

RSNA *News*



Donaldson Joins RSNA Board of Directors

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- RSNA R&E Foundation Launches 25th Anniversary Challenge
- RSNA Visiting Professors Foster Teaching and Cultural Exchange in Brazil
- The Gray Journal Gets Color
- RSNA 2005 Meeting Moments

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Hattery Becomes RSNA President

ROBERT R. HATTERY, M.D., is the 2006 RSNA president.

Dr. Hattery, who was elected to the RSNA Board of Directors in 1998, is currently the executive director of the American Board of Radiology (ABR), where he has spearheaded the maintenance of certification (MOC) initiative and has worked to improve the working conditions and educational experience of residents.

“My hopes for the upcoming year include working to constantly improve the quality of the RSNA annual meeting, striving toward the continued globalization of radiologic advancement, developing superior MOC programs and promoting multidisciplinary oncologic imaging and innovations in technology,” he said.

Dr. Hattery has long distinguished himself as a respected physician, educator and clinical investigator in the field of diagnostic radiology. He holds professor emeritus status at the Mayo Clinic in Rochester, Minn., where he devoted 30 years to his myriad teaching and administrative duties, including chair of the Department of Diagnostic Radiology, chair of the Mayo Group Practice Board and chair of the Board of Governors. He is currently a clinical professor of diagnostic radiology at the University of Arizona in Tucson, where he is



Robert R. Hattery, M.D., (right) receives the president's gavel from 2005 RSNA President David H. Hussey, M.D.

involved in educating radiology and urology residents in genitourinary imaging.

An RSNA member for more than 20 years, Dr. Hattery has devoted most of his career to imaging of the genitourinary tract, with particular emphasis on CT, CT urography and ultrasonography.

In 2005, Dr. Hattery was awarded the Society of Uroradiology gold medal. He also received the gold medal of the American Roentgen Ray Society in 2000 and the Hartman gold medal of the Minnesota Radiological Society in 1998.

Jost Named RSNA President-Elect

R. GILBERT JOST, M.D., is RSNA's president-elect for 2006.

Dr. Jost, who was elected to the RSNA Board of Directors in 1999 as the liaison-designate for Communications and Corporate Relations, wears many hats. He is the Elizabeth Mallinckrodt Professor of Radiology, chair of the Department of Radiology at Washington University School of Medicine, director of the Mallinckrodt Institute of Radiology and radiologist-in-chief at Barnes-Jewish Hospital in St. Louis.

“It is very satisfying to help shape the future of our specialty at a national and international level by volunteering with RSNA,” Dr. Jost said. “This year the Board intends to crystallize the long-term goals of the Society and devote more attention to achieving our international goals.”



R. Gilbert Jost, M.D.

Among his other responsibilities, Dr. Jost has been an active member of the RSNA Integrating the Healthcare Enterprise (IHE) Planning Committee and the IHE Strategic Committee. He was an influential figure in the adoption of the DICOM standard and was an early promoter of the IHE movement, which has since gained increasing acceptance throughout the world in helping physicians and other staff use technology to communicate within their own institutions and with off-site physicians and imaging systems.

Dr. Jost has contributed to many RSNA endeavors, including the Strategic Planning Committee, the Education Council, the Publications Council and the Medical Imaging Resource Center (MIRC) Committee. On the Board of Directors, he served as Liaison for Annual Meeting and Technology.

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McCloud Becomes RSNA Board Chair

THERESA C. MCLOUD, M.D., is the new chair of the RSNA Board of Directors.

Dr. McCloud is the associate radiologist in chief and director of education for the Department of Radiology at Massachusetts General Hospital in Boston. She is also a professor of radiology at Harvard Medical School.

As chairman of the Board of Directors, Dr. McCloud hopes to increase funding and associated resources to support the dissemination of high-quality radiology research in crucial areas such as molecular imaging. She also plans to continue the improvement and expansion of RSNA's educational programs to facilitate adult learning, both at home and abroad.

"The radiologic community has become increasingly international," she said. "This year, RSNA will focus on

its international role and outreach to international physicians and societies."

An RSNA member since 1979, Dr. McCloud's primary research interests are in interstitial lung disease, CT of the thorax, lung cancer imaging and occupational lung disease. She is a world-renowned expert in thoracic imaging and has conducted more than 150 postgraduate courses worldwide. In addition, she has published over 200 scientific papers, reviews and book chapters and has authored a textbook, *Thoracic Imaging: The Requisites*.



Theresa C. McCloud, M.D.

Donaldson Joins the RSNA Board of Directors

ONE OF THE LEADERS in radiation oncology has been elected to the RSNA Board of Directors.

Sarah S. Donaldson, M.D., is the 2006 liaison-designate for science.

"I am deeply honored and very

enthusiastic about the opportunity to serve RSNA. The Board of Directors position is a long-term commitment and responsibility that I am pleased to make a priority," she said.

Dr. Donaldson will work with Gary J. Becker, M.D., for one year until he

becomes RSNA chairman and she becomes the liaison for science.

"This will be a constant stimulus for learning and tremendous fun," said Dr. Donaldson. "As liaison-designate for science, I will be able to participate in

the research component of the annual scientific program, to work with the Research & Education Foundation and to help formulate the research and development along with the scientific direction of the Society."

Dr. Donaldson said RSNA offers tremendous opportunities for all the members of the radiologic sciences to work together and learn together.

"RSNA is very interested in advancing its programs in the areas of oncologic imaging and therapy. The success of new advances in image-guided therapy, targeted therapy, molecular imaging and molecular oncology and highly conformal methods of the delivery of radiation are dependent upon the close working relationships between radiologists who are trained in imaging, nuclear medicine and physics, and those trained in therapy," she explained. "Never has there been a more exciting time in all the radiologic sciences than the present. RSNA serves as the umbrella to bring us all together for research and develop-

ment, as well as education. This is a golden time for all of us."

In addition to her position as the associate chair of the Department of Radiation Oncology, deputy clinic chief, and residency program director for radiation oncology at Stanford University Medical Center, Dr. Donaldson is also the Catharine and Howard Avery Professor of Radiation Oncology at Stanford University School of Medicine.

For more than 30 years, Dr. Donaldson has served as a mentor to countless physicians and residents, especially other women. She played a leading role in the conceptualization and planning of Stanford's new Center for Cancer Treatment and Prevention, and has been listed as one of the "Best Doctors in America" for more than a decade.

Her interests include pediatric oncology, soft tissue and bone sarcomas, Hodgkin's disease, central nervous system tumors, breast cancer, radiotherapy for benign disease, and the late effects of cancer and its treatment.



Sarah S. Donaldson, M.D.

Biographies for the RSNA Board of Directors

More detailed biographical information for each member of the RSNA Board of Directors is available in the Who's Who sec-

tion of *RSNA.org* at RSNA.org/About/whoswho/index.cfm. You can click on a Board member's name or

mouse over and click on their photo to see the biography. 2006 RSNA committee information is also available

online in that same section. Scroll down to the bottom of the page and click on Committees.

McClelland Editor of *RSNA News*

BRUCE L. MCCLENNAN, M.D., a professor of diagnostic radiology at Yale University School of Medicine and an attending at Yale New Haven Hospital, is the new editor of *RSNA News*. He is also the chairman of the *RSNA News* Editorial Board.

“After serving for two years as the deputy editor of *RSNA News*, becoming the editor allows an even greater opportunity to participate in and help direct the production of this increasingly valuable publication,” said Dr. McClelland. “RSNA is blessed with a creative and dedicated staff of editors and writers who capture interesting content and succinctly express the stories and other features for our 38,000 readers around the world.”

Dr. McClelland succeeds Susan Wall, M.D., who has held the chairman’s position since 2000.

As for his goals as editor, Dr. McClelland said he hopes to maintain and improve the quality and readability of the newsmagazine.

Joining *RSNA News* on the Editorial Board for 2006 are Valerie P. Jackson, M.D., and Steven M. Larson, M.D.



Bruce L. McClelland, M.D., and Susan Wall, M.D.

CPT® Code for CAD Chest Radiographs, Kidney RFA

New Current Procedural Terminology (CPT®) Codes take effect January 1.

Among them is CPT add-on Code 0152T, which allows for reimbursement of chest radiographs using computer-aided detection (CAD).

Another code, CPT 50592, is for radiofrequency ablation of kidney tumors.

For more information on CPT Codes, see the American Medical Association Web site at www.ama-assn.org/ama/pub/category/3113.html.

Search for New *Radiology* Editor

The following is adapted from a Special Communication by RSNA Board Chairman Theresa C. McLoud, M.D., that appears in the January 2006 issue of *Radiology*.

IN 1998, the 75th year of its publication, the RSNA Journal *Radiology* welcomed a new editor, Anthony V. Proto, M.D.

Only the sixth in a line of distinguished editors, Dr. Proto promised to devote his energies “to maintain the preeminent status of *Radiology* among imaging publications worldwide.”

Eight years and 96 issues of the journal later, it is abundantly clear that Dr. Proto has more than made good on his pledge: The reputation of *Radiology* as the premier diagnostic imaging journal has grown under his editorship.

Now, having brought *Radiology* to a new level for authors and readers, Dr. Proto has announced that he will retire from the editorship in December 2007.

Dr. Proto believes the time is now right for a new editor, building on the work of those who have gone before, to take the premier journal of the international radiology community to new heights and, in so doing, to advance the science of our specialty.

The following summarizes the position description for the editor of *Radiology*:

The editor is responsible for encouraging submissions of scientific manuscripts to the Journal, for setting high standards for scientific integrity, for developing guidelines and mechanisms for peer review of submitted manuscripts, for release of accepted manuscripts on a timely basis for copyediting, for final review and release of edited manuscripts on a timely basis for publication, for formulating and interpreting editorial philosophy and policies, and for cooperating with the RSNA Board of Directors and Business Manager in the production of a self-supporting, highest quality publication with a rising impact factor.

It is expected that the editor will commit at least three-quarters of his or her time to *Radiology*.

Assisting the Board of Directors in finding a new editor will be the job of a

search committee chaired by Hedvig Hricak, M.D., Ph.D., Board Liaison for Publications. The committee members are Gary J. Becker, M.D., Board Liaison for Science, Ronald L. Arenson, M.D., Richard L. Ehman, M.D., Robert M. Quencer, M.D., Maximilian F. Reiser, M.D., and James H. Thrall, M.D.

Plans call for the new editor to be selected in December 2006. Interested physicians are invited to send their curricula vitae (marked “confidential”) to:

Hedvig Hricak, M.D., Ph.D.
Radiological Society of North America (RSNA)
820 Jorie Blvd.
Oak Brook, IL 60523

The deadline for receipt of submissions is May 1, 2006.



Larson Elected to IOM

Steven M. Larson, M.D., has been elected to the prestigious Institute of Medicine (IOM) of the National Academies. He was among 64 new U.S. members and five foreign associate members elected at the end of October.



Steven M. Larson, M.D. City.

Dr. Larson is a professor and chief of nuclear medicine at Memorial Sloan-Kettering Cancer Center in New York City. The IOM was established in 1970 to honor professional achievement in the health sciences and to serve as a national resource for independent analysis and recommendations on issues related to medicine, biomedical sciences and health.

Keller Receives Two Honors

Frederick S. Keller, M.D., professor of interventional radiology and director of the Dotter Institute at Oregon Health & Science University (OHSU), recently received two major honors.



Frederick S. Keller, M.D.

Cook Group, Inc., donated \$2.5 million to create the Frederick S. Keller Chair of Interventional Radiology Endowment Fund. Dr. Keller is the only practicing physician at OHSU to have an endowed chair established in his name. **John A. Kaufman, M.D.**, chief of vascular and interventional radiology, was chosen as the first Keller Professor.

Dr. Keller was also recently named a distinguished fellow of the Cardiovascular and Interventional Radiological Society of Europe (CIRSE). He's only the second American to receive such an award.

Global Marketer Joins VirtuRad

Douglas George is the new vice-president for sales and marketing for VirtuRad, Inc., a digital radiography company based in Phoenix. George previously worked for Mitek Worldwide, a division of Ethicon.

IN MEMORIAM:

Milton Elkin, M.D.

Milton Elkin, M.D., RSNA's 1981 president, died October 31 from complications of Alzheimer disease. He was 89.



Milton Elkin, M.D.

Dr. Elkin was the founder and chairman of the radiology department at Albert Einstein College of Medicine in New York, where he remained for more than three decades.

He graduated Phi Beta Kappa from Harvard Medical School in 1937 and earned his medical degree from Harvard in 1941. During World War II he served as a flight surgeon in the United States Air Force, and later worked at medical centers in Boston and Los Angeles.

He was president of the New York Roentgen Society and was a consultant to the Armed Forces Institute of Pathology and to the National Board of Medical Examiners. He was a gold medal recipient of the American College of Radiology.

In 1995, Dr. Elkin said: "RSNA is the best radiologic society in the universe. ... When you work for RSNA, you're not contributing your time, you are gaining—gaining knowledge and meeting wonderful people."

IN MEMORIAM:

Hal O. Anger, B.S., D.Sc.

Nuclear medicine pioneer **Hal O. Anger, B.S., D.Sc.**, credited with inventing the gamma camera, also died October 31. He was 85.

Anger earned an electrical engineering degree in 1943 from the University of California, Berkeley. During World War II, he worked to develop technology to jam enemy radar. After the war, Anger returned to Berkeley to work at the Ernest O. Lawrence Radiation Laboratory, where researchers were exploring the medical and therapeutic uses of radiation.

His gamma camera, developed in the 1950s, produces an



Hal O. Anger, B.S., D.Sc.

image of the metabolic processes that take place within organs and cells, capturing the disease process in action rather than depicting the anatomical changes that accompany a disease. Anger's inventions brought the diagnostic techniques made possible by the tracer principle into widespread use, and his instruments are still in common use today, for diagnosing cancer, metabolic disorders and heart disease.



Send your submissions for *People in the News* to rsnanews@rsna.org, 1-630-571-7837 fax, or *RSNA News*, 820 Jorie Blvd., Oak Brook, IL 60523. Please include your full name and telephone number. You may also include a non-returnable color photo, 3x5 or larger, or electronic photo in high-resolution (300 dpi or higher) TIFF or JPEG format (not embedded in a document). *RSNA News* maintains the right to accept information for print based on membership status, newsworthiness and available print space.

New NIH Program Will Bolster Translational Research

THE National Institutes of Health (NIH) has launched a novel, multimillion-dollar grant program to support translational research units within academic health centers—a “home” for those who previously have clung to narrow perches between the basic and clinical sciences.

With a more defined academic home, researchers from different fields, including radiology, will be able to focus on knowledge and skills specific to translational research, earn advanced degrees and find a clear path to promotion and tenure, according to the vision put forward by NIH Director Elias A. Zerhouni, M.D.

“Translational research is an intellectual discipline in itself now,” Dr. Zerhouni said in an interview with *RSNA News*. “It does require different modes of thinking than in clinical research or basic research.”

Known as Clinical and Translational Science Awards (CTSAs), the grants are expected to total \$30 million in 2006 and will go to just four to seven applicants in the first year. But the number of awards will increase annually and, by 2012, NIH could be providing \$500 million a year to 60 CTSAs.

Another \$11.5 million will support 50 planning grants in 2006 to help institutions prepare to apply for a full CTA.

The new departments (which could also be academic centers or institutes) are envisioned as interdisciplinary rather than multidisciplinary, Dr. Zerhouni said, and that distinction is important: multidisciplinary efforts



Elias A. Zerhouni, M.D.
National Institutes of Health



Barbara M. Alving, M.D.
National Center for Research Resources

bring together different specialists who cooperate—as on a football team—but interdisciplinary “is when you bring people from different fields of science and they create a new field of science.”

We need new generations of radiologists who are given the ability to interact with other disciplines, who are given the ability to be creative and are protected from clinical pressures.

Elias A. Zerhouni, M.D.

The new field of translational research could be a comfortable one for many radiologists. Examples of research that could be supported, according to the request for applications (RFA), include translational technologies and resources such as mass spectrometry, imaging, ultrasound and positron emission tomography.

The RFA also cites the need for “new phenotyping methods that are more objective and quantifiable biomarkers for research purposes,” already a familiar goal to quantitative imaging researchers. In fact, radiologists have a

unique opportunity in this area of translational research, said Dr. Zerhouni, himself a radiologist and former chair of the radiology department at Johns Hopkins University Medical School in Baltimore.

“One of the things missing now is research on the presence of quantitative, objective measures of phenotype,” he said. Phenotypes are observable traits or characteristics, such as hair color, weight or the presence or absence of a disease. Phenotypic traits are not necessarily genetic.

“It’s easy to get the genotype ... but it’s hard to connect that to the evolution of disease in a patient. And it’s hard to see where you could do this without imaging,” Dr. Zerhouni continued, adding that 10 years from now, “the radiologist will be a major phenotyper.”

Imaging researchers who are part of the new translational research departments will find themselves working

Continued on next page

Continued from previous page

with scientists from diverse disciplines. Fields and areas of expertise mentioned as examples in the RFA include medicine, surgery, dentistry, nursing, pharmacology, proteomics and gene expression, biomedical informatics, biostatistics, patient communication and community partnerships.

“We believe the CTSA program will lower barriers and foster productive interdisciplinary collaborations. This interaction among investigators should spark creative new approaches that will speed the translation of basic discoveries into treatments that benefit patients,” said Barbara M. Alving, M.D., acting director of the National Center for Research Resources (NCRR). NCRR, a part of NIH, will administer the new program.

NIH Roadmap

Multidisciplinary and interdisciplinary research is also a recurring theme in the broader NIH Roadmap for Medical Research, an overarching strategic plan launched two years ago to respond to changing realities in medical research. The roadmap, Dr. Zerhouni said, is fundamentally a response to the complexity of biological systems at the molecular level.

“Complexity is the number one theme of the roadmap,” he said. “How can we address and understand the complexity of biological systems in a way that will allow us to be much more effective in medical care?”

At a practical level, the roadmap’s answer to that question is a series of initiatives funding research in three main areas. The first, called **New Pathways to Discovery**, supports the development of tools and strategies to understand more about molecular events that lead to disease. These include, for example, imaging probes for molecular and cellular events and nanotechnology devices capable of viewing and interacting with basic life processes. Initiatives in this area include a comprehensive trans-NIH imaging probe database

and a core synthesis facility to produce imaging probes.

The second, called **Research Teams of the Future**, focuses on multidisciplinary and interdisciplinary research and the need for scientists to move beyond the confines of their own fields.

The third Roadmap area, **Re-engineering the Clinical Research Enterprise**, is “undoubtedly the most challenging but critically important area identified through the NIH roadmap process,” according to the NIH fact sheet about the Roadmap.

In addition to the CTSA, initiatives in this area support clinical research networks, encourage the development of technologies to improve the assessment of clinical outcomes, harmonize regulatory processes, and enhance training for clinical researchers.

Encouraging Imaging Research

The roadmap also aims to address the barriers that are discouraging physicians from devoting careers to research. These barriers were highlighted in the September 21 issue of the *Journal of the American Medical Association (JAMA)*, a theme issue on trends in medical research, in which several authors discussed the dwindling number of physician-scientists.

“Medical schools and teaching hospitals must find ways to overcome the numerous obstacles known to discourage young physicians from pursuing careers in clinical and translational research,” wrote Jordan J. Cohen, M.D., and Elisa K. Siegel, A.B., of the Association of American Medical Colleges.

The obstacles they identified include the increasing demand for clinical

faculty to provide patient care services and the decreasing support from institutions to offset foregone clinical income.

In radiology as well as other fields, Dr. Zerhouni said these are important obstacles. “We need new generations of radiologists who are given the ability to interact with other disciplines, who are given the ability to be creative and are protected from clinical pressures,” he said, adding that the RSNA Research & Education Foundation helps give young radiologists this ability and “is one of the most important things RSNA can do.”

RSNA Research & Education Foundation

The Foundation provides grants to radiologists early in their careers, often in the form of salary support, to free them to devote time to research. These grants are instrumental in preparing young investigators to win future funding from NIH and other sources, said R. Nick Bryan, M.D., Ph.D., the 2005 chair of the Foundation’s Board of Trustees. For every dollar of RSNA

Foundation funding, recipients eventually receive about nine dollars of outside funding, most of it from NIH.

The Foundation’s grants could assume even more importance as the freedom to pursue a career in translational research increases, said Dr. Zerhouni. “Hopefully, if

we are successful with the CTSA, there will be a place where they can go and get a degree or training and mentoring and have the ability to do translational research in a much more structured way,” he said. □



■ For more information about the Clinical and Translational Science Awards, go to www.ncrr.nih.gov/clinicaldiscipline.asp. To read the abstracts from the Medical Research—State of the Science theme issue of *JAMA*, go to jama.ama-assn.org/content/vol294/issue11/index.dtl. For more information on RSNA Research & Education Foundation grants, go to RSNA.org/foundation.

RSNA Research & Education Foundation Issues 25th Anniversary Challenge

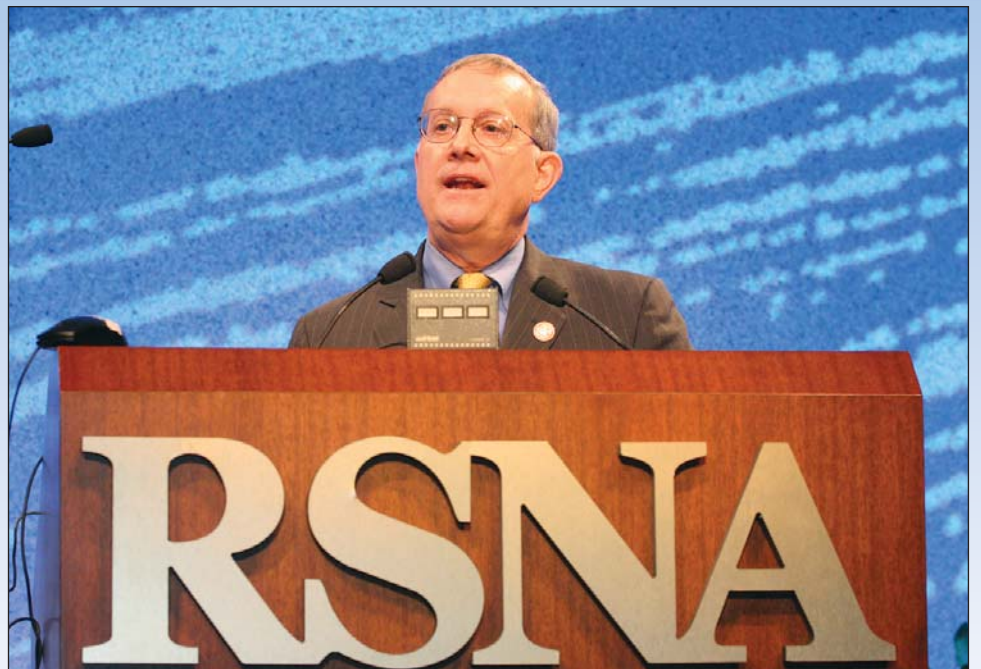
FOUR YEARS from now, the RSNA Research & Education Foundation will celebrate its 25th anniversary. The chairman of the R&E board of trustees announced plans for the Silver Anniversary Campaign during the annual state-of-the-Foundation address at RSNA 2005.

Supported by a high-tech video presentation, R. Nick Bryan, M.D., Ph.D., set the goal of raising \$15 million by 2009. "As you know, the RSNA R&E Foundation's mission is to improve patient care by supporting research and education in radiology and related scientific disciplines. The Foundation is launching its 25th anniversary campaign with the theme of 'Look Forward...Give Back,'" he said.

Dr. Bryan said he hopes all RSNA members will participate in this campaign. "Over the next four years, we will be asking you to reflect on the past, consider where we are in the present and imagine the future. As you 'look forward' to the discoveries that will fuel your practice and our profession and improve diagnosis and treatment for our patients, we believe you will indeed be inspired to 'give back' to fund future research," he added.

Commemorative blue wristbands were available at the Foundation pavilion for a \$5 donation. By the end of the week, the Foundation had distributed more than 2,000 wristbands.

Since 1984, the Foundation has awarded \$21.5 million in grants and



R. Nick Bryan, M.D., Ph.D., chairman of the RSNA Research & Education Foundation Board of Trustees, announced the Foundation's goal is to raise \$15 million by 2009.

scholarships to 530 recipients. More than 80 of the grant recipients joined Dr. Bryan on stage to celebrate the Foundation's 21-year history of funding radiology's future.

As the grant recipients filled the stage, Dr. Bryan said: "The people I am about to introduce have proven over and over again that there are many more things to be invented, discovered and imagined. What opens the future to these unlimited possibilities? Research. Well-designed, precisely executed and carefully analyzed research. That's our mission."

For the 2005-2006 grant cycle, the

Foundation awarded more than 30 new and continuing grants. Research topics include non-invasive evaluation of fetal lung maturity by MR, and education grant programs have supported a World Wide Web-based project to develop a physics teaching file for radiology residents and an initiative for ultrasound training in Latin America.

Dr. Bryan said awards from the R&E Foundation often lead to larger grants. "For every dollar a grant recipient has received, they have received nine more dollars in grant money from other funding resources. So our funding has indeed been seed money to encourage exponential growth," he said.

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The Gray Journal Gets Color

SINCE 1923, the medical imaging community has relied upon *Radiology* for high-quality research and other important professional information. When you receive your January issue, there will be a bonus. In addition to the traditional cutting-edge science and state-of-the-art reviews, the journal will have a new look that includes a lot more color on both the cover and the interior pages.

Known as the “Gray Journal” because of its gray cover, the “new gray” cover is still gray but also includes a custom blue-green color, medical images that reflect original research appearing in that particular issue, and a new interior layout developed to facilitate reading.

In the January issue, the cover images are whole-body 3D FLASH MR angiography images from the article, “Atherosclerotic Disease: Whole-Body Cardiovascular Imaging with MR System with 32 Receiver Channels and Total-Body Surface Coil Technology—Initial Clinical Results,” by Michael Fenchel, M.D., and colleagues from Eberhard-Karls-University in Germany.

“The redesigned journal has a combination of sophistication and accessibility, and I am especially pleased to see images on the cover of the world’s foremost diagnostic imaging journal,” said Hedvig Hricak, M.D., Ph.D., RSNA Board liaison for publications and communications.

The decision to change the look of *Radiology* stemmed from a readership survey. “Although everybody found the journal to be useful from an academic and clinical perspective, they did note some difficulties finding their way



The January cover of *Radiology* features whole-body 3D FLASH MR angiography images. Each issue will display medical images reflecting original research from that particular issue.

through the journal,” explained John Humpal, M.A., managing editor of *Radiology*. “The pages could be dense and hard to read. Now they are much more inviting.”

Following analysis of the survey responses, a staff committee was formed, a wish list was developed and several outside design firms provided design concepts. The firm selected was Brier-ton Design from Northbrook, Ill.

In addition to the custom color and medical images on the cover, the interior pages have a new typeface, more white space and include more landmarks so that certain types of articles are easier to find. Each article will have

a black bar on the first page that lists the type of article, such as original research or review, and the subspecialty, such as thoracic imaging or neuroradiology.

Radiology Editor Anthony V. Proto, M.D., said the ease of navigation is his favorite part of the new look. “That is the reason why we decided to redesign the journal in the first place—to better display the contents of *Radiology* for our very busy readers so that they can navigate through the contents in a much more efficient manner,” he said.

A new two-level table of contents will help separate comments, letters to the editors and editorials from the reviews and original research. These visual separations may lead readers to discover other aspects of the journal.

*The design is now
as innovative as
the content.*

Hedvig Hricak, M.D., Ph.D.

Articles labeled for easier navigation through the journal

New, low-gloss paper stock

Improved typography

More white space

Custom second color throughout

ORIGINAL DESIGN: GASTROINTESTINAL IMAGING

Macario Kilian, MD, PhD
Hui Lohan, MD, PhD
Farid Moustafa, MD, PhD
Sofia Kiri, MD, PhD
Mashin Tadesse, MD, PhD
Hanaa Salim, MD, PhD
Shamir Higgins, MD, PhD
Hisham Al-Maliki, MD, PhD
Shih-Yuh Juang, MD, PhD

Types and Frequencies of Biliary Tract Variations Associated with a Major Portal Venous Anomaly: Analysis with Multi-Detector Row CT Cholangiography¹

Purpose: To retrospectively determine whether major portal vein variations were more frequently associated with biliary tract variations, with consideration of the types and frequencies of biliary tract variations in the right and left liver lobes.

Materials and Methods: Before undergoing computed tomographic (CT) cholangiography, patients gave advanced consent. The retrospective research protocol was approved, and informed consent was waived by the ethics committee. Eighty-four patients aged 29–80 years who underwent multi-detector row CT cholangiography had major portal vein variations in which the main portal vein diverged into the common trunk of the left portal vein and right anterior superior portal vein. One hundred fifty-eight consecutive patients aged 20–99 years who did not have this variation served as the control group. Three radiologists retrospectively evaluated the contrast pattern of the bile duct, the relationship between this pattern and the portal vein, and the major branching pattern of the portal vein. Pearson χ^2 and Fisher exact tests were performed to identify significant differences between the two patient groups.

Results: The classic bilio-venous pattern, where the right posterior superior portal vein courses superiorly with the right anterior superior portal vein, was less frequent in the patients with the portal vein variations than in the control subjects (62% vs 25%, $P < .05$). The following biliary tract variations were identified more frequently in the variation group than in the control group ($P < .05$): right posterior superior duct joining left hepatic duct with a longitudinal course (24% vs 12%), right posterior superior duct joining right anterior superior duct with an independent course (13% vs 4%), right posterior superior duct following an independent course (22% vs 9%), and left lateral superior ducts, usually in the medial position of the portal vein (14% vs 3%). The right hepatic duct, which receives all biliary ducts from the right lobe, was significantly less frequently developed in the variation group (8% vs 20%, $P < .02$). In addition, independent bile ducts were present in four patients with the portal vein variations ($P < .01$).

Conclusion: Bile duct configurations in patients with portal vein variations were significantly different from those in control subjects.

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GASTROINTESTINAL IMAGING: CT Cholangiography of Biliary Tract Variations
Kilian et al

Using liver surgery, treatment of the bile ducts at the porta hepatis is a critical step in avoiding postoperative bile leakage and emptying of the residual liver and/or the graft. For avoiding these complications, greater knowledge of the bile duct anatomy in individual cases has great importance. Although numerous biliary tract variations have been reported, they can be classified into four major categories: (a) variations in the configuration of the right liver bile ducts with the left hepatic duct (LHD) (1–10); (b) variations in the course of the right posterior-superior duct (RPSD) formed by the junction of the right ducts of hepatic segments VI and V₁, respectively, in relation to the right anterior superior trunk of the portal vein; that is, the RPSD running on its superior (cranial) or inferior (caudal) side (11–19); (c) variations in the configuration of the left bile ducts (L, L₁, L₂, L₃); and (d) variations in the course of the left lateral superior ducts running cranially or caudally to the umbilical portion of the portal vein (10,18,20).

Major variations in the pattern of the portal vein at the porta hepatis also are well known and include divergence of the common portal vein into the common trunk of the left portal vein and right anterior superior portal vein (hereafter referred to as portal vein variations) (11–13). Reported frequencies of the variations range from 0.0% to 11.1% (6,10,12).

Although the spatial relationship between the bile duct and the portal vein (Fig 1), the intragastric course of the RPSD, has been studied, there have been few reports on the association between portal vein variations and biliary variations and the frequency of each type of biliary variation.

In studies involving the use of computer graphics, Hansen et al (2) and Lohan et al (3) suggested that the portal vein variations associated with major anterior duct bile duct variations, variations in the course of the right posterior-superior duct (RPSD) (4–6), and variations in the course of the left lateral superior ducts (L, L₁, L₂, L₃) (7–10) were associated with biliary variations. However, these reports were exploratory, and descriptions of the types and frequencies of these biliary variations remain unclear.

Cheng et al (8) studied the anatomy between portal vein and biliary system in cadavers by using conventional cholangiography. However, they focused their attention on left hepatic-

ing, whereas right bile duct placements are more commonly used in living donor liver transplantation programs (10), and the close relationship of the association in relation to right bile duct placements was not discussed in their study. Furthermore, in their study, they did not examine either the running course (superior or inferior) of the bile duct, which is crucial for surgical procedures focused on cholangiocarcinoma, or variations in the left bile ducts, which are important for left liver resection and graft placements. Thus, the purpose of our study was to retrospectively evaluate whether major portal vein variations were frequently associated with biliary variations, with consideration of the types and frequencies of biliary tract variations in the right and left liver lobes.

Materials and Methods

Study Subjects

Eighty-four consecutive patients with the portal vein variations (9.2%), who were identified from a group of 470 consecutive patients who underwent multi-detector row computed tomographic (CT) cholangiography between May 18, 2000, and July 16, 2003, were included.

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“If a reader is interested only in genitourinary radiology, the new design and headers might lead them to an article on genitourinary imaging in the pediatrics section,” said Humpal.

The online version of *Radiology* (RSNA.org/radiologyjnl) has also been updated to reflect the new look of the journal. The online functionality will be the same, but the new cover and color will be reflected throughout.

“The redesign has helped improve the accessibility and comprehensibility of the journal,” said Dr. Hricak. “The design is now as innovative as the content.”

From a production standpoint, the new design of *Radiology* has been a challenge but is worth the extra effort, according to Carol Douglas, assistant director of publica-

tions. “Form and function are still allies in that the new design enhances the text and still shows a flavor of something new,” she said.

During RSNA 2005, banners promoting *Radiology*'s new look were scattered throughout McCormick Place. The *Radiology* editorial office and

RSNA Services booths also distributed commemorative coasters.

“This is the most extensive redesign of *Radiology* in 25 years,” said Roberta E. Arnold, M.A., M.H.P.E, assistant executive director of publications and communication. “We wanted to mark this special occasion.”

The process from start to finish took about 18 months. An early version of the redesign was tested in focus groups at RSNA 2004 and then, based on comments received, further refinement was made. “It’s very exciting,” said Dr. Proto. “I can’t wait to see the completed product. The authors whose images we’ve chosen to place on the cover are very excited. We’ve developed excitement across many areas and we all can’t wait to see the finished piece.”



Managing Editor John Humpal, M.A., and Assistant Director of Production Carol Douglas scrutinize and approve the first cover of *Radiology* that displays the new design.

RSNA Visiting Professors Foster Teaching and Cultural Exchange in Brazil

IN TERMS OF teaching, my experience in Brazil was truly one of the highlights of my career," said William M. Thompson, M.D., one of three RSNA International Visiting Professors who went to Brazil in November to teach radiology residents in three cities and lecture at the 34th Brazilian Congress of Radiology in Brasilia, the nation's capital. "I've taught at meetings in other countries, but I found the whole experience in Brazil truly incredible."

Dr. Thompson's colleague at Duke University Medical Center, Erik K. Paulson, M.D., another visiting professor in Brazil this year, agreed. "The visiting professor program is wonderful. It was an incredible honor to participate and one of the highlights of my career," Dr. Paulson said. "It is a particular honor to be invited to someone else's country to give a series of lectures. I was especially impressed by the residents I taught at the São Rafael Hospital in Salvador, who were smart, well read and hungry for new knowledge."

Dr. Paulson is chief of abdominal imaging at Duke. Dr. Thompson is the Reed and Martha Rice distinguished professor of radiology there. The third International Visiting Professor to Brazil was David M. Yousem, M.D., professor of radiology, director of neuroradiology and vice-chairman of radiology for program development at Johns Hopkins Medical Institution, in Baltimore.

First established in 1986, the RSNA International Visiting Professor Program annually sends teams of North American professors to lecture at national radiology society meetings and



Erik K. Paulson, M.D. (right), lecturing at São Rafael Hospital in Salvador, Brazil.

radiology residency training programs at selected host institutions in developing nations. The RSNA Committee on International Relations and Education administers the program.

"The visiting professor program fosters teaching, a cultural exchange and builds bridges between North American departments and departments elsewhere in the world," Dr. Paulson said. "It helps satisfy some of the international missions of the RSNA. I think it's a small step toward enhancing the practice of radiology worldwide."

Dr. Yousem added: "It's a wonderful exchange program. It builds relationships, potential research collaboration and teaching experiences. A number of people asked me about my fellowship program and research opportunities in America. The more we can make the world flat and minimize differences between developing and developed countries, the better off we

will all be."

Dr. Yousem went first to Recife, in eastern Brazil on the Atlantic coast, where he lectured at state and federal hospitals and a medical school and toured imaging clinics. "My most popular and requested lecture was on the "Seven Habits of Highly Effective People" applied to academic medicine. I used the Stephen R. Covey model to illustrate how to build careers in academic radiology," he said. He also used a keypad audience response system to enhance his lectures and spread that teaching technique to Brazil.

He found that many of the imaging centers in Recife provided high-quality imaging services similar to what is available in North America while others were of lesser quality.

"Recife is relatively well developed and has a pretty mature radiology program," Dr. Yousem said. "The difference between there and here is that the

state-of-the-art imaging tends to be done in private clinics as opposed to the federal and state universities where there is not as much money available and they have lesser quality equipment. However, I would say the quality of the training for residents is outstanding.”

Dr. Paulson went to Salvador first, a large city south of Recife along the Atlantic coast. “Salvador was the most interesting part of the trip,” he said. “I spent three days in the radiology department at the São Rafael teaching hospital working with residents and attendings, reviewing cases, discussing a variety of radiology topics and lecturing. I also gave a lecture to the Bahia Radiology Society on pancreatic imaging and MDCT of acute appendicitis.”

He found that both the faculty and residents in Salvador were intelligent, inquisitive and well trained, providing a high level of radiology services, but that the national healthcare system was imperfect. “People don’t get into a hospital unless they have money or are dying,” he explained. “So I saw lots of end-stage disease and a different disease mix than I am accustomed to seeing, specifically tuberculosis and schistosomiasis.”

Dr. Thompson’s first stop was in Belem, north-west of Recife, located where the Amazon River reaches the Bay of Marajo. He lectured residents and conducted case conferences in basic gastrointestinal radiology at the Lobo Clinic, a state-of-the-art private facility. “I backed up my lectures to the residents with film conferences, and like most residents, I think they preferred the case conferences to the lectures,” he said.

The difference between there and here is that the state-of-the-art imaging tends to be done in private clinics as opposed to the federal and state universities where there is not as much money available and they have lesser quality equipment.

David M. Yousem, M.D.

about 1,500 attendees. “My talks contained a significant amount of radiographic-pathologic correlation and were well received. I don’t think they get a lot of that kind of education there,” he said.

Dr. Yousem gave six lectures in



Erik K. Paulson, M.D., and Marcelo Benicio dos Santos, M.D. (center), with radiologists at São Rafael Hospital in Salvador, Brazil.

“I was just astounded by the hospitality I received in Belem,” he added. “The people at the clinic treated me like family. One of the Lobo brothers even took me flying in an ultralight airplane to tour the area. My host in Brasilia was much the same.”

All three visiting professors ended their visit to Brazil by lecturing at the Brazilian Congress of Radiology in Brasilia, which Dr. Thompson described as being like a “mini-RSNA annual meeting,” with

Brasilia over two days using the keypad audience-response system. “Radiologists came from all over Brazil for the meeting and I was able to do a lot of networking,” he said. “I also listened to their talks, and you could easily substitute some of their talks for talks given at RSNA. There were high-end lectures of good quality.”

Dr. Paulson summed up his experience by saying, “I learned that many of the day-to-day issues facing a busy radiology department are similar in Brazil. I also learned that many radiologic problems can be well assessed using limited imaging resources. The rewarding part of my experience was that the Brazilian people were extremely open, warm and inviting. In addition, I found Brazil to be a country of vast natural resources and incredible potential.”

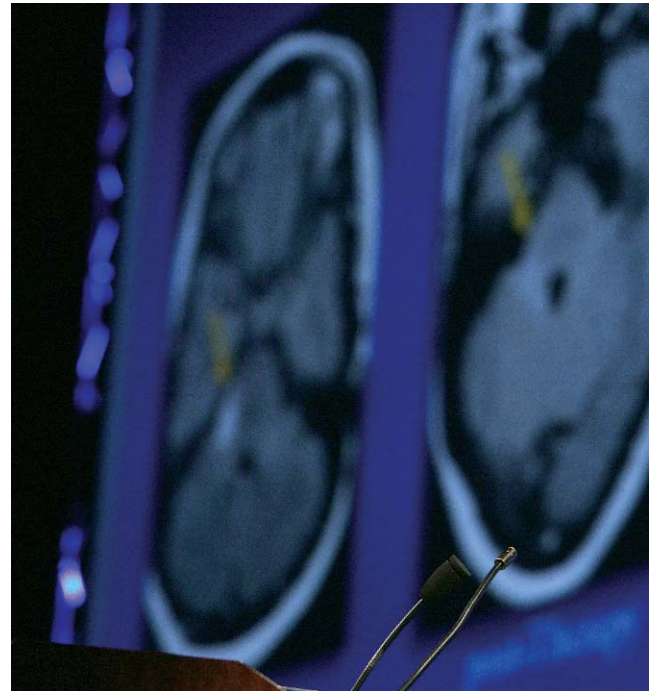
In 2005, RSNA also sent visiting professors to Sri Lanka, Thailand and Mexico. In 2006, visiting professors will travel to India, Malaysia, Chile and Lithuania. □

The RSNA Board of Directors has approved broadening the criteria for RSNA International Visiting Professors (IVPs) to include qualified members in developed countries. Those interested should contact the RSNA Committee on International Relations and Education at CIRE@rsna.org or complete the application found online at RSNA.org/International/CIRE/ivpp.cfm.

Qualified applicants will be listed in a database of international speakers from which IVPs are matched to host societies.

A Look Back at RSNA 2005

THE February, March and April issues of *RSNA News* will include additional coverage of some of the scientific sessions at RSNA 2005. Topics will include the visual acuity of radiologists, turf battles over vascular ultrasound, cognitive function changes following coronary artery stenting, molecular imaging and cancer prevention, and radiation safety.

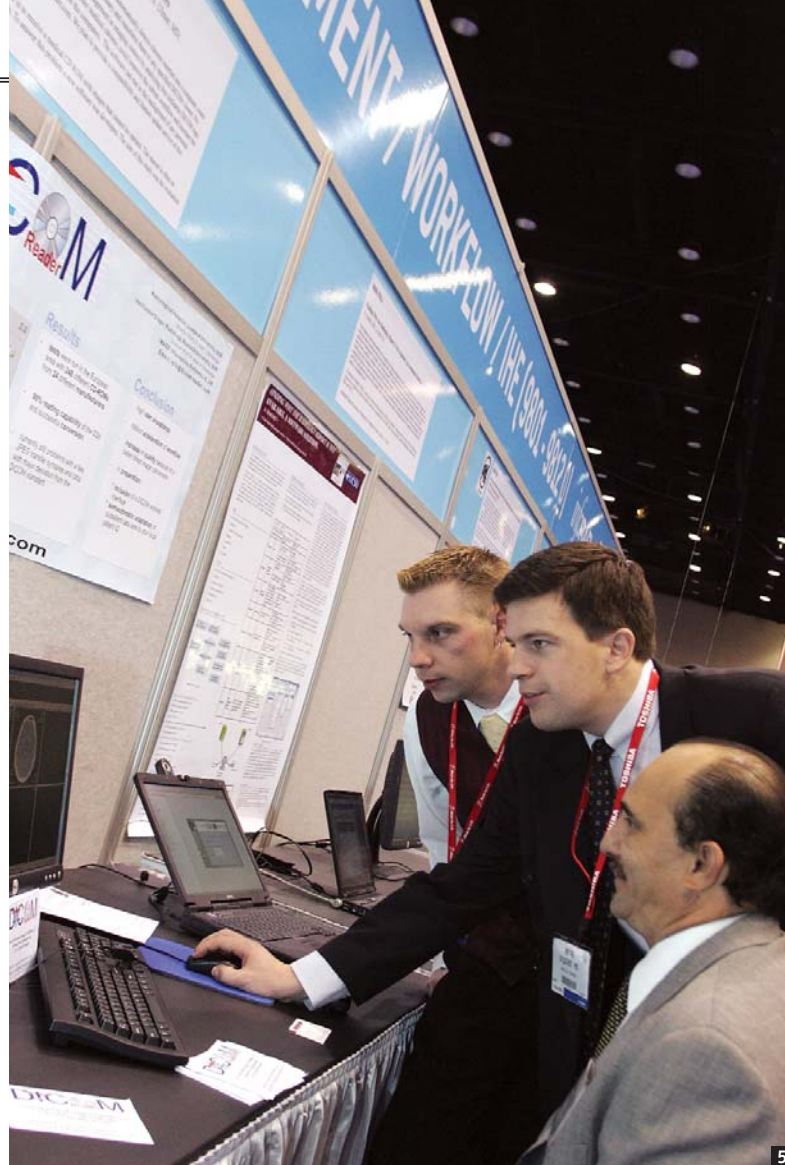




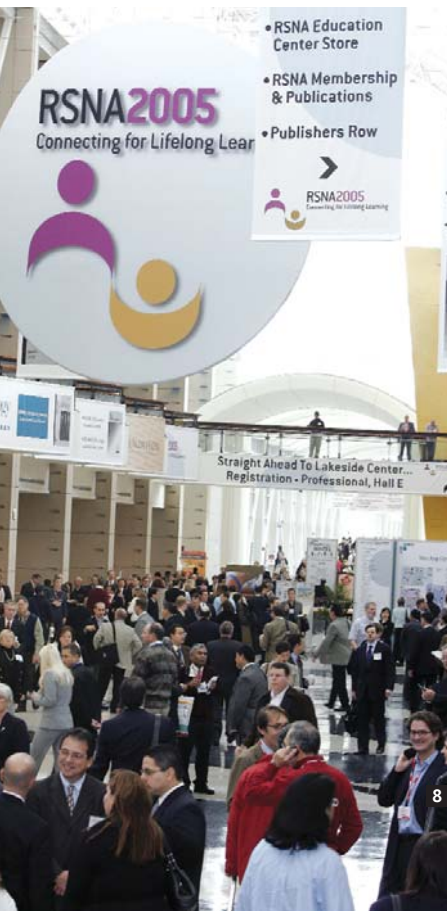
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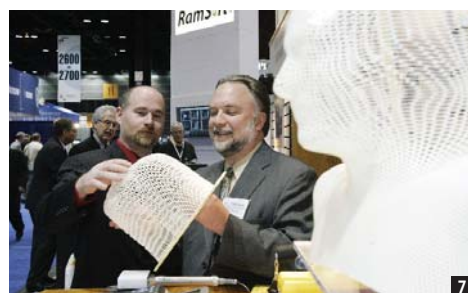
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7

Meeting Moments

(clockwise from left)

1. Attendees displayed their R&E Foundation commemorative wristbands.
2. A capacity crowd participated in a case-based review course.
3. Lawrence H. Schwartz, M.D., presented the New Horizons Lecture on the emerging roles and challenges in imaging in drug discovery.
4. Technical exhibitors spent one-on-one time with the attendees.
5. The *infoRAD* area provided a forum for hands-on discovery.
6. Attendees took advantage of the WiFi zone near the R&E pavilion.
7. Technical exhibitors showcased company products and services.
8. The Grand Concourse connected all three buildings of McCormick Place.
9. A portrait of Wilhelm Konrad Roentgen made from x-ray film from the "scrap film" bin at Eastern Virginia Medical School.
10. McCormick Place
11. The new Digital Mammography and Self-Assessment Workshop offered immediate feedback to participants.
12. About 300 computers were dedicated to electronic scientific posters and education exhibits.

Journal Highlights

The following are highlights from the current issues of RSNA's two peer-reviewed journals.

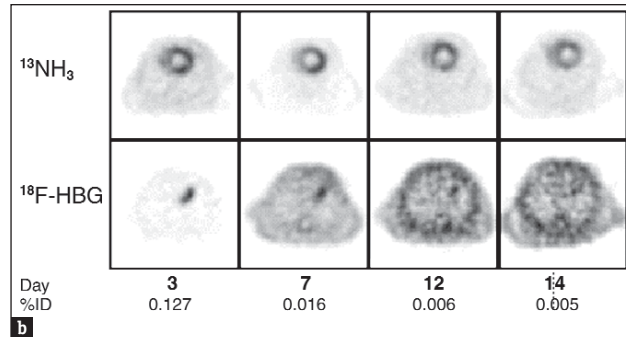
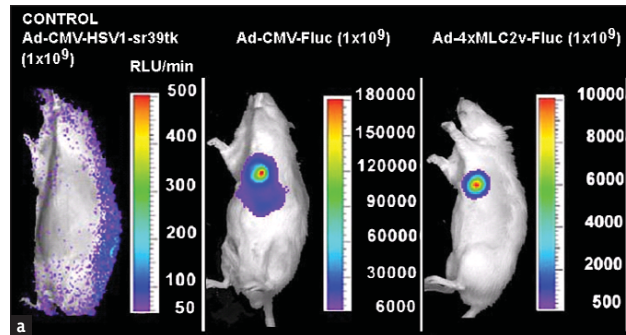
Evolving and Experimental Technologies in Medical Imaging

NEW TECHNOLOGIES, such as molecular imaging and optical imaging, have the potential to enhance existing imaging modalities. In combination with nanotechnology, biotechnology, bioinformatics and new forms of computational hardware and software, these new technologies also may lead to novel approaches to clinical imaging.

Radiology

In a special review in the January issue of *Radiology* (RSNA.org/radiologyjnl), Anthony B. Wolbarst, Ph.D., from Georgetown University Medical School in Washington, D.C., and William R. Hendee, Ph.D., from the Medical College of Wisconsin in Milwaukee, provided a brief overview of the current state of image-based diagnostic medicine and offer comments on the directions in which some of its subfields may be heading.

The article also includes "Essentials" or high-



Biomolecular imaging.

(a) Optical bioluminescence imaging of cardiac gene delivery shown on charge-coupled device optical images of three rats injected (directly into the lateral wall) with control adenovirus. (b) Serial transverse PET images of reporter gene expression in a rat as function of time in days after dose injection.

(*Radiology* 2006;238:16-39)
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lighted points to help busy readers recognize important information at a glance.

Videofluoroscopy and Swallowing Studies for Neurologic Disease: A Primer

MANY PATIENTS with neurologic impairment due to stroke, multiple sclerosis, trauma, bulbar palsy and other disorders have difficulty swallowing.

RadioGraphics

Videofluoroscopic swallow studies are essential for determining the details of oropharyngeal swallow dysfunction and for guiding decisions regarding behavioral swallow therapy.

In an article in the January-February issue of *RadioGraphics* (RSNA.org/radiographics), Julia Gates, M.D., from Boston Veterans Administration Medical Center, and colleagues:

- Describe the indications for videofluoroscopic swallowing studies in the evaluation of patients with neurologic conditions affecting swallowing



This online-only article includes 16 AVI movie files of cine studies, such as the one at left, depicting everything from normal swallow to lateral medullary syndrome to Parkinson disease.

- Describe the techniques for evaluating the swallow mechanism with videofluoroscopy in a standardized manner
- Use cine videofluoroscopy to illustrate the range of abnormalities that can be demonstrated for

some of these conditions and discuss the effect of patient treatment

Program and Grant Announcements

NEW!

Exploratory Grants for NIBIB Quantum Projects

Letters of Intent Receipt Date: January 20

Application Receipt Dates: February 21

The National Institute of Biomedical Imaging and Biomedical Engineering (NIBIB) is accepting applications for exploratory grants for its quantum projects.



The long-term goal of the Quantum Program is to make a profound (quantum level) advance in healthcare by funding research on targeted projects that will develop new technologies and modalities for the prevention, diagnosis and treatment of disease. Investigators who receive

a grant award in this exploratory phase will be invited to submit an application for the second phase of a project.

For more information, go to grants.nih.gov/grants/guide/rfa-files/RFA-EB-06-001.html.

NEW!

Transdisciplinary Conference on Distributed Diagnosis and Home Healthcare

April 2–4 • Crystal Gateway Marriott, Arlington, Va.

THE Biotechnology Council, of which RSNA is a member, is sponsoring the Transdisciplinary Conference on Distributed Diagnosis and Home Healthcare (D₂H₂), April 2–4, in Washington, D.C. The conference will bring together industry, academia and government leaders to discuss the current status, important components/ingredients, enabling technologies and policies for future distributed home healthcare delivery.

Topics include:

- Point-of-care diagnostics and monitoring/screening devices
- Portable/wearable/implanted sensors and devices
- Telemedicine
- IHE, integration and interoperability.

The deadline for early registration is February 20, 2006. For more information, go to icsl.ee.washington.edu/d2h2.

BIROW 4

February 24–25 • Bethesda North Marriott Hotel & Conference Center, North Bethesda, Md.

REGISTRATION is under way for the fourth Biomedical Imaging Research Opportunities Workshop (BIROW 4). The goal of the workshop is to identify and explore new opportunities for basic science research and engineering development in biomedical imaging, as well as related diagnosis and therapy.

This year's topics include:

- Instrumentation for Rodent Research
- Role of Imaging in Drug Development
- Imaging of Chronic Metabolic Disease: Diabetes
- Image-Guided Therapy in the 4th Dimension—Time

AMA PRA category 1 continuing medical education (CME) credits and medical physics continuing education credits (MPCEC) are available. For program information or to register, go to www.birow.org.

BIROW 4 is sponsored by RSNA, Academy of Radiology Research, American Association of Physicists in Medicine, American Institute for Medical and Biological Engineering, and Biomedical Engineering Society.



**Biomedical
Imaging
Research
Opportunities
WORKSHOP 4**

Clinical Residencies in Diagnostic Medical Physics

The American Association of Physicists in Medicine (AAPM) is offering two, two-year grants to institutions for partial support of a full-time clinical residency in diagnostic medical physics. The application deadline for these RSNA-sponsored grants is February 1, 2006.



For more information, go to www.aapm.org.

Working For You

New RSNA SAMs

RSNA has two new self-assessment modules (SAMs) to help members meet a key component of the American Board of Radiology's (ABR) maintenance of certification (MOC) requirements.

These online SAMs allow physicians to review articles from *RadioGraphics* and then answer 10–15 questions based on the articles. The questions are similar to those offered for continuing medical education (CME) credit.

At the end of the test, a score is provided that includes feedback on correct answers as well as incorrect answers. Information is also included about how the user's score compares with those of others who have completed the module.

SAMs are free for RSNA members; non-members must pay \$50 per SAM.

Self-Assessment Module: Imaging in Prostate Cancer (2005)

This online module is available for one SAM credit, and 2.5 category 1 CME credits.

Self-Assessment Module: The Pediatric Skull (2005)

This online module is available for one SAM credit, and 2.5 category 1 CME credits.

Other Available SAMs

- The Post-Operative Breast
- Imaging of the Acute Upper Abdomen
- Imaging of the Middle and Inner Ear
- Bone and Joint Masses
- Head, Neck and Intracerebral Malignancy
- Imaging of Adrenal Glands
- Thyroid and Parathyroid Scintigraphy
- Pediatric CNS Neoplasms

These SAMs are "qualified by the American Board of Radiology (ABR) in meeting the criteria for self-assessment toward the purpose of fulfilling requirements in the ABR Maintenance of Certification Program." Each SAM qualifies for 1 SAM credit in addition to CME credits.

For more information, call 1-800-381-6660 x3733 or go to RSNA.org/education.

NEW!

Graduated Dues for Members in Training

A new member rate structure takes effect this month for members in training who become eligible for active or associate member status. This new rate structure applies only to transitioning members.

Member in Training	\$0
1st year following training	\$100 (includes print and online journals)
2nd year following training	\$200 (includes print and online journals)
3rd year following training	Current full member rate (\$340 for 2006)

A similar rate structure applies for corresponding members in training.

For more information, contact the RSNA Membership & Subscriptions Department at membership@rsna.org.



RSNA 2005 Syllabi Available

The two new syllabi are available for purchase in print (with companion CD), CD-ROM only or online.

Categorical Course in Diagnostic Radiology: Breast Imaging

- 22 AMA PRA category 1 CME credits available

Categorical Course in Diagnostic Radiology Physics: Multidimensional Imaging Processing, Analysis, and Display.

To order, call 1-800-272-2920 or go to RSNA.org/education.

New R.A. Membership Categories

At a business session during RSNA 2005, members approved the inclusion of radiology assistants (R.A.s) and R.A.s in training. Applications for these new membership categories are available online at RSNA.org/Membership/apply.cfm.

If you have a colleague who would like to become an RSNA member, you can download an application at RSNA.org/mbrapp or contact the RSNA Membership and Subscription Department at 1-877-RSNA-MEM [776-2636] (U.S. and Canada), 1-630-571-7873 or membership@rsna.org.

Department of Publications: Editorial Services



(standing, from left)
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John Humpal, M.A., Managing Editor, Radiology
Dan Halibey
 (seated, from left)
Alyssa Popowitch
Chrystal Schmit

THE EDITORIAL services group of the Department of Publications is responsible for the understandability and usability of all scientific and educational materials that RSNA publishes, whether in print or online.

The group has two main directives:

- Ensure the material is clearly presented and can be understood by all readers, including non-radiologist physicians, basic science researchers, readers for whom English is not their native language, and medical or graduate students.
- Ensure the material is internally con-

sistent and usable by all readers by, for example, correlating information in the text with information in tables, figures, figure captions or test questions; presenting procedures or explanations in a logical order; and verifying that standard nomenclature is used consistently throughout.

The watchword of the editorial group, however, is “Be the author’s ally and the readers’ advocate.” The editors’ job is to add value to the authors’ work by making the message transparent and to accomplish this by serving as a potential reader of

the material.

The editorial services group includes a manuscript editor assistant, manuscript editors, senior manuscript editors, managing editors, and an assistant director. The Department of Publications reports to RSNA Assistant Executive Director for Publications and Communications Roberta E. Arnold, M.A., M.H.P.E.

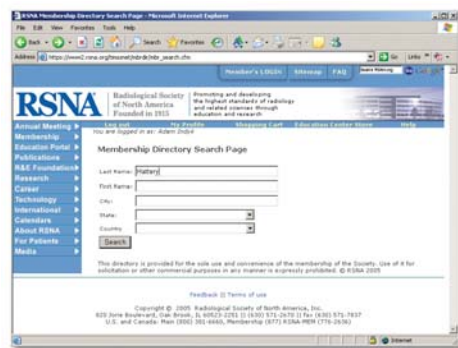
Working for you DEPARTMENT PROFILE

2006 RSNA Membership Directory

The printed RSNA Membership Directory is by request only. If you would like a copy, go to RSNA.org/requestdirectory by January 31, 2006, and enter your request.

You may also call 1-877-RSNA-MEM [776-2636] (U.S. and Canada), 1-630-571-7873 or send an e-mail to membership@rsna.org.

The online RSNA Membership Directory (RSNA.org/directory) is easy to use, is searchable by last name, first name, city, state or country, and is always up to date. A user name and password are required.



If you have a colleague who would like to become an RSNA member, you can download an application at RSNA.org/mbrapp or contact the RSNA Membership and Subscription Department at 1-877-RSNA-MEM [776-2636] (U.S. and Canada), 1-630-571-7873 or membership@rsna.org.

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 Online donations can be made at
RSNA.org/donate



More than 80 RSNA grant recipients joined Dr. Bryan on stage to celebrate the Foundation's 21-year history of Funding Radiology's Future.

RSNA Research & Education Foundation Issues 25th Anniversary Challenge

Continued from page 7

Support from Private Practice

One year ago, the Foundation launched the Visionaries in Practice (VIP) Program, which allows physician group practices to donate to the Foundation on an annual basis. Since then, 10 private practice groups have joined.

William T. Thorwarth Jr., M.D., the chairman of the Foundation's VIP program, said, "Not a day goes by that the radiologists in our practice are not using imaging techniques and new technologies that have been developed through supported research."

25 Questions

In the spirit of *Science* magazine's "125 Questions about Science," Dr. Bryan announced that the Foundation has decided to compile a similar list.

may include 'Can consciousness be imaged and characterized? Can artificial intelligence separate normal from abnormal screening examinations? In other words, can the computer replace the human eye?'



In honor of our upcoming 25th anniversary, we'll create radiology's list of 25 questions that will impel our research in biomedical imaging and radiation oncology.

R. Nