Aging
- Shape of Your Behind May Signal Diabetes
- AI Detects First Imaging Biomarker of Chronic Stress
- Pro Fighters Risk Damage to the Brain's 'Garbage Disposal'
- AI Tops Density in Predicting Breast Cancer Risk
- Study Finds Gender Gap in Knee Injuries
- Study Reveals Alarming Number of Invasive Breast Cancers in Younger Women
- 'Beer Belly' Linked to Heart Damage in Men
- Blood Test Shows Obesity Speeds Alzheimer's Development
- Intimate Partner Violence Injury Patterns Linked with Suicidal Behavior
- Ultrasound Pinpoints Vascular Complications from Cosmetic Fillers
- Air Pollution Linked to More Severe Heart Disease

You will also find Learning Center Theater highlights, AI Highlights, and a list of additional story ideas from other scientific papers and posters being presented at RSNA 2025 that are of interest to both general and specialized audiences.

I encourage you to attend plenary and special sessions to hear some of the most influential leaders, physicians and researchers speak on topics important to patient care. At the Opening Session on Sunday, RSNA President Umar Mahmood, M.D., Ph.D., will deliver the President's Address: "Imaging the Individual."

Also during the Opening Session, Geoffrey Ginsburg, M.D., Ph.D., will present "The All of Us Research Program: Advancing Precision Medicine for the Nation." After the Opening Session, stop by the Welcome Reception in the Connections Center and Learning Center.

During the Monday morning keynote address on Dec. 1, Tait Shanafelt, M.D., will discuss "System Interventions to Foster Clinician Well-Being." RSNA's popular Image Interpretation Session on Monday afternoon will be moderated by Aya Kamaya, M.D.

On Tuesday morning, Zeynep Tufekci, Ph.D., will present "Everyone Is Having the Wrong Nightmares: AI's True Threats." On Tuesday afternoon, Alexander Drzezga, M.D., presents "Remembering Tomorrow: A Bright Future in Imaging and Treating Neurodegeneration."

The RSNA/AAPM (American Association of Physicists in Medicine) Symposium, "Together We Can Make a Difference," moderated by Shadi Aminololama-Shakeri, M.D., and John Boone, Ph.D., will be held on Tuesday.

Wednesday will offer a live game show, "The PACS and the Furious: An RSNA Family Feud."

Popular sessions like Case of the Day and "Fast 5" will offer engaging experiences for attendees. The Discovery Theater will feature informative presentations and entertainment.

The Technical Exhibit halls, featuring the expansive AI Showcase and Theater, provide attendees the opportunity to see all the innovative products and services being offered by exhibitors. Unwind and network with exhibitors during the new Exhibit Hall Social on Tuesday afternoon.

"Radiology Reimagined: AI, innovation and interoperability" (Booth 5104) is an interactive exhibit spotlighting new AI technologies and integration standards needed to embed AI into the radiology workflow. At the Innovation Theater, attendees can be the first to hear about leading-edge technology and product launches.

For more information about any of these events and sessions, including locations and times, please consult the meeting program, call 1-312-791-6610 or visit the Newsroom staff.

I appreciate your interest in the field of radiology and hope you have a wonderful experience at RSNA 2025!

Policies and Guidelines for News Media Covering the RSNA 2025 Meeting

The Radiological Society of North America is pleased to welcome the world press to its 111th Scientific Assembly and Annual Meeting.

GENERAL INFORMATION RSNA 2025, Sunday, Nov. 30, to Thursday, Dec. 4, 2025, at McCormick Place in Chicago, is an international forum of peer-reviewed research, state-of-the-art technology and education for radiologists, radiation oncologists, medical physicists and allied scientists. It is a meeting place for medical imaging leaders worldwide. As such, it provides a host of news opportunities.

NEWSROOM LOCATION The RSNA Newsroom is located in the South Building, Level 1 S102. Newsroom facilities include a work area, interview cubicles and food service.

NEWSROOM HOURS Sunday – Wednesday, Nov. 30 – Dec. 3, 8 a.m. – 5:30 p.m.

MEDIA ELIGIBILITY Press badges are available only to *working press* who can show evidence that their attendance results in original coverage of the RSNA Scientific Assembly and Annual Meeting in print, broadcast or recognized Internet news media. RSNA does not issue press badges to: publishers or a publication's advertising, marketing, public relations or sales representatives; publishers, editors or reporters from manufacturers' house organs or promotional publications; public relations staff of exhibitors or educational institutions; or other individuals who are not actively reporting on the meeting.

To obtain a press badge, identification certifying that you are a working member of the print, online or broadcast news media and/or a letter from an editor stating that you are on assignment to cover the RSNA Scientific Assembly and Annual Meeting is required. Business cards or membership cards from communications or writers' organizations are not sufficient to establish eligibility. If RSNA issues you a press badge, you must not participate in sales or development of ads, products for sale or CME products. Working press may NOT also register as exhibitors. RSNA reserves the right to make final determination of media eligibility.

PROOF OF COVERAGE If you attended a past RSNA meeting as media, you will be asked to furnish a copy of an article or report resulting from that assignment to be credentialed as press at a subsequent RSNA meeting. If a news outlet sends a staff member or freelancer, the outlet must furnish proof of resulting original coverage in order to send a representative in subsequent years. RSNA does not bear the responsibility for locating coverage.

ADVANCE REGISTRATION Advance registration is *strongly encouraged.* Members of the media interested in attending should visit our [online registration](#) page to access registration materials.

ONSITE MEDIA REGISTRATION Media must check in at the Newsroom to pick up their credentials or to register onsite. Proof of identity may be required to obtain credentials. For media registering onsite, proof of eligibility will be required. Television, video crews and photographers covering the meeting are required to check in immediately at the Newsroom each day and must be accompanied by a Newsroom representative when shooting inside McCormick Place. Shooting schedules should be provided by Nov. 1 to ensure Newsroom staff availability.

EXHIBITOR MEDIA INFORMATION RSNA rules prohibit news conferences at hotels or other locations away from the meeting site during meeting hours. Journalists invited to such events are asked to notify RSNA Newsroom staff. As a convenience for journalists, news releases and other information from exhibitors will be displayed in a special area of the Newsroom. Exhibitor representatives are not allowed to distribute press materials outside the Newsroom. It is inappropriate to provide any exhibitor with the news material of other exhibitors. Exhibitor representatives are not allowed in the Newsroom unless accompanied by a journalist who intends to conduct an interview. RSNA advises journalists that it neither reviews for accuracy nor endorses exhibitor news materials. A list of exhibitor press conferences will be made available to attending press.

Credentialed media may access the show floor before it opens to attendees at 10 a.m. Only invited media personnel wearing RSNA 2025 press badges are permitted entry to an exhibitor's booth during this time.

SCIENTIFIC PAPERS & VISUALS In order to help maintain their eligibility for peer-reviewed journal publication, scientific papers and posters may not be available to media. Reprinting of scientific abstracts or posters is strictly prohibited. Journalists who want to use slides, graphs and other visuals to illustrate coverage must have the presenter's permission. Each presenter has been notified that publication or broadcast of illustrations, tables or other portions of his or her work may adversely affect eligibility for publication in peer-reviewed journals.

CME CREDIT The Radiological Society of North America is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Society sponsors this annual scientific assembly, and as an accredited sponsor, designates this educational activity for CME credit. Because RSNA is the sole sponsor of its assembly, and because the ability to offer CME credit for an educational activity rests on integral participation in the planning, implementation and evaluation of that activity, only the Society can designate this meeting or any portion of it for CME credit. To retain its status as an accredited provider, RSNA cannot and does not designate news or promotional stories issued from its meeting for CME credit, nor does it allow press to do so.

MEDIA ACCESS Media may access scientific presentations, plenary sessions, scientific and educational exhibits and technical exhibits during posted hours. Private areas and events, including but not limited to Board and staff offices, physician lounges, Board and committee meetings, and other scheduled private events, are reserved for RSNA representatives and designated professional attendees. RSNA retains final authority in all issues of access. Questions regarding media access should be directed to Newsroom staff.

INTERVIEWS Cubicles will be available in the Newsroom for media to conduct private interviews. Interviews may also be conducted in public areas, provided that traffic flow is not impeded. Interview opportunities with RSNA Board members and other Society leaders are extremely limited and must be arranged through RSNA media relations staff at 1-630-590-7762 or *media@rsna.org* prior to October 1. No interviews with RSNA Board members will be available during the annual meeting.

VIDEO/PHOTO REGULATIONS Special audio/video requests, including arrangements for taped interviews, must be submitted in writing to RSNA prior to October 1. Please email audio/video requests to Linda Brooks at *media@rsna.org*.

Scientific Presentations/Plenary Sessions. Television and video crews and photographers must be accompanied by a Newsroom representative when shooting in scientific sessions. Availability of photo escorts is limited. Requests for photo escorts should be emailed along with a planned shooting schedule to Linda Brooks at *media@rsna.org* by November 15, to ensure Newsroom staff availability. As a courtesy to presenters, television and video crews and photographers must obtain the permission of the speaker and moderator before shooting presentations. Television and video crews may not use artificial lights during presentations. Lights may be used only before the session begins or after it concludes. Flash photography is not allowed during scientific presentations and plenary sessions.

Lakeside Learning Center. Crews and photographers are asked not to interrupt physicians and others who are studying education exhibits and scientific posters. Physicians can be interviewed in public areas, provided that traffic flow is not impeded, or as they leave the Lakeside Learning Center. Flash photography is not allowed during author presentations.

Scientific Slides or Posters. Photographic or video reproduction of scientific presentation slides or scientific posters for publication without permission of the presenter is strictly prohibited. Media are permitted to capture images of slides and posters without the presenter's permission as background for reporting accuracy only.

Technical Exhibits. Technical exhibits cannot be videotaped or photographed without the expressed advance consent of the exhibitor. Crews must not enter or walk through the exhibit area with cameras rolling. Arrangements for taping establishing shots of wider areas of the show floor should be made through the Newsroom. Videotaping and photographing of technical exhibits by media must occur during posted exhibit hours. Interviews conducted with exhibitors must be used strictly for news reporting purposes without promotional consideration. Photo escorts are not required on the exhibit floor. However, media wishing to capture images or video on the exhibit floor must provide RSNA Newsroom staff with a planned shooting schedule in advance and a list of interviews conducted before the Newsroom closes each day. Advance shooting schedules should be sent to Linda Brooks via email at *media@rsna.org*.

USE OF AUDIO RECORDING EQUIPMENT Media may not affix taping devices to the speaker, lectern, speaker's table, microphone or McCormick Place power source during scientific or plenary presentations. Audio recordings are to be used for reportorial notes only.

ELECTRONIC EQUIPMENT/POWER SOURCE Media using video cameras, lights, audio recording equipment, computers or any other electronic equipment must provide their own battery-operated power source. Outside of the Newsroom, media may not plug into the McCormick Place power system.

EMAIL DISTRIBUTION LIST Press wishing to receive email notifications about upcoming news from future RSNA meetings can opt-in to the distribution list at the Newsroom front desk.

HEALTH & SAFETY As a health care organization, RSNA is strongly committed to protecting the health and safety of all meeting attendees and personnel. RSNA 2025 will be a mask-friendly environment. Attendees may choose whether to wear a face mask based on their personal health assessment and comfort level onsite. RSNA strives to deliver a welcoming environment for all. We ask attendees to be respectful of other people's choices.

Failure to follow any of the policies outlined above will result in forfeiture of media credentials for RSNA 2025 and denial of credentials for subsequent RSNA meetings.

Questions can be directed to RSNA Media Relations: 1-630-590-7762 or *media@rsna.org*.

NEWS

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Before 11/29/25 or after 12/3/25:   RSNA Media Relations 1-630-590-7762

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Embargoed for release on Monday, Nov. 24, 2025, at 5:00 a.m. ET

More Muscle, Less Belly Fat Slows Brain Aging

AT A GLANCE

- **A specific body profile—higher muscle mass with a lower visceral fat to muscle ratio—tracks with a younger brain age.**

- **Muscle mass, as measured by MRI, can be a surrogate marker for various interventions to reduce frailty and improve brain health.**

- **Subcutaneous fat showed no significant association with brain age.**

CHICAGO – Researchers have found that a specific body profile—higher muscle mass combined with a lower visceral fat to muscle ratio—tracks with a younger brain age, according to a study being presented next week at the annual meeting of the Radiological Society of North America (RSNA). Visceral fat is hidden deep within the abdominal cavity, surrounding vital internal organs.

"Healthier bodies with more muscle mass and less hidden belly fat are more likely to have healthier, youthful brains," said senior study author Cyrus Raji, M.D., Ph.D., associate professor of radiology and neurology in the Department of Radiology at Mallinckrodt Institute of Radiology at Washington University School of Medicine in St. Louis, Missouri. "Better brain health, in turn, lowers the risk for future brain diseases, such as Alzheimer's."

Brain age is the computational estimation of chronological age from a structural MRI scan of the brain. Muscle mass, as tracked by body MRI, can be a surrogate marker for various interventions to reduce frailty and improve brain health, and brain age predicted by structural brain images can lend insight to Alzheimer's disease risk factors, such as muscle loss.

"While it is commonly known that chronological aging translates to loss of muscle mass and increased hidden belly fat, this work shows that these health measures relate to brain aging itself," Dr. Raji said. "It shows muscle and fat mass quantified in the body are key reflectors of brain health, as tracked with brain aging."

For the ongoing study, 1,164 healthy individuals (52% women) from four sites were examined with whole-body MRI. The mean chronological age of the participants was 55.17 years. The researchers combined MRI imaging with T1-weighted sequences, a technique that produces images where fat appears bright and fluid appears dark. This allows for optimal imaging of muscle, fat and brain tissue. An artificial intelligence (AI) algorithm was used to quantify total normalized muscle volume, visceral fat (hidden belly fat), subcutaneous fat (fat under the skin) and brain age.

The researchers found that a higher visceral fat to muscle ratio was associated with higher brain age, while subcutaneous fat showed no significant association with brain age.

"The participants with more muscle tended to have younger-looking brains, while those with more hidden belly fat relative to their muscle had older-looking brains," Dr. Raji said. "The fat just under the skin wasn't related to brain aging. In short, more muscle and a lower visceral fat to muscle ratio were linked to a younger brain."

Building muscle and reducing visceral fat are actionable goals, he added. Whole-body MRI and AI brain-age estimates provide objective endpoints to design and monitor interventions, including programs or therapies under study that lower visceral fat while preserving muscle.

Dr. Raji noted that this work demonstrates how body and brain health are closely linked.

"This research has validated widely held hypotheses about the association between body composition biomarkers and brain health and provides a foundation for those biomarkers to be included in future trials of various metabolic interventions and treatments," he said.

While widely prescribed glucagon-like peptide-1 (GLP-1) weight loss drugs, such as Ozempic, are powerful at inducing fat loss, they may also be related to a higher burden of muscle loss. According to Dr. Raji, the findings of this study could inform the design of future therapeutics, such as GLP-1 medications that target visceral fat more than subcutaneous fat and minimize muscle loss.

"Losing fat—especially visceral fat—while preserving muscle volume would have the best benefit on brain aging and brain health based on insights from our work," he said. "Thus, our study can inform future treatments by promoting research that quantifies MRI of body fat, muscle and brain age, which can help determine the optimal dosing regimens for GLP-1s to achieve the best outcomes in body and brain health."

Co-authors are Somayeh Meysami, M.D., Soojin Lee, Ph.D., Saurabh Garg, M.Sc., Nasrin Akbari, M.Sc., Rodrigo Solis Pompa M.D., M.H.Sc., Ahmed Gouda, M.Sc., Thanh Duc Nguyen, Ph.D., Saqib Abdullah Basar, M.B.B.S., M.P.H., Yosef G. Chodakiewitz, M.D., David A. Merrill, M.D., Ph.D., Alex Exuzides, Ph.D., M.D., Amar P. Patel, M.D., Daniel J. Durand, M.D., M.B.A., and Sam Hashemi, M.Sc.

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NEWS

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Embargoed for release on Tuesday, Nov. 25, 2025, at 5:00 a.m. ET

Shape of Your Behind May Signal Diabetes

AT A GLANCE

- **Changes in the shape of the gluteus maximus muscle in the buttocks are significantly associated with type-2 diabetes.**

- **Men with diabetes showed muscle shrinkage, while women with diabetes showed enlarged muscles, likely due to fat infiltration.**

- **MRI 3D mapping showed people with higher fitness had a greater gluteus maximus shape, while aging, frailty and long sitting times were linked to muscle thinning.**

CHICAGO – The shape of the gluteus maximus muscle in the buttocks changes in different ways with aging, lifestyle, frailty, osteoporosis and type 2 diabetes, and these changes differ between women and men, according to new research being presented next week at the annual meeting of the Radiological Society of North America (RSNA).

The researchers used MRI 3D mapping, a technique that processes a series of MRI images to create a detailed 3D anatomical model, allowing for improved visualization. The 3D mapping revealed distinct, sex-specific patterns in the gluteus maximus that were associated with type 2 diabetes, suggesting that the shape—not the size—of the muscle may reflect underlying metabolic differences.

"Unlike past studies that mainly looked at muscle size or fat, we used 3D shape mapping to pinpoint exactly where the muscle changes, giving a much more detailed picture," said study coauthor Marjola Thanaj, Ph.D., a senior research fellow at the University of Westminster's Research Centre for Optimal Health.

The gluteus maximus is one of the largest muscles in the human body, and it plays a key role in metabolic health, explained study lead author E. Louise Thomas, Ph.D., professor of metabolic imaging at the University of Westminster's School of Life Sciences.

Using data from 61,290 MRI exams housed in the UK Biobank database, the research team explored how MRI analysis can characterize the muscle's structural features and composition.

In addition to medical images, UK Biobank data includes volunteers' physical measurements, demographics, disease biomarkers, medical history and answers to lifestyle questionnaires. The researchers used these data to analyze 86 different variables and map how they're associated with changes in muscle shape over time.

"People with higher fitness, as measured by vigorous physical activity and hand grip strength, had a greater gluteus maximus shape, while aging, frailty and long sitting times were linked to muscle thinning," Dr. Thanaj said.

In participants with type 2 diabetes, men showed muscle shrinkage, while women showed enlarged muscle that was likely due to infiltration of fat within the muscle, the researchers found. Men categorized as "frail" had more general shrinkage across the gluteus maximus, whereas the effect of frailty was limited to smaller areas in women.

Dr. Thanaj said the results suggest that men and women have very different biological responses to the same disease.

Shape changes in the gluteus maximus may indicate early functional decline and metabolic compromise in people with type 2 diabetes—reflecting sex-specific differences in response to insulin tolerance that require further study, the team noted.

Other co-authors are Brandon Whitcher, Ph.D., Camilo Bell-Bradford, Hamzah Raza, Dimitri Amiras, M.B.B.S., B.Sc., Marili Niglas, Ph.D., and Professor Jimmy Bell.

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Embargoed for release on Tuesday, Nov. 25, 2025, at 5:00 a.m. ET

AI Detects First Imaging Biomarker of Chronic Stress

AT A GLANCE

- **Researchers have validated the first-of-its-kind biomarker of chronic stress detectable through routine chest CT.**

- **Unlike single cortisol measurements, which provide a momentary snapshot of stress levels, adrenal volume reflects cumulative exposure to stress.**

- **Chronic stress can contribute to the development of major illnesses, such as heart disease, depression and obesity. Increases in adrenal volume index were linked to greater risk of heart failure and mortality.**

CHICAGO – Using a deep learning AI model, researchers identified the first-of-its-kind biomarker of chronic stress detectable through routine imaging, according to research being presented next week at the annual meeting of the Radiological Society of North America (RSNA).

Chronic stress can affect both physical and psychological well-being, causing a variety of problems including anxiety, insomnia, muscle pain, high blood pressure and a weakened immune system, according to the American Psychological Association. Research shows that chronic stress can contribute to the development of major illnesses, such as heart disease, depression and obesity.

The study's lead author, Elena Ghotbi, M.D., a postdoctoral research fellow at Johns Hopkins University School of Medicine in Baltimore, Maryland, developed and trained a deep learning model to measure adrenal gland volume on existing CT scans.

Each year, tens of millions of chest CT scans are performed in the United States alone.

"Our approach leverages widely available imaging data and opens the door to large-scale evaluations of the biological impact of chronic stress across a range of conditions using existing chest CT scans," Dr. Ghotbi said. "This AI-driven biomarker has the potential to enhance cardiovascular risk stratification and guide preventive care without additional testing or radiation."

Senior author Shadpour Demehri, M.D., professor of radiology at Johns Hopkins, said chronic stress is a prevalent condition or complaint that many adults deal with on a daily basis.

"For the first time, we can 'see' the long-term burden of stress inside the body, using a scan that patients already get every day in hospitals across the country. Until now, we haven't had a way to measure and quantify the cumulative effects of chronic stress, other than questionnaires, surrogate serum markers like chronic inflammation, and cortisol measurement, which is very cumbersome to obtain." Dr. Demehri said.

Unlike single cortisol measurements, which provide a momentary snapshot of stress levels, adrenal volume acts like a biological barometer of chronic stress.

In the study, the researchers obtained data on 2,842 participants (mean age 69.3; 51% women) from the Multi-Ethnic Study of Atherosclerosis, a comprehensive study combining chest CT scans, validated stress questionnaires, cortisol measures and markers of allostatic load—the cumulative physiological and psychological effects of chronic stress on the body. This rare integration of imaging, biochemical and psychosocial data made it the optimal, and likely only, cohort for developing an imaging biomarker of chronic stress.

The researchers retrospectively applied their deep learning model to the CT scans to segment and calculate the volume of the adrenal glands. Adrenal Volume Index (AVI) was defined as volume (cm^3) divided by height^2 (m^2). Salivary cortisol was collected eight times per day over two days. Allostatic load was based on body mass index, creatinine, hemoglobin, albumin, glucose, white blood count, heart rate and blood pressure.

Statistical associations were assessed between AVI and cortisol, allostatic load, and psychosocial stress measures, including depression and perceived stress questionnaires. The researchers found that AI-derived AVI correlated with validated stress questionnaires, circulating cortisol levels and future adverse cardiovascular outcomes.

Higher AVI was associated with greater cortisol, peak cortisol and allostatic load. Participants with high perceived stress had higher AVI compared to those with low stress. AVI was also associated with a higher left ventricular mass index. Each 1 cm^3/m^2 increase in AVI was linked to greater risk of heart failure and mortality.

"With up to 10-year follow-up data on our participants, we were able to correlate AI-derived AVI with clinically meaningful and relevant outcomes," Dr. Ghotbi said. "This is the very first imaging marker of chronic stress that has been validated and shown to have an independent impact on a cardiovascular outcome, namely, heart failure."

"For over three decades, we've known that chronic stress can wear down the body across multiple systems," said Teresa E. Seeman, Ph.D., study co-author and professor of epidemiology at UCLA and a pioneering researcher in stress and health. "What makes this work so exciting is that it links a routinely obtained imaging feature, adrenal volume, with validated biological and psychological measures of stress and shows that it independently predicts a major clinical outcome. It's a true step forward in operationalizing the cumulative impact of stress on health."

Dr. Demehri said that by linking an easily measurable imaging feature with multiple validated indicators of stress and downstream disease, this research introduces an entirely new, practical way to quantify chronic stress.

"The key significance of this work is that this biomarker is obtainable from CTs that are performed widely in United States for various reasons," Dr. Demehri said. "Secondly, it is a physiologically sound measure of adrenal volume, which is part of the chronic stress physiologic cascade."

The researchers said the imaging biomarker could be used in a variety of diseases that are associated with chronic stress in middle-aged and older adults.

Other co-authors are Roham Hadidchi, Seyedhouman Seyedekrami, Quincy A. Hathaway, M.D., Ph.D., Michael Bancks, Nikhil Subhas, Matthew J. Budoff, M.D., David A. Bluemke, M.D., Ph.D., R. Graham Barr and Joao A.C. Lima, M.D.

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Pro Fighters Risk Damage to the Brain's 'Garbage Disposal'

AT A GLANCE

- **The waste-clearing glymphatic system in a professional fighter significantly declines in function with repeated head impacts.**

- **The glymphatic system is a network of fluid-filled channels that plays a crucial role in clearing waste products from the brain.**

- **Repeated head impacts are risk factors for neurodegenerative disorders, such as dementia.**

CHICAGO – The brain's waste-clearing system significantly declines in function with repeated head impacts, according to a new study of cognitively impaired professional boxers and mixed martial arts fighters. The findings will be presented next week at the annual meeting of the Radiological Society of North America (RSNA).

Sports-related traumatic brain injuries account for up to 30% of all brain injury cases, and boxing and mixed martial arts are major contributors. Repeated head impacts are risk factors for neurodegenerative and neuropsychiatric disorders.

The glymphatic system is a network of fluid-filled channels that plays a crucial role in clearing waste products from the brain. It is comparable to the lymphatic system in other parts of the body.

"The recently discovered glymphatic system is like the brain's plumbing and garbage disposal system," said Dhanush Amin, M.D., lead author of the study conducted by researchers from the University of Alabama at Birmingham and Cleveland Clinic Nevada. "It's vital for helping the brain flush out metabolites and toxins."

Diffusion tensor imaging along the perivascular space (DTI-ALPS) is a specialized MRI technique that measures and analyzes water movement in and around the spaces that surround the channels of the glymphatic system. These spaces, which serve as drainage pathways, also regulate fluid balance, transport nutrients and immune cells, and protect the brain from damage.

The DTI-derived ALPS index is a non-invasive biomarker that assesses glymphatic function. An impaired DTI-ALPS index can be a marker for cognitive decline and is associated with the progression of conditions like Alzheimer's and Parkinson's disease.

"When this system doesn't work properly, damaging proteins can accumulate, which have been linked to Alzheimer's and other forms of dementia," said Dr. Amin, now an assistant professor of neuroradiology at the University of Arkansas for Medical Sciences. "Studying this system gives us a new window into understanding and possibly slowing memory loss."

The researchers analyzed baseline data from Cleveland Clinic's Professional Athletes Brain Health Study (PABHS), a longitudinal study of approximately 900 active fighters of which roughly 300 professional fighters have been followed for at least three years. The study included data from 280 fighters, 95 of whom were cognitively impaired at baseline, and 20 demographically matched healthy controls.

DTI-ALPS was computed on the athletes and controls. Using the DTI-ALPS method, the researchers assessed the athletes' glymphatic activity over time and the correlation between the DTI-derived ALPS index and the number of knockouts experienced. They also measured the difference in glymphatic activity between cognitively impaired and non-impaired athletes.

"We thought repeated head impacts would cause lower ALPS in cognitively impaired fighters compared to non-impaired fighters," Dr. Amin said. "We also expected the ALPS measurement to be significantly correlated with the total number of knockouts in the impaired fighters."

Contrary to their hypothesis, the researchers observed a significantly higher glymphatic index among impaired fighters that deteriorated over time with the total number of knockouts. In athletes with continued trauma, glymphatic function significantly declined.

"We believe that the glymphatic index was initially high in the impaired athlete group because the brain initially responds to repeated head injuries by ramping up its cleaning mechanism, but eventually, it becomes overwhelmed," Dr. Amin said. "After a certain point, the brain just gives up."

Non-impaired fighters had a significantly lower right and total glymphatic index compared to impaired fighters. The relationship between the glymphatic index and knockout history was significantly different between the two groups.

Dr. Amin said that understanding the impact of repeated head impacts on the glymphatic system is crucial for the early detection and management of neurodegenerative risk in athletes participating in contact sports.

"If we can spot glymphatic changes in the fighters before they develop symptoms, then we might be able to recommend rest or medical care or help them make career decisions to protect their future brain health," he said.

Co-authors are Gaurav Nitin Rathi, M.S., Charles Bernick, M.D., and Virendra Mishra, Ph.D.

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For patient-friendly information on brain MRI, visit *RadiologyInfo.org*.

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Embargoed for release on Wednesday, Nov. 26, 2025, at 5:00 a.m. ET

AI Tops Density in Predicting Breast Cancer Risk

AT A GLANCE

- **An AI model for predicting the five-year risk of breast cancer provided stronger and more precise risk stratification than breast density assessment.**

- **The model was applied to over 245,000 screening mammograms from five U.S. sites and one European site.**

- **Women in the high-risk AI group had more than a fourfold higher cancer incidence than women in the average-risk group, while breast density alone showed only modest separation.**

CHICAGO – An image-only artificial intelligence (AI) model for predicting the five-year risk of breast cancer provided stronger and more precise risk stratification than breast density assessment, according to a new study being presented next week at the annual meeting of the Radiological Society of North America (RSNA).

Senior author Constance D. Lehman, M.D., Ph.D., professor of radiology at Harvard Medical School in Boston, Massachusetts, said traditional methods of assessing a woman's risk for breast cancer, including age, family history, genetics and breast density, are inadequate.

"Over two million women are diagnosed with breast cancer annually, and for most, it comes as a complete shock," she said. "Only 5 to 10% of breast cancer cases are considered hereditary, and breast density alone is a very weak predictor of risk."

Clairity Breast, the first FDA-authorized image-only AI breast cancer risk model, was trained on 421,499 mammograms from 27 facilities in Europe, South America and the U.S. Using mammograms both from women who developed cancer and women who did not develop cancer over the subsequent five years helped the AI model to learn the patterns and differences in breast tissue that predict cancer risk. The model was calibrated on an independent test set using a deep convolutional neural network to generate five-year risk probabilities.

"The model is able to detect changes in the breast tissue that the human eye can't see," Dr. Lehman said. "This is a job that radiologists just can't perform. It's a separate task from detection and diagnosis, and it will open a whole new field of medicine, leveraging the power of AI and untapped information in the image."

The model was applied to a study group of 236,422 bilateral 2D screening mammograms from five U.S. sites and 8,810 from one European site. The mammograms were acquired between 2011 and 2017. Radiologist-reported breast density (dense versus not dense) and five-year cancer outcomes were extracted from medical records and tumor registries, respectively. AI-predicted risks were categorized using National Comprehensive Cancer Network thresholds: average (less than 1.7%), intermediate (1.7-3.0%) and high (greater than 3.0%).

The researchers compared the risk categories using statistical models that account for follow-up time and censoring.

Accounting for breast density, women in the high-risk AI group had more than a fourfold higher cancer incidence than women in the average-risk group (5.9% vs. 1.3%). By contrast, breast density alone showed only modest separation (3.2% for dense vs. 2.7% for non-dense).

"The results of this large-scale analysis demonstrate that AI risk models provide far stronger and more precise risk stratification for five-year cancer prediction than breast density alone," said first author and presenter Christiane Kuhl, M.D., Ph.D., director, Department of Diagnostic and Interventional Radiology at University Hospital RWTH Aachen, in Germany. "Our findings support the use of image-only AI as a complement to traditional markers supporting a more personalized approach to screening."

The American Cancer Society currently recommends that women at average risk have the option to start annual breast cancer screening with mammography at age 40. However, women under 40 are the fastest-growing group being diagnosed with breast cancer and advanced disease.

"An AI image-based risk score can help us identify high-risk women more accurately than traditional methods and determine who may need screening at an earlier age," Dr. Lehman said. "We already screen some women in their 30s when they are clearly at high risk based on family history or genetics. In the future, a baseline mammogram at 30 could allow women with a high image-based risk score to join that earlier, more effective screening pathway."

Breast density legislation enacted in 32 states requires healthcare providers to inform women undergoing a screening mammogram of their breast density.

"We'd like to see women given information on their breast density and their AI image-based risk score," Dr. Lehman said. "We can do better than just looking at a mammogram and saying, 'It is dense or not dense' to inform women of their risk."

Other co-authors are David Miller, Mark Scully, Emily Hipp, Elizabeth A. Morris, M.D., Toni W. Vomweg, M.D., Lora D. Barke, D.O., Louie Enriquez, M.D., J.D., and Philippe Raffy, Ph.D.

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For patient-friendly information on breast imaging, visit *RadiologyInfo.org*.

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Study Finds Gender Gap in Knee Injuries

AT A GLANCE

- **A large MRI-based study compared knee injuries between men and women and revealed differences in injury patterns.**

- **Men had more ACL tears, while older women were more prone to meniscal and MCL tears.**

- **The findings suggest that men suffer more injuries from trauma, while older women are more prone to injury from joint degeneration over time.**

CHICAGO – One of the largest MRI-based studies comparing knee injuries between men and women reveals surprising differences in injury patterns based on gender and age. The findings, which can be used to improve risk assessment and develop early intervention strategies, will be presented today at the annual meeting of the Radiological Society of North America (RSNA).

"In recent years, we've grown more interested in the differences in knee injuries between men and women," said study co-author Jenifer Pitman, M.D., assistant professor of radiology at Johns Hopkins Medical Institute in Baltimore, Maryland. "The majority of past research has focused on men, but as we expand our focus to include women, the more we see that they have different risk profiles and are prone to different injuries."

The study included 13,549 consecutive routine knee MRI exams performed between 2019 and 2024 at four outpatient radiology facilities affiliated with Johns Hopkins Hospital. The patients reported knee pain as their chief complaint. The researchers extracted the following features from radiology reports: tears in or injuries to the medial and lateral menisci, anterior cruciate ligament (ACL), posterior cruciate ligament, medial collateral ligament (MCL), lateral collateral ligament complex, and extensor mechanism or patellofemoral dislocation.

The ACL is a major ligament in the knee that connects the thigh bone to the shin and provides stability, especially during twisting, jumping, sudden stops or changes in direction. ACL injuries are common in sports and can cause pain, swelling and instability in the knee. The menisci are C-shaped pieces of cartilage on the inner (medial) and outer (lateral) side of the knee that act like shock absorbers, cushioning the joint and providing stability. Tears in the menisci can happen with twisting injuries or gradual wear and tear over time.

Analysis of the MRI reports revealed that specific injuries were observed more often in men compared to women, including ACL tears alone, ACL tear with medial meniscal tear or ACL tear with lateral meniscal tear.

"We saw more ACL tears in men especially in the 20- to 40-year-old age group, which is contrary to what's been reported in the literature," said first author Ali Ghasemi, M.D., postdoctoral research fellow at Johns Hopkins. "Prior studies focused on sports-related injuries have shown that young women athletes have increased rates of and a greater risk for ACL tears. However, our results show a significantly higher prevalence of ACL injuries in male patients across all age groups."

Dr. Pitman theorized the discrepancy between their research and previous studies may be due to broadening their focus beyond sports-related knee injuries. The Johns Hopkins researchers studied all patients with knee pain, regardless of age or cause of injury.

Men had a greater number of injuries overall.

The researchers also found that meniscal and MCL tears occurred more frequently in men under 40 and among older women.

"In younger patients, meniscal and MCL tears were more commonly seen in men, while in older patients, women had more of these types of tears than men, which was unexpected," Dr. Ghasemi said.

The findings suggest that older women are more prone to injuries that lead to joint degeneration over time.

"Both men and women should take precautions to avoid high-impact injuries, especially during sports or physical activity and women, especially over 40, should pay attention to joint health and consider incorporating dedicated strength training to help protect their knees as they age," Dr. Pitman said.

Recognizing the injury patterns may help radiologists and clinicians tailor imaging protocols, risk assessments and early intervention strategies to optimize patient outcomes.

"The pre-established notion that ACL tears are more common in younger women may not be the case 100% of the time," Dr. Pitman said. "Radiologists can also expect to see more frequent meniscal pathology and arthritis in older women."

The researchers are continuing their investigation into knee injury patterns by gender, analyzing demographic information and patient history to better understand trends in injury patterns.

Dr. Pitman said that athletes should consider working with a health professional to build balanced strength around the knee. She advises individuals—especially older patients—with knee pain to see their physician.

"If you're having knee pain, don't just brush it off or attribute it to old age," she said. "We've seen higher rates of meniscal tears, in particular, in women 40 years and older."

Other co-authors are Shivani Ahlawat, M.D., and Laura M. Fayad, M.D.

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Carolyn C. Meltzer, M.D., Named RSNA Board Chair

CHICAGO – Today during the annual meeting of the Radiological Society of North America (RSNA), Carolyn C. Meltzer, M.D., was named chair of the RSNA Board of Directors.

Dr. Meltzer is the dean of the Keck School of Medicine of the University of Southern California (USC) in Los Angeles. In this role, she oversees more than 2,300 faculty in a vibrant research-intensive institution dedicated to the health of one of the country's most diverse populations.

Committed to building opportunities for professionals from all backgrounds and at all career stages, Dr. Meltzer pledges to advocate for professional development, academic advancement and inclusivity during her time as chair.

"I am honored to chair the RSNA Board of Directors, as we empower the radiology community to thrive as stewards of disease diagnosis, treatment and prevention and pioneers of medical imaging technology," Dr. Meltzer said. "Together, we will help ensure that the Society leads in driving transformative advancements for our field and the communities we serve."

Prior to joining USC in 2022, Dr. Meltzer served as the William P. Timmie Professor and Chair of the Department of Radiology and Imaging Sciences, executive associate dean of faculty academic advancement, leadership and inclusion and chief diversity officer at Emory University School of Medicine in Atlanta. From 2007 to 2019, she served as the director of the Innovation Catalyst Program for the Georgia Clinical and Translational Science Alliance and as associate dean for research in the School of Medicine. She established the Emory Center for Systems Imaging to advance imaging capabilities in basic and translational research.

She has individually mentored more than 75 pre- and post-doctoral trainees and junior faculty. Launched under Dr. Meltzer's direction as department chair, the Emory Radiology Leadership Academy has since graduated more than 120 professionals.

Dr. Meltzer is a past president of both the American Society of Neuroradiology and the Academy for Radiology and Biomedical Imaging Research (the Academy). She has held numerous national leadership roles and served on several professional and advisory boards, including the advisory council for the National Institute for Biomedical Imaging and Bioengineering, the American College of Radiology (ACR) Board of Chancellors, the Association of University Radiologists (AUR) Board of Directors, the Board of Directors of the Society of Chairs of Academic Radiology Departments, the International Society of Strategic Studies in Radiology executive committee, the steering committee of the Association of American Medical Colleges (AAMC) Group on Women in Medicine and Science and the administrative board of the AAMC Council of Deans.

Dr. Meltzer was the inaugural chair of the ACR Commission on Research and served on ACR's Commission for Women and Diversity.

An author of more than 200 scientific papers, Dr. Meltzer has maintained 20 years of National Institutes of Health (NIH) funding as principal or co-investigator for research into the detection and study of aging-related brain conditions and diseases and the development and validation of imaging technology. She received the Outstanding Contributions in Research Award in 2016 and a gold medal in 2019 from the American Society of Neuroradiology. She also was honored with a gold medal from the AUR, the Academy and ACR. Other notable accolades include the Marie Sklodowska-Curie Award from the American Association for Women in Radiology, the Distinguished Service Award from the American Medical Association and induction as a Fellow of the American Association for the Advancement of Science.

Dr. Meltzer earned her medical degree from The Johns Hopkins School of Medicine in Baltimore, Maryland, and completed her fellowship at The Johns Hopkins Hospital. She began her career at the University of Pittsburgh in Pennsylvania and was named medical director of the PET Facility in 1998 and chief of neuroradiology and vice chair of research in the Department of Radiology in 2002. While there, she was engaged in neuroscience and oncologic imaging research and oversaw the clinical evaluation of the world's first combined human PET/CT scanner.

An RSNA member since 1989, Dr. Meltzer was named the inaugural chair of RSNA's Committee on Diversity, Equity and Inclusion in 2018. She is a former chair of RSNA's Quantitative Imaging Biomarkers Alliance task force and of the RSNA Research Development Committee.

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Embargoed for release on Monday, Dec. 1, 2025, at 5:00 a.m. ET

Study Reveals Alarming Number of Invasive Breast Cancers in Younger Women

AT A GLANCE

- **In a new study, women between the ages of 18 and 49 accounted for 20-24% of all breast cancers diagnosed from 2014 to 2024 at a large community imaging practice in New York.**

- **Of the 1,799 breast cancers diagnosed in women aged 18 to 49, 80.7% were invasive.**

- **Breast cancer in younger women is not rare, and when it does occur, it is often more serious.**

CHICAGO – A study of data from seven outpatient facilities in the New York region found that 20-24% of all the breast cancers diagnosed during an 11-year period were found in women age 18 to 49, according to research being presented today at the annual meeting of the Radiological Society of North America (RSNA).

"This research shows that a significant proportion of cancers are diagnosed in women under 40, a group for whom there are no screening guidelines at this time," said Stamatia Destounis, M.D., radiologist Elizabeth Wende Breast Care (EWBC) in Rochester, New York. "Consideration must be given by physicians caring for women in this age group to performing risk assessment in order to identify those who may benefit from more intensive screening due to being higher risk."

Emerging national trends highlight a rising incidence of breast cancer in younger women, prompting re-evaluation of age-based screening thresholds and risk stratification strategies.

For average-risk women, the U.S. Preventive Services Task Force recommends mammography screening every other year starting at age 40 and continuing through age 74. The American Cancer Society advises starting annual screening mammograms by age 45, with the choice to start between ages 40 to 44. Women who are at high risk for breast cancer based on certain factors could benefit from a breast MRI and a mammogram every year, typically starting at age 30, but there currently are no guidelines in place for younger women.

Dr. Destounis, along with her colleague Andrea L. Arieno, B.S., research manager at EWBC, sought to identify cancers diagnosed from 2014 through 2024 in a community practice consisting of seven outpatient facilities over a 200-mile radius in the Western New York region. They identified all breast cancers in the 18 to 49 age group and collected information from clinical imaging reports.

"We specifically collected details on how the cancer was found (screening or diagnostic), the type of cancer and other tumor characteristics," Dr. Destounis said. "We excluded cases that were not primary breast cancer. We analyzed trends over time by age subgroups, detection method and tumor biology. This helped us to identify how breast cancer presents in this patient population, how frequently it occurs and the types of tumors found."

A total of 1,799 breast cancers were diagnosed in 1,290 women, aged 18 to 49. Annual breast cancer diagnoses in this group ranged from 145 to 196, with a mean age at diagnosis of 42.6 years (range 23-49). Of these, 731 (41%) were detected on screening and 1,068 (59%) on diagnostic evaluation. There were 1,451 invasive cancer cases (80.7%), and 347 (19.3%) non-invasive cancer cases.

"Most of these cancers were invasive, meaning they could spread beyond the breast, and many were aggressive types—especially in women under 40," Dr. Destounis said. "Some were 'triple-negative,' a form of breast cancer that is harder to treat because it doesn't respond to common hormone-based therapies."

Even though women under 50 made up 21% to 25% of the patients that were screened yearly, they consistently accounted for one out of every four breast cancers found each year.

"This is striking because it shows that younger women not only carry a stable and substantial share of the breast cancer burden, but their tumors are often biologically aggressive," she said. "That combination—steady incidence plus disproportionately aggressive biology—directly challenges age-based screening cutoffs and strengthens the case for earlier, risk-tailored screening approaches."

Dr. Destounis noted that an important factor about the research is that the numbers stayed remarkably stable over the study period, even though fewer young women may have been seen overall, the absolute number of breast cancers in this group did not decrease.

"That means this problem is not going away," she said. "It is here to stay and needs to be addressed on a larger scale. Research such as this supports earlier and tailored screening to allow for earlier detection and better treatment outcomes. This data reinforces that women under 50, especially those under 40, shouldn't be seen as 'low risk' by default and can absolutely benefit from risk assessment being performed as early as possible."

Dr. Destounis cautioned that younger patients should be informed to be aware of changes in their breasts and to start screening in certain cases.

"Those with a strong family history or genetic mutation, as well as certain minorities and ethnic backgrounds, are at higher risk for breast cancer at a younger age," she said.

Dr. Destounis emphasized that the biggest takeaway of the study is that breast cancer in younger women is not rare, and when it does occur, it is often more serious.

"We can't rely only on age alone to decide who should be screened," she said. "Paying closer attention to personal and family history, and possibly screening earlier for some women, could help detect these cancers sooner."

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For patient-friendly information on breast cancer screening, visit *RadiologyInfo.org*.

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'Beer Belly' Linked to Heart Damage in Men

AT A GLANCE

- **Abdominal obesity may be silently harming the heart, even in otherwise healthy people.**

- **Belly fat is linked to thickening of the heart muscle and smaller heart chamber volume, which can lead to heart failure.**

- **These associations are more common and more pronounced in men than in women.**

CHICAGO – A large new study using advanced imaging found that abdominal obesity, sometimes referred to as a "beer belly," is associated with more harmful changes in heart structure than overall body weight alone, especially in men. The findings, being presented this week at the annual meeting of the Radiological Society of North America (RSNA), also point to actions patients and doctors can take to identify potential risks and intervene earlier to protect the heart.

"Abdominal obesity, a high waist-to-hip ratio, is associated with more concerning cardiac remodeling patterns than high body mass index (BMI) alone," said study lead author Jennifer Erley, M.D., radiology resident at University Medical Center Hamburg-Eppendorf, Germany. "It appears to lead to a potentially pathological form of cardiac remodeling, concentric hypertrophy, where the heart muscle thickens but the overall size of the heart doesn't increase, leading to smaller cardiac volumes. In fact, the inner chambers become smaller, so the heart holds and pumps less blood. This pattern impairs the heart's ability to relax properly, which eventually can lead to heart failure."

Taking into account BMI, a measure of general obesity calculated from a person's weight and height, and waist-to-hip ratio (WHR), a measure of abdominal obesity, the researchers studied cardiovascular MRI images of 2,244 adults aged 46 to 78 (43% female) without known cardiovascular disease. Abdominal obesity reflects an accumulation of visceral fat, which is stored deep around internal organs and strongly linked to harmful cardiovascular effects. All of the study participants are part of the ongoing Hamburg City Health Study, a long-term population study in Germany.

According to BMI, 69% of males and 56% of females in the study were overweight or obese. Using WHR, 91% of the males and 64% of females met the World Health Organization (WHO) criteria for obesity.

General obesity based on BMI was more often linked to enlarged heart chambers across all participants. Abdominal obesity was associated with thickening of the heart muscle and smaller heart chamber volumes. These changes were more prominent in men, particularly in the right ventricle, which pumps blood to the lungs. This may reflect early cardiac stress on the heart related to how abdominal fat affects breathing and lung pressure.

Obesity also was linked to subtle heart tissue changes in men, detectable only with advanced cardiac MRI, potentially signaling early heart stress before symptoms or diagnosable disease. These associations persisted even

after accounting for other cardiovascular risk factors, including arterial hypertension, smoking, diabetes and cholesterol.

"The sex-specific differences suggest that male patients may be more vulnerable to the structural effects of obesity on the heart, a finding not widely reported in earlier studies," Dr. Erley said. "Rather than focusing on reducing overall weight, middle-aged adults should focus on preventing abdominal fat accumulation through regular exercise, a balanced diet and timely medical intervention, if necessary."

The more extensive heart damage seen in men could be due to an earlier onset of more severe abdominal obesity, or the cardioprotective effect of estrogen in women, Dr. Erley said, though more research is needed.

With a tape measure, anyone can calculate their WHR at home by dividing their waist circumference at its narrowest point by their hip circumference at its widest point. A ratio above 0.90 for men and 0.85 for women is an indicator of abdominal obesity and is associated with increased risk of cardiovascular disease, according to the WHO.

The authors also encourage clinicians to be proactive in checking and flagging abdominal obesity early on to improve health outcomes.

"From the perspective of a radiologist, when we see this cardiac remodeling pattern, we currently think of cardiomyopathy, hypertensive heart disease or some other form of disease, but we don't clinically draw the line to obesity in our reports," Dr. Erley said. "This study should alert radiologists and cardiologists to be more aware that this remodeling could be attributed independently to obesity."

Co-authors are Jonas H. Lund, M.D., Isabel Molwitz, M.D., Ersin Cavus, M.D., Gerhard B. Adam, M.D., Peter Bannas, M.D., Enver G. Tahir, M.D., and Mathias Meyer M.D.

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For patient-friendly information on cardiac MRI, visit *RadiologyInfo.org*.

Embargoed for release on Tuesday, Dec. 2, 2025, at 5:00 a.m. ET

Blood Test Shows Obesity Speeds Alzheimer's Development

AT A GLANCE

- **Alzheimer's disease blood biomarker values increased up to 95% faster in individuals who were obese.**

- **Researchers accessed five-year data on 407 individuals, which included amyloid PET scans and blood samples.**

- **In the study, blood biomarker tests were more sensitive than PET scans in capturing obesity's impact on Alzheimer's pathology.**

CHICAGO – Researchers have conducted the first study evaluating the impact of obesity on Alzheimer's disease blood biomarkers (BBMs). BBM values increased up to 95% faster in individuals with obesity than in non-obese individuals, according to a new study being presented today at the annual meeting of the Radiological Society of North America (RSNA).

"This is the first time we've shown the relationship between obesity and Alzheimer's disease as measured by blood biomarker tests," said Cyrus Raji, M.D., Ph.D., senior author of the study and a principal investigator in the Neuroimaging Labs Research Center at Mallinckrodt Institute of Radiology (MIR) at Washington University School of Medicine in St. Louis.

Researchers accessed five-year data on 407 participants from the Alzheimer's Disease Neuroimaging Initiative, which included amyloid positron emission tomography (PET) scans and blood samples. PET scans demonstrate the brain's amyloid burden, or the accumulation of beta-amyloid protein in the brain in the form of amyloid plaques, a central hallmark of Alzheimer's disease.

Plasma samples were tested for BBMs associated with Alzheimer's disease, including pTau217 levels (a biomarker used in the diagnosis and monitoring of Alzheimer's disease), neurofilament light chain (NfL)—a protein fragment released from damaged or dying neurons—and plasma GFAP—a protein expressed primarily in astrocytes (cells that support and protect neurons in the brain and spinal cord) using six leading commercial tests.

The researchers performed statistical analysis to assess the association between the BBMs and body mass index (BMI) and the three-way interaction between baseline obesity, time and BBMs. The researchers also validated the BBMs against the amyloid PET scans.

Analysis of the BBMs and PET scan data demonstrated that at baseline, BMI was associated with lower BBMs and reduced whole-brain amyloid burden.

"We believe the reduced BBMs in obese individuals was due to dilution from the higher blood volume," said study lead author Soheil Mohammadi, M.D., M.P.H., postdoctoral research associate at MIR. "In fact, by relying on the baseline measurements, you could be fooled into thinking that the people with obesity had a lower pathology of

Alzheimer's disease. We need the longitudinal data to fully understand the how obesity impacts the development of Alzheimer's pathology."

A longitudinal study involves repeatedly collecting data from the same group over an extended period, tracking changes and trends over a period of time.

Over time, Alzheimer's disease BBMs and brain PET scans demonstrated an increased burden of Alzheimer's disease pathology in individuals with obesity compared with non-obese individuals. Comparatively, participants with obesity had a 29% to 95% faster rate of increase in plasma pTau217 ratio levels. Baseline obesity led to a 24% faster rate of increase in plasma NfL and a 3.7% faster rate of increase in amyloid accumulation.

Dr. Raji said their analysis demonstrated that the blood tests were more sensitive than the PET scans in capturing the impact of obesity on Alzheimer's pathology.

"The fact that we can track the predictive influence of obesity on rising blood biomarkers more sensitively than PET is what astonished me in this study," he said.

Dr. Mohammadi said the impact of obesity on trajectories of amyloid burden and corresponding changes in blood biomarkers for Alzheimer's is an important consideration for clinical practice.

"According to the 2024 report of the Lancet Commission, 14 modifiable risk factors total approximately 45%, or close to half, of the risk for Alzheimer's disease," he said. "If we can reduce any of those risk factors, we can significantly reduce Alzheimer's cases or lengthen the amount of time until the onset of the disease."

Dr. Raji believes longitudinal assessments with blood biomarkers with brain health imaging will become the norm for monitoring treatment paradigms with anti-amyloid drugs.

"This is such profound science to follow right now because we have drugs that can treat obesity quite powerfully, which means we could track the effect of weight loss drugs on Alzheimer's biomarkers in future studies," he said. "It's marvelous that we have these blood biomarkers to track the molecular pathology of Alzheimer's disease, and MRI scans to track additional evidence of brain degeneration and response to various treatments. This work is foundational for future studies and treatment trials."

Other co-authors are Farzaneh Rahmani, M.D., M.P.H., Mahsa Dolatshahi, M.D., M.P.H., and Suzanne E. Schindler, M.D., Ph.D.

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For patient-friendly information on PET, visit *RadiologyInfo.org*.

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NEWS

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Embargoed for release on Tuesday, Dec. 2, 2025, at 5:00 a.m. ET

Intimate Partner Violence Injury Patterns Linked with Suicidal Behavior

AT A GLANCE

- **Victims of intimate partner violence with suicidal behavior have characteristic injury patterns on medical imaging.**

- **Suicidal behavior occurs at a higher frequency among patients reporting intimate partner violence (16.7%) versus patients without a history of intimate partner violence (2.5%).**

- **The findings open the door to improved screening and earlier intervention to better protect these vulnerable populations.**

CHICAGO – Victims of intimate partner violence with suicidal behavior have characteristic injury patterns on medical imaging, according to a new study being presented today at the annual meeting of the Radiological Society of North America (RSNA). The findings open the door to improved screening and earlier intervention to better protect these vulnerable populations, the researchers said.

Intimate partner violence is the physical, emotional or sexual abuse of a person by their partner or spouse. It is an increasingly recognized risk factor for suicidal behavior, and victims of intimate partner violence with suicidal behavior often end up at the hospital years before those without.

Researchers at Massachusetts General Hospital (MGH) and Brigham and Women's Hospital (BWH) in Boston studied this relationship in 1,451 women who had reported intimate partner violence to the hospital from 2013 to 2018.

"Patients reporting intimate partner violence are at significantly increased risk of suicidal behavior," said study co-author Emily Y. Yang, B.S., a 4th-year medical student at Harvard Medical School in Boston and a research trainee at the Trauma Imaging Research and Innovation Center (TIRIC) at BWH. "As suicide remains a leading cause of death worldwide, our evidence of distinct and overlapping injury patterns with intimate partner violence is an important step towards improving detection and providing timely intervention."

Using medical classification codes relevant to suicidal behavior, which were defined as suicide attempt, self-harm and/or suicidal ideation, four study groups were formed: intimate partner violence with suicidal behavior, intimate partner violence without suicidal behavior, suicidal behavior without intimate partner violence, and patients who presented without intimate partner violence or suicidal behavior. The researchers also collected information on the timing and location of when the patient presented, such as day versus night and whether they came to the emergency room (ER) versus non-ER.

Suicidal behavior occurred at a higher frequency among patients reporting intimate partner violence (16.7%) versus patients without a history of intimate partner violence (2.5%). In the study, the majority of patients presented with suicidal behavior after reporting intimate partner violence. Patients with suicidal behavior and history of intimate partner violence were more likely than other patients to present to the hospital during the night versus day and in the ER, versus non-ER settings.

Review of reports by two experienced emergency radiologists revealed that both intimate partner violence and suicidal behavior played independent roles in doubling the overall injury rate compared to that of patients without a history of intimate partner violence or suicidal behavior. Patients with intimate partner violence often sustained head, face, neck and upper limb injuries—areas commonly hurt during assaults.

Intimate partner violence patients with suicidal behavior suffered over six times as many head/face/neck injuries, almost four times as many spinal fractures, three times as many deep injuries, and twice as many upper extremity injuries. These patients experienced almost twice as many severe injuries and three times as many mild injuries.

When looking at independent effects of intimate partner violence versus suicidal behavior, the researchers found that suicidal behavior had a greater impact on the injury rate of upper extremity injuries, while intimate partner violence had a greater impact on head/face/neck injuries.

Increased awareness of the interaction between intimate partner violence, suicidal behavior and radiologic injury patterns can better protect these vulnerable populations, according to Yang.

"Patients with a history of intimate partner violence tend to hide their circumstances out of fear, stigma, and/or distrust in the medical system," she said. "Radiologists are possibly the only providers in a patient's healthcare experience who can identify subtle injuries and patterns that may otherwise go unnoticed, giving voice to an often-voiceless population."

Radiologists have a unique opportunity to uncover the hidden concerns behind injuries, according to MGH/BWH radiologist Bharti Khurana, M.D., M.B.A., associate professor at Harvard Medical School, founding director of TIRIC and principal investigator and senior author of the study.

"By recognizing recurring imaging patterns in patients experiencing intimate partner violence, especially those exhibiting suicidal behavior, we can initiate critical interventions earlier and potentially save lives," Dr. Khurana said.

Other co-authors are Alexander Kwon, Krishna Patel, Tatiana C Rocha, M.D., Maria A. Duran-Mendicuti, M.D., and Bernard Rosner, Ph.D.

The National Institute of Biomedical Imaging and Engineering and the Office of the Director at the National Institutes of Health provided funding support for the research.

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For patient-friendly information on emergency imaging, visit *RadiologyInfo.org*.

NEWS

Embargoed for release on Wednesday, Dec. 3, 2025, at 5:00 a.m. ET

Ultrasound Pinpoints Vascular Complications from Cosmetic Fillers

AT A GLANCE

- **Ultrasound can help identify the precise location of blood flow disruption from hyaluronic acid cosmetic fillers and guide treatment to restore blood flow.**

- **The most common complication (42%) was absent blood flow to the perforator vessels, which connect superficial to deep arteries in the face, while in 35% of cases blood flow was absent in major arteries.**

- **Blood flow disruption in the arteries of the face can lead to tissue death, facial deformation, blindness and stroke.**

CHICAGO – Ultrasound can aid in treating complications from cosmetic filler injections, according to research being presented this week at the annual meeting of the Radiological Society of North America (RSNA).

Cosmetic fillers are injectable substances used to improve the appearance of facial features by adding volume, smoothing wrinkles and enhancing contours. The most common cosmetic filler is hyaluronic acid.

Cosmetic filler procedures have been growing in popularity. According to the American Society of Plastic Surgeons, in 2024, there were more than 5.3 million hyaluronic acid filler treatments in the U.S. alone.

However, these procedures are not without risks.

A serious complication from hyaluronic acid fillers is vascular occlusion—the disruption of blood flow in arteries—resulting from misplacement of filler material.

"Vascular occlusion events in the face can be devastating, because, if they're not properly treated, they can cause necrosis and even facial deformation," said study author Rosa Maria Silveira Sigrist, M.D., an attending radiologist and Ph.D. candidate at the University of São Paulo Department of Radiology in Brazil.

Dr. Sigrist's team studied filler-related vascular complications across four radiology centers, one dermatology center and one plastic surgery center between May 2022 and April 2025, evaluating vascular ultrasound findings in 100 patients.

The most common finding—in 42% of cases—was absent flow to perforator vessels, which connect superficial to deep arteries in the face. In 35% of cases, flow was absent in major blood vessels, and this finding was significantly associated with lateral nasal artery involvement.

Areas around the nose are particularly risky injection sites, because nasal vessels communicate with external carotid system via the facial arteries and via the internal carotid system through the retina of the eye, Dr. Sigrist cautioned. Severe complications caused by damage to these vessels can include blindness and stroke.

To treat filler-related complications, clinicians inject hyaluronidase, an enzyme that helps break down the hyaluronic acid filler material.

"If injectors are not guided by ultrasound, they treat based on where the clinical findings are and inject blindly," Dr. Sigrist said. "But if we can see the ultrasound finding, we can target the exact place where the occlusion occurs. Rather than flooding the area with hyaluronidase, we can do guided injections that use less hyaluronidase and provide better treatment results."

Ultrasound is also a useful tool for guiding the filler injections themselves, increasing the injector's precision so that less filler is needed and complications are less likely from the start, Dr. Sigrist explained.

Ultrasound criteria are well established for mapping out blood flow in areas such as the carotid vessels and the vessels of the limbs. But in the delicate, complex and highly variable vasculature of the face, radiologists need a reference standard to map out common patterns of filler-related complications. Dr. Sigrist's team provides a framework that can help radiologists recognize these patterns, make timely decisions and treat with precision before serious damage occurs.

Co-authors are Maria Cristina Chammas, M.D., Ph.D., Ximena Wortsman, M.D., Claudia Gonzalez, M.D., Fernanda A. Cavallieri, M.D., Stella Desyatnikova, M.D., and Leonie Schelke, M.D.

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Embargoed for release on Wednesday, Dec. 3, 2025, at 5:00 a.m. ET

Jeffrey S. Klein, M.D., Named RSNA President

CHICAGO – Jeffrey S. Klein, M.D., has been named president of the Radiological Society of North America (RSNA) Board of Directors at the Society's annual meeting.

Dr. Klein is a consultant to the Department of Radiology at VA White River Junction Healthcare System in Vermont. A renowned expert in the diagnosis and staging of lung cancer, Dr. Klein served as editor of RSNA's education journal *RadioGraphics* from 2012 to 2020 and as editor-in-chief of the *Journal of Thoracic Imaging* from 2000 to 2005.

As RSNA president, Dr. Klein will champion RSNA's global advances in radiology education, science and technology, with a focus on delivering world-class learning resources that evolve with the needs of the medical imaging community.

"RSNA is a forum that connects members with pioneers in industry and technology," Dr. Klein said. "I am honored to lead the Society as we continue to explore new avenues for our top-tier journals, our vast offering of core and cutting-edge educational opportunities, and a scientific assembly and technical exhibition that is like none other in the world."

Born in Brooklyn, N.Y., Dr. Klein earned his bachelor's degree from Brooklyn College in 1980 and his medical doctorate from the State University of New York (SUNY) Health Science Center in 1983. After completing his internship and residency at The Staten Island Hospital and SUNY Kings County, he pursued a fellowship at the University of California, San Francisco (UCSF) Medical Center.

From 1988 to 1995, Dr. Klein quickly ascended the ranks as an exceptional teacher and mentor, serving as a clinical instructor in radiology and assistant professor in residence at UCSF and a clinical assistant professor of radiology at San Francisco General Hospital. He spent two years at St Joseph's Hospital and Medical Center in Phoenix, Arizona, as clinical associate professor of radiology, chief of thoracic imaging and associate director of the radiology residency training program.

He moved to the University of Vermont (UVM) in 1995, beginning a nearly 30-year tenure as an esteemed faculty member, serving as an associate professor of radiology, vice chair of the Department of Radiology, professor of radiology and chief of thoracic imaging, and then as the endowed A. Bradley Soule and John P. Tampas Green and Gold Professor of Radiology from 2006 to 2024.

Dr. Klein is a longtime manuscript reviewer for the RSNA journals *Radiology* and *RadioGraphics*, and previously for the *American Journal of Roentgenology*, *Journal of Thoracic Oncology*, *Cardiovascular and Interventional Radiology* and *Cancer*.

An RSNA member since 1984, Dr. Klein has served on numerous RSNA committees including the Scientific Program Committee, Education Exhibits Committee, Corporate Relations Committee, Digital

Roadmap Content Steering Committee, Refresher Course Committee, Research and Education (R&E) Grant Committee, Margulis Award for Scientific Excellence Committee and Finance Committee. Dr. Klein has also served on the Education Council and the Publications Council.

In 2018, Dr. Klein joined the RSNA Board of Directors. He has served as RSNA Board Liaison for Publications and on the Committee on Diversity, Equity and Inclusion, Public Information Committee, Professionalism Committee, Resident and Fellows Committee, Quality Improvement Committee, RSNA/American College of Radiology (ACR) Image Wisely Executive Committee and RSNA/ACR Public Information Website Committee. He became Secretary-Treasurer in 2023 and served as chair from 2024 to 2025.

He has held several leadership positions with the Society of Thoracic Radiology, serving as its president from 2005 to 2006. He served on the ACR committee on CT accreditation and as an examiner for the American Board of Radiology.

Under the Radiation Exposure Compensation Act of 1990, Dr. Klein served on an expert panel convened by the U.S. Department of Justice to develop a protocol for high-resolution CT examinations of Navajo uranium miners.

Dr. Klein is a highly respected educator. At the UVM College of Medicine, Dr. Klein was associate dean for continuing medical education and chapter councilor for the Alpha Omega Alpha Honor Medical Society. He has presented multiple case-based review courses in interstitial lung disease, pulmonary infection and solitary pulmonary nodules at the RSNA annual meeting, and he is a longtime lecturer of the course "How to Review for *RadioGraphics*."

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Embargoed for release on Thursday, Dec. 4, 2025, at 5:00 a.m. ET

Air Pollution Linked to More Severe Heart Disease

AT A GLANCE

- **Even relatively low levels of long-term exposure to air pollution are associated with more severe coronary artery disease in women and men.**

- **In women, ambient fine particulate matter is linked to a higher risk of obstructive heart disease, a more severe form of artery narrowing.**

- **The findings underscore the need for ongoing efforts to improve air quality to protect heart health.**

CHICAGO – Long-term exposure to common air pollutants is associated with more advanced coronary artery disease—with notable differences between women and men—according to a large-scale study of more than 11,000 adults being presented today at the annual meeting of the Radiological Society of North America (RSNA).

The findings show that even levels of pollution below or near regulatory standards and typical urban exposures are associated with early signs of heart disease—often before symptoms appear—and underscore the importance of improving air quality to reduce cardiovascular disease risk.

Air pollution is a pressing global health issue, contributing to an estimated 2.46 million cardiovascular deaths in 2021, according to a study based on Global Burden of Disease data. It is one of the greatest environmental risks to health and plays a major role in causing heart attacks and stroke, according to the World Health Organization.

For the retrospective study, cardiac CT was used to evaluate the relationship between long-term exposures to two common pollutants found in urban air, ambient fine particulate matter ($PM_{2.5}$) and nitrogen dioxide (NO_2). $PM_{2.5}$ sources include vehicle exhaust, industrial emissions and wildfire smoke, and at about 30 times smaller than a human hair, these tiny particles can penetrate deep into the lungs and bloodstream. NO_2 is a harmful gas produced mainly by burning fossil fuels in vehicles, power plants and industrial processes.

"Even at low exposure levels, air pollution is associated with more plaque in the coronary arteries," said Felipe Castillo Aravena, M.D., study lead author and cardiothoracic imaging fellow in the Department of Medical Imaging, Temerty Faculty of Medicine, University of Toronto, and University Health Network (UHN). "Overall, higher long-term exposure to air pollution was associated with more coronary artery disease on cardiac CT in both women and men. In women, long-term exposure to fine particulate matter was linked to higher calcium scores and more severe narrowing of the arteries. In men, higher long-term exposure to fine particulate matter was associated with higher calcium scores and higher plaque burden."

Nitrogen dioxide exposure was associated with coronary artery disease in both men and women.

Researchers analyzed data from adults who had undergone cardiac CT exams from 2012 through 2023 across three major hospitals in Toronto. They linked patients' residential postal codes with air quality data to estimate each person's average exposure to air pollution over the 10-year period prior to CT. Three markers of coronary artery disease were assessed: calcium score, total plaque burden and obstructive stenosis (artery narrowing).

For each increase in long-term $PM_{2.5}$ of 1 microgram per cubic meter, there was an 11% increase in calcium build-up in the coronary arteries, 13% greater odds of more plaque and 23% greater odds of obstructive disease. Exposure to nitrogen dioxide showed similar trends, though with smaller effect sizes for every 1 part per billion increase.

Additional research is needed to understand the exact mechanisms and establish causality, but biological, social, and behavioral differences, along with plaque characteristics, may be contributors to the differences seen in women and men, Dr. Castillo said.

"This is one of the largest studies to link long-term gaseous and particulate air pollution at contemporary exposure levels with multiple markers of coronary artery disease assessed by cardiac CT," said study senior author Kate Hanneman, M.D., M.P.H., a cardiac radiologist, associate professor and vice chair of research at the University of Toronto and UHN. "Heart disease is the number one cause of death globally. The results of this study add to the growing body of evidence that air pollution is a modifiable cardiovascular risk factor and reinforce the need for further research to understand why these associations differ between men and women."

Additional co-authors are Chloe DesRoche, M.D., M.Sc., Scott Delaney, Sc.D., J.D., M.P.H., Rachel Nethery, Ph.D., Paaladinesh Thavendiranathan, M.D., S.M., and Heather Ross, M.D., M.H.Sc.

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For patient-friendly information on cardiac CT, visit *RadiologyInfo.org*.

NEWS

RSNA 2025 ADDITIONAL STORY IDEAS

In addition to the presentations described in RSNA news releases, the following presentations have been identified as particularly newsworthy. Times, locations and abstracts for the presentations can be found in the RSNA 2025 Meeting Program.

Scientific Presentations

Sun. Nov. 30, #S4-SSNR01-4, *Brain Markers of Cognitive Function Associated with Moderate to Late Preterm Birth in Childhood and Adolescence*, Hector Acosta Rodriguez, B.S.

Sun. Nov. 30, #S4-SSNR01-5, *Neighborhood-level Disadvantage Impacts Multiple Measures of Brain Health: An Imaging Epidemiology Study*, Ethan Willbrand

Mon. Dec. 1, #M6-SSNPM01-4, *Projections of Future Heat-related Emergency Medical Imaging Under Climate Change Scenarios*, Eray Yilmaz

Mon. Dec. 1, #M6-STCE2-2, *Multi-Organ Machine Learning Analysis of Computed Tomography Body Composition and Myocardial Infarction and Mortality in the Scot-Heart Trial*, Michelle Kelso

Mon. Dec. 1, #M7-SSBR04-4, *Association Between False Positive Mammograms and Return to Screening in a Racially Diverse Cohort*, Medha Gupta

Tues. Dec. 2, #T7-SSNR09-2, *Motor-Cognitive Aging: The Role of Corticostriatal Pathway*, Jiaqi Wen

Tues. Dec. 2, #T3-SSER01-3, *Imaging Utilization, Patterns, and Yield in the Emergency Department for Unhoused Older Adult Patients*, Sharmila Duraisamy, M.D.

Tues. Dec. 2, #T3-SSER01-6, *Radiological Insights into the Intersection of Intimate Partner Violence and Opioid Use Disorder*, Jade Iwasaka-Neder, M.D., M.P.H.

Wed. Dec. 3, #W1-SSNPM03-2, *Patient Perceptions of the Use of Artificial Intelligence (AI) in a Tertiary Referral Radiology Department*, Hayley Briody, M.B.B.Ch.

Wed. Dec. 3, #W1-SSMS03-3, *Midlife MR-Derived Visceral Adiposity Is Linked to Cortical Thinning Independent from Body Mass Index*, Mahsa Dolatshahi, M.D., M.P.H.

Thurs. Dec. 4, #R3-SSNR13-1, *Predicting Multiple Sclerosis with a Multimodal Deep Learning Model Integrating Brain Structural and Diffusion MRI*, Valentin Nikolaeyevich Stepanov, M.D.

Scientific Posters

Mon. Dec. 1, #M5A-SPNR-7, *CT-Based Head & Neck Composition Metrics Predict Risk of Conversion to Early Dementia*, Farzaneh Rahmani, M.D., M.P.H.

Tues. Dec. 2, #T5B-SPOB-3, *Prenatal Opioid Exposure Associated with Lower Fetal White Matter Volume*, Ramana V. Vishnubhotla, Ph.D.

Wed. Dec. 3, # W2-SPNR-4, *Recognizing Imaging Patterns of Neurological Injuries in Intimate Partner Violence: A Case-Control Study*, Hyeonseon Kim

Thurs. Dec. 4, #R5A-SPNR-8, *Midlife Metabolic Health and Brain Perfusion: Visceral Fat and Insulin Resistance as Predictors of Cerebral Blood Flow*, Soheil Mohammadi, M.D., M.P.H.

RSNA Ventures/Rad AI Partnership Events at RSNA 2025

In October 2025, RSNA announced the launch of RSNA Ventures, a mission-aligned subsidiary created to drive innovation in radiology and imaging technologies. RSNA Ventures serves to identify and accelerate innovative ideas that enhance the practice of radiology, improve patient care and advance the field of medical imaging.

RSNA Ventures will work independently or through partnerships with startups, academic institutions, industry leaders and investors to develop new technologies, leverage the power of AI, address barriers in care delivery and make strategic investments to improve patient care.

The first such partnership is with Rad AI, the leader in generative AI for health care. The collaboration marks a pivotal step in RSNA Ventures' commitment to developing and commercializing solutions that enhance the practice of radiology, improve patient care and drive the future of medical imaging. By joining forces with Rad AI, RSNA Ventures aims to bring trusted, RSNA-powered innovations to market with speed and impact.

Radiologists are under mounting pressure as imaging volumes rise faster than the workforce can grow. At the same time, the body of medical knowledge continues to grow exponentially, making it increasingly challenging for many physicians to meet the demands of daily practice. This partnership addresses that challenge head-on by delivering RSNA's trusted peer-reviewed knowledge directly into radiologists' daily workflow through Rad AI Reporting.

By combining scale with trust, the collaboration is designed to close one of the biggest gaps in modern imaging: ensuring that radiologists have immediate access to trusted, peer-reviewed and relevant information at the moment of interpretation. Instead of relying on memory or manual searches, case-based insights can be automatically surfaced, helping radiologists manage growing workloads while maintaining the highest standards of care.

Head to the Discovery Theater on Monday, Dec. 1, at 3 p.m. for a presentation about the partnership and a demonstration of the Rad AI Reporting product, showcasing how RSNA content can seamlessly assist radiologists in real time.

On Tuesday, Dec. 2, Rad AI and RSNA Ventures will give another presentation and live demonstration of Rad AI Reporting at the AI Theater at 4:30 p.m.

Additional demonstrations will be given throughout the week at the Rad AI booth (4753), located in the AI Showcase, South Hall Level 3.

For more information, visit *RSNA.org/rsna-ventures*.

RSNA Leads in Medical Imaging AI Innovation

The Radiological Society of North America (RSNA) is a trusted source at the forefront of the practical and ethical application of artificial intelligence (AI) in medical imaging.

Radiology, more than any medical specialty, is positioned to maximize the strengths of AI to improve patient care. Through a first-of-its-kind AI certificate program, renowned peer-reviewed journals, cutting-edge research, world-class education and ground truth data, RSNA leads the specialty in AI innovation.

The RSNA Imaging AI Certificate Program—the first-ever radiology-specific AI certificate program—blends a case-based curriculum with practical application and delivers a pathway for all radiologists to understand how to leverage AI for their practices and careers.

RSNA's peer-reviewed journal, *Radiology: Artificial Intelligence*, highlights emerging AI research in the field of imaging across multiple disciplines. The journal also hosts a collection of Data Resources articles (published online since 2019), as well as other collections providing guidance in the use of AI in radiology practice.

RSNA's AI Challenges spur the creation of AI tools for radiology to improve patient care.

The RSNA Medical Imaging Resource for AI (MIRA) data repository provides annotated medical imaging datasets to support research in medical imaging, focusing on artificial intelligence. MIRA datasets were assembled for RSNA's ongoing series of AI challenge competitions. They are made available at no cost for non-commercial research.

RSNA's AI Community allows imaging professionals and AI researchers to connect and discuss AI advances and challenges, while RSNA's comprehensive education program offers in-person and online AI learning opportunities throughout the year.

RSNA 2025 AI HIGHLIGHTS

RSNA 2025 is the prime destination to immerse yourself in AI innovation, explore the latest technologies at the AI Showcase and broaden your knowledge in a multitude of sessions, courses, presentations and hands-on labs spotlighting AI and machine learning applications.

AI Showcase
The AI Showcase is the center of all the latest imaging AI technology at RSNA 2024. Connect with industry leaders and visit more than 100 exhibitor booths to see new products and technical solutions in action. Located within the showcase is the AI Theater, where attendees can view daily industry presentations from companies highlighting innovations that point to the future of AI.

Radiology Reimagined Demo
"Radiology Reimagined: AI, innovation and interoperability in practice," features a demonstration of new AI technologies and integration standards needed to embed AI into the diagnostic radiology workflow. The interactive exhibit, located within the AI Showcase, will enable attendees to introduce and scale AI into their radiology practices.

RSNA AI Challenge Recognition Event
A recognition event will be held Dec. 1, 4 – 5 p.m. in the AI Theater for the teams who submitted the highest-scoring algorithms during the 2025 RSNA Intracranial Aneurysm Detection AI Challenge.

The challenge, developed in collaboration with the American Society of Neuroradiology (ASNR), the European Society of Neuroradiology (ESNR) and the Society of Neurointerventional Surgery (SNIS), focuses on AI-assisted detection and localization of intracranial aneurysms.

In an effort to further AI research and initiatives, RSNA has led AI Challenges since 2015. Using curated data, these challenges serve to improve the efficiency and accuracy of AI capabilities in radiology and help assess how AI tools will perform in clinical settings.

RSNA Ventures/Rad AI Presentations and Demos
RSNA Ventures, a mission-aligned subsidiary created to drive innovation in radiology and imaging technologies, has partnered with Rad AI, the leader in generative AI for healthcare, to deliver RSNA's trusted peer-reviewed knowledge directly into radiologists' daily workflow via Rad AI Reporting. Presentations and demonstrations of Rad AI Reporting will be held at the Discovery Theater on Monday, Dec. 1, at 3 p.m. and at the AI Theater on Tuesday, Dec. 2, at 4:30 p.m.

RADIOLOGICAL SOCIETY OF NORTH AMERICA
820 JORIE BLVD, OAK BROOK, IL 60523
TEL 1-630-571-2670 FAX 1-630-571-7837
RSNA.ORG

NEWS

111th SCIENTIFIC ASSEMBLY AND ANNUAL MEETING
RADIOLOGICAL SOCIETY OF NORTH AMERICA

Sunday, November 30 – Thursday, December 4, 2025
McCormick Place, Chicago, Illinois
(as of 10/21/2025)

RSNA FACTS

- RSNA® has over 52,800 members in 160 countries.

- The RSNA Scientific Assembly and Annual Meeting is the premier annual radiology forum in the world. RSNA 2024 hosted nearly 39,000 attendees.

- RSNA has six medical journals.

  Editors:
    o *Radiology,* Vicky Goh, M.B.B.Ch., Kathryn Fowler, M.D., (co-interim editors) Beginning January 2026, Suhny Abbara, M.D., will become editor.

    o *RadioGraphics*, Christine (Cooky) O. Menias, M.D.

    o *Radiology: Artificial Intelligence*, Charles E. Kahn Jr., M.D., M.S.

    o *Radiology: Cardiothoracic Imaging*, Suhny Abbara, M.D.

    o *Radiology: Imaging Cancer*, Gary D. Luker, M.D.

    o *Radiology Advances* (Open access, published by Oxford University Press), Susanna I. Lee, M.D., Ph.D.

- RSNA offers a comprehensive collection of online continuing education courses covering every subspecialty in radiology.

- Since 1984, the RSNA Research & Education (R&E) Foundation has awarded more than $88 million in grant funding for over 2,000 grant projects.

- RSNA employs 282 people.

- RSNA headquarters is located at 820 Jorie Blvd., Oak Brook, Ill.

RSNA ANNUAL MEETING FACTS
(as of 10/21/25, some numbers subject to change)

The Scientific Assembly and Annual Meeting of the Radiological Society of North America (RSNA®) is the world's premier scientific and educational forum in radiology.

Facts about RSNA 2025 include:

- 5 days of educational programs for radiologists, radiation oncologists, physicists in medicine, radiologic technologists and allied healthcare professionals

- 698 technical exhibits occupying 419,400 square feet at McCormick Place

- 126 first-time RSNA exhibitors

- 834 scientific papers in 19 subspecialties: breast; cardiac; chest; emergency radiology; gastrointestinal; genitourinary; head & neck; imaging informatics; interventional radiology; multisystem; musculoskeletal; neuroradiology; noninterpretive skills (beyond imaging); nuclear medicine/molecular imaging; OB/gynecology; pediatric; physics; radiation oncology; and vascular

- Over 325 education courses and 7 plenary sessions

- 1,487 education exhibits, 1,951 scientific posters and 122 quality improvement reports featured in the Lakeside Learning Center

- 145 Learning Center Theater presentations

RSNA 2025 AI Theater Presentations
Schedule subject to change

Nov 30, 2025 10:30AM

IS1-AI101. Towards a Universal Diagnostic Engine—presented by Eden
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Nov 30, 2025 11:00AM

IS2-AI102. Advancing AI to Medical Agents: Shaping a New Era of Healthcare with uAI - presented by United Imaging
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Nov 30, 2025 11:30AM

IS3-AI103. Source-Level Access, Expert Curation: Imaging Data You Can Trust - presented by Sorna Corporation, an Avandra Company
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Nov 30, 2025 12:00PM

IS4-AI104. Scaling Imaging AI: From Research Prototypes to Global Deployment - presented by Siemens Healthineers
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Nov 30, 2025 12:30PM

IS5-AI105. Median Technologies: eyonis® LCS: Transforming Lung Cancer Screening Through AI-Powered Early Detection & Diagnosis
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Nov 30, 2025 1:00PM

IS6-AI106. Brain New Life, Together – AI-Powered Neurovascular and Neurodegenerative Imaging Innovation - presented by Heuron
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Nov 30, 2025 1:30PM

IS7-AI107. Unlocked! How Integration Supercharges AI For Radiologists: Ambient Dictation, QA, MIPS Notifications, Critical Case Prioritization, and More - presented by vRad
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Nov 30, 2025 2:00PM

IS8-AI108. AI Theater: AIRS Medical
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Nov 30, 2025 2:30PM

IS9-AI109. Building Radiology AI That Scales: Why the Smartest Developers Partner on Data - presented by iMerit Technology
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Nov 30, 2025 3:00PM

IS10-AI110. The Next Frontier in Neurodiagnosis: AI-Enhanced Image Acquisition and Reconstruction – Sponsored by Canon Medical Systems USA, Inc.
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Nov 30, 2025 3:30PM

IS11-AI111. BeamWorks-Where Real-time AI Meets Clinical Expertise: Unlocking Next-generation for Breast and Thyroid Ultrasound
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 1, 2025 10:30AM

IM1-AI101. Streamlining Coronary Artery Disease Diagnosis with the Heartflow Platform
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 1, 2025 11:00AM

IM2-AI102. System-Wide Cardiac MRI: Using Automation to Close the Access Gap - presented by Vista AI
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 1, 2025 11:30AM

IM3-AI103. Gradient Health Presents: Rapid Access to AI Training Data
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 1, 2025 12:00PM

IM4-AI104. Driving Early Osteoporosis Detection and DXA Referrals through Opportunistic Screening with 16 Bit's Rho™
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 1, 2025 12:30PM

IM5-AI105. Towards Personalised Autonomous Brain MRI - presented by Cerebriu
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 1, 2025 1:00PM

IM6-AI106. Smarter, Not Louder: Sustainable AI for Bone Fragility Detection from X-rays — Beyond the Fracture, with Medimaps Group
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 1, 2025 1:30PM

IM7-AI107. LLMs: SOTA in Radiology - presented by Kailo Medical
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 1, 2025 2:00PM

IM8-AI108. Bayer: Surf the Wave: Where Daily Business Meets Frontiers in AI
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 1, 2025 2:30PM

IM9-AI109. CARPL.ai: From pilots to practice, how platform partnerships fast-track AI adoption
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 1, 2025 3:00PM

IM10-AI110. Subtle Medical Presents: Powering the Future of Faster, Higher-Quality Imaging with Subtle-ELITE™ and Beyond
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 1, 2025 3:30PM

IM11-AI111. [DEEPNOID] M4CXR: Multimodal AI for CXR (From Drafting Reports to Visualizing Evidence - Towards the Next Modality) - presented in collaboration with Team Innovation
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 1, 2025 4:00PM

IM12-AI112. RSNA Intracranial Aneurysm Detection AI Challenge Recognition Event - presented by RSNA
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 2, 2025 10:30AM

IT1-AI101. Segmed - From Chaos to Clarity: Preparing Medical Data for Foundation Models
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 2, 2025 11:00AM

IT2-AI102. Agentic AI: Scaling Radiology's Hidden ROI Through Workflow Automation - presented by PocketHealth
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 2, 2025 11:30AM

IT3-AI103. Bench to Bedside: Beyond AI Research to Cleared Medical Devices - presented by Innolitics, LLC
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 2, 2025 12:00PM

IT4-AI104. A world without data is a world without progress. How Gradient Health and DataFirst are powering progress.
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 2, 2025 12:30PM

IT5-AI105. Maximizing the power of Siemens Healthineers' Deep Resolve
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 2, 2025 1:00PM

IT6-AI106. Igniting Innovation Through Intelligent Content Activation - presented by Hyland
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 2, 2025 1:30PM

IT7-AI107. Streamlining the Patient Journey: Royal Health's MJ AI-Powered Solutions for the Modern Radiology Practice
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 2, 2025 2:00PM

IT8-AI108. Closing diagnostic gaps with the world's most deployed healthcare AI – Qure.ai
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 2, 2025 2:30PM

IT9-AI109. Generative AI Era: Evolution of the Chest X-ray Reading Workflows - presented by Soombit.ai and Team Innovation
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 2, 2025 3:00PM

IT10-AI110. AI for spine MRI interpretation - presented by Remedy Logic
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 2, 2025 3:30PM

IT11-AI111. AI Theater: AIRS Medical
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 3, 2025 10:30AM

IW1-AI101. Beyond the Buzz – The RapidAI Enterprise Platform
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 3, 2025 11:00AM

IW2-AI102. Redefining Stroke Care with Intelligent Detection - presented by PurpleAI
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 3, 2025 11:30AM

IW3-AI103. Engineering the Future: Agentic AI Applications Across MedTech - presented by L&T Technology Service (LTTS)
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 3, 2025 12:00PM

IW4-AI104. The New Era of Medical Vision: Physical AI into Point-of-Care Ultrasound - presented by HEALCERION
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 3, 2025 12:30PM

IW5-AI105. Artificial Intelligence for Healthcare: From Patient Twinning to Precision Therapy - presented by Siemens Healthineers
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 3, 2025 1:00PM

IW6-AI106. Harnessing Millions of Cases: Medical Image Insights' Multi-Modal Imaging Foundation Model for Automated and Interactive Radiology Reporting
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 3, 2025 2:00PM

IW8-AI108. AI-Powered Monitoring of Amyloid-Related Imaging Abnormalities in Anti-Amyloid Therapy: Neurophet AQUA AD
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 3, 2025 2:30PM

IW9-AI109. AI for Quality and Efficiency – Sponsored by Canon Medical Systems USA, Inc.
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 3, 2025 3:00PM

IW10-AI110. Behind the Scenes of Radiology Reimagined: AI, Innovation and Interoperability in Practice - presented by RSNA
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 3, 2025 3:30PM

IW11-AI111. MIDRC: Innovation in Imaging AI and Interoperability - presented by RSNA
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

Dec 3, 2025 4:00PM

IW12-AI112. Radiology: AI Fireside Chat - presented by RSNA
Session Type: AI Theater Presentations (non-CME)
Location: AI Theater, Booth 5536, South Hall A

View session

RSNA 2025 Innovation Theater Presentations
Schedule subject to change

Nov 30, 2025 10:30AM

IS1-IT101. Innovation Theater: AIRS Medical
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Nov 30, 2025 11:00AM

IS2-IT102. Power Your Practice With The vRad Platform: Embedded AI, Practice-Wide Analytics, and a Reading Environment Your Radiologists Will Love, All in a Single Platform
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Nov 30, 2025 11:30AM

IS3-IT103. Dicom Systems Unifier AI Conductor: The Case for Unified, AI-Driven Imaging Workflows
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Nov 30, 2025 12:00PM

IS1-CE101. From Complexity to Clarity: AGFA HealthCare Redefines the Enterprise Imaging Experience
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Nov 30, 2025 1:00PM

IS6-IT106. The New Hyperfine Swoop® Portable MRI System Powered by Optive AI™ Software— Delivering a Transformative Leap in Image Quality
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Nov 30, 2025 1:30PM

IS7-IT107. Varex Imaging Corp to present Multi-Beam X-ray Source (MBX), enabling technology for new 3D X-ray Imaging Components
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Nov 30, 2025 2:00PM

IS8-IT108. Unifying Data for Better Radiology Workflows - presented by Kailo Medical
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Nov 30, 2025 2:30PM

IS9-IT109. Workflow Personalization: Transforming Radiology Using AI for Every Clinician and Patient - presented by RamSoft Inc
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Nov 30, 2025 3:00PM

IS10-IT110. CoLumbo - "CoLumbo Visualizations: From DICOM to Understandable Evidence - Clarity for Medico-Legal Experts, Referring Physicians, and Patients"
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Nov 30, 2025 3:30PM

IS11-IT111. Digital Humans: A New Level of Clinical Realism in Simulation - presented by ScanLabMR/ScanLabCT
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Dec 1, 2025 10:30AM

IM1-IT101. Innovation Theater: New Lantern
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Dec 1, 2025 11:00AM

IM2-IT102. Setting the Stage for the New Imaging Platform - presented by Hyland
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Dec 1, 2025 11:30AM

IM3-IT103. The Time for Remote Breast Imaging Is Now - presented by vRad
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Dec 1, 2025 12:00PM

IM1-CE101. Predictive Power: Unlocking Equipment Efficiency for Better Patient Care - presented by GE HealthCare
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Dec 1, 2025 1:00PM

IM6-IT106. Clinical Study: MR Elastography for Patient Qualification for Breakthrough Therapies - presented by Resoundant Inc
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Dec 1, 2025 1:30PM

IM7-IT107. AI-Driven Ultrasound Workflow Transformation for Cancer Diagnosis: From Real-Time CAD to Quantitative Ultrasound - presented by Barreleye and Team Innovation
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Dec 1, 2025 2:00PM

IM8-IT108. How Digital Solutions Are Shaping the Future of the Radiology Workplace - presented by GE HealthCare
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Dec 1, 2025 2:30PM

IM9-IT109. End-to-End Radiology Workflow Transformation: Leveraging Automation and AI to Align Patient Engagement, Operational Efficiency, and Report Accuracy - presented by RADIN HEALTH
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Dec 1, 2025 3:00PM

IM10-IT110. Siemens Healthineers Radiology Services Suite & AI-Enablement Services
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Dec 1, 2025 3:30PM

IM11-IT111. Rapid Cardiac MRI Deployment with AI: An Imaging Center's Story - presented by Vista AI
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Dec 2, 2025 10:30AM

IT1-IT101. The Evolution of Deep Silicon Photon Counting CT - presented by GE HealthCare
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Dec 2, 2025 11:00AM

IT2-IT102. Nanox: From Vision to Reality – AI and Digital Tomosynthesis in Pulmonary Nodule Detection
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Dec 2, 2025 11:30AM

IT3-IT103. Discover TULSA-PRO: AI-Powered MRI-Guided Precision Prostate Ablation - presented by Profound Medical
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Dec 2, 2025 12:00PM

IT1-CE101. Taking Scanning Beyond Human Limits with AI-Driven MRI - presented by Vista AI
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Dec 2, 2025 1:00PM

IT6-IT106. Bayer: Building Solutions for your Daily Clinical Practice
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Dec 2, 2025 1:30PM

IT7-IT107. Optimizing Stroke Workflow Using AI: Real-World Applications of JLK's Stroke Imaging Solutions with Team Innovation
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Dec 2, 2025 2:00PM

IT8-IT108. Your Data, Your AI: Building Imaging AI on Your Terms - presented by HOPPR
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Dec 2, 2025 2:30PM

IT9-IT109. The Nucs AI Platform: Innovative AI Solutions Transforming PSMA-PET/CT Interpretation and Precision Prostate Cancer Care
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Dec 2, 2025 3:00PM

IT10-IT110. University Radiology Group's Optimization of AI-driven Mammography Workflows within Fujifilm's Synapse® PACS
Session Type: Innovation Theater Presentations (non-CME)
Location: [Innovation Theater, Booth 3316, South Hall A](#)

- [View session](#)

Dec 2, 2025 3:30PM

IT11-IT111. Unlocking the Power of 3D Data for Interventional Procedures with MediView XR's Holographic Surgical Navigation System
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Dec 3, 2025 10:30AM

IW1-IT101. The Future of Diagnostic Imaging: Innovations in CT – Sponsored by Canon Medical Systems USA, Inc.
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Dec 3, 2025 11:00AM

IW2-IT102. Reimagining Radiology: How Microsoft is Enabling an Open Ecosystem to Enhance Workflow
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Dec 3, 2025 11:30AM

IW3-IT103. Innovation Theater: RADPAIR
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Dec 3, 2025 12:00PM

IW1-CE101. Comprehensive Clinical Integration - The RapidAI Vision for Enterprise AI
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Dec 3, 2025 1:00PM

IW6-IT106. "Time is the Most Valuable Thing You Have: Uncovering Efficiencies in Your Work and Life as a Teleradiologist" with Founder and CEO of Expert Radiology, Avery J. Knapp Jr., M.D
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Dec 3, 2025 1:30PM

IW7-IT107. Sneak-peek into Radiology Enterprise Innovations - presented by RapidAI
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

Dec 3, 2025 2:00PM

IW8-IT108. Innovation Theater: Tennr
Session Type: Innovation Theater Presentations (non-CME)

- View session

Dec 3, 2025 2:30PM

IW9-IT109. From Image-guided ablation to radiology workstation: A Software Journey Towards comprehensive cancer care - presented by RaySearch Laboratories
Session Type: Innovation Theater Presentations (non-CME)
Location: Innovation Theater, Booth 3316, South Hall A

- View session

RSNA 2025 Corporate Symposiums

Dec 1, 2025 10:30AM

IM1-CS101. The Power of Sustainable Innovation in MRI: Combining AI with Low Dose GBCA and Rapid Exchange Contrast Delivery System - presented by Bracco
Session Type: Corporate Symposiums (non-CME)
Location: Corporate Symposium Theater, Booth 2387, South Hall A

- [View session](#)

Dec 1, 2025 12:00PM

IM2-CS102. Leading PCCT Revolution: NAEOTOM Alpha class proven impact from >2 Mi patient scanned - presented by Siemens Healthineers
Session Type: Corporate Symposiums (non-CME)
Location: Corporate Symposium Theater, Booth 2387, South Hall A

- [View session](#)

Dec 1, 2025 1:30PM

IM3-CS103. Empowering Hope: Imaging Alzheimer's in the Era of Disease-Modifying Therapies – A Siemens Healthineers Symposium
Session Type: Corporate Symposiums (non-CME)
Location: Corporate Symposium Theater, Booth 2387, South Hall A

- [View session](#)

Dec 1, 2025 3:00PM

IM4-CS104. Elevating radiology with unified AI: Insights from the University of Rochester Medical Center and St. Luke's University Health Network - presented by Microsoft
Session Type: Corporate Symposiums (non-CME)
Location: Corporate Symposium Theater, Booth 2387, South Hall A

- [View session](#)

Dec 2, 2025 10:30AM

IT1-CS101. AI Innovation that Addresses Real Challenges in Radiology - presented by RapidAI
Session Type: Corporate Symposiums (non-CME)
Location: Corporate Symposium Theater, Booth 2387, South Hall A

- [View session](#)

Dec 2, 2025 12:00PM

IT2-CS102. Precision Imaging in Every Beat: GE HealthCare's Integrated Cardiac Pathway
Session Type: Corporate Symposiums (non-CME)
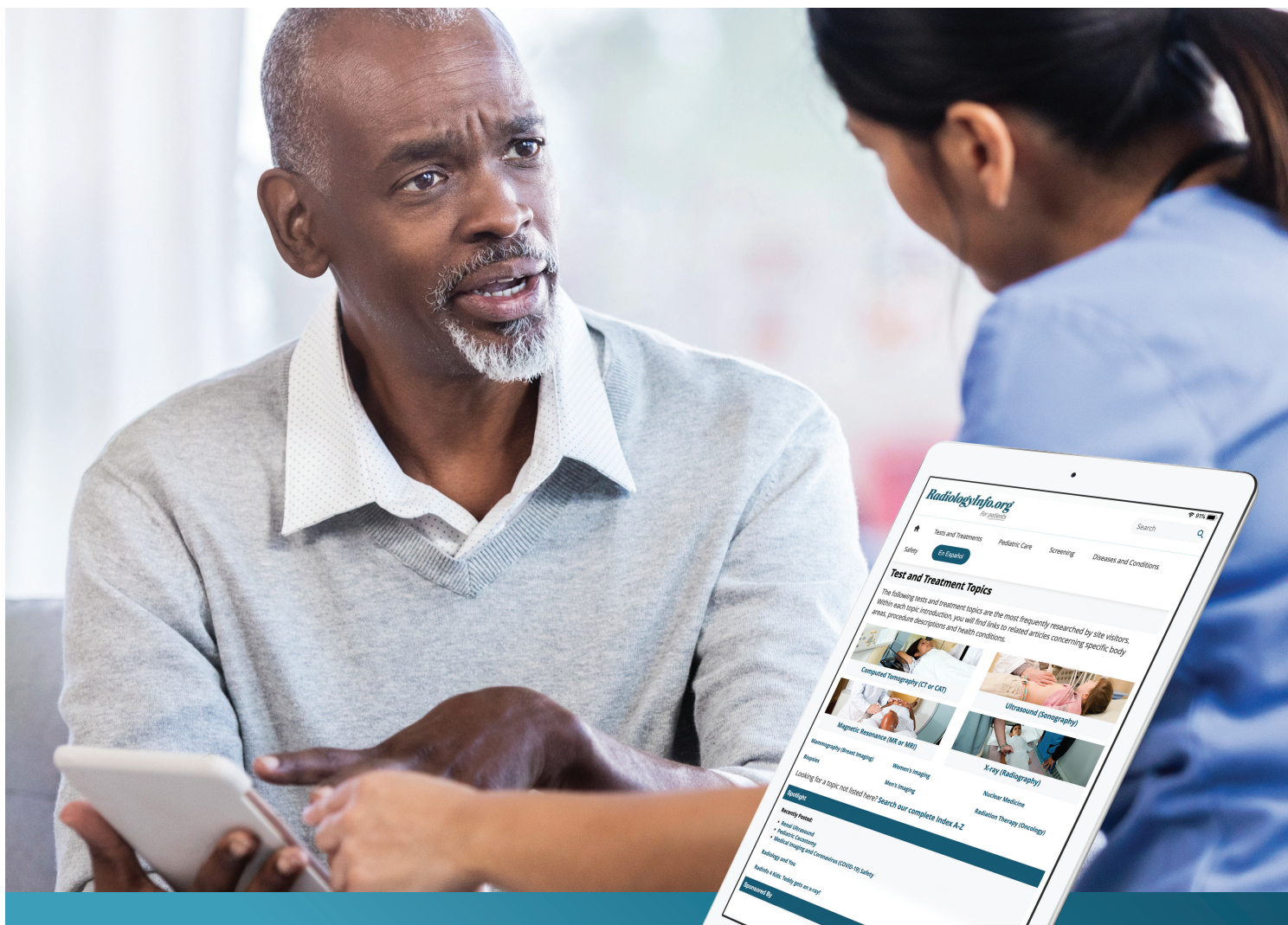Location: Corporate Symposium Theater, Booth 2387, South Hall A

- [View session](#)

Dec 2, 2025 3:00PM

IT4-CS104. Corporate Symposium: Siemens Healthineers
Session Type: Corporate Symposiums (non-CME)
Location: Corporate Symposium Theater, Booth 2387, South Hall A

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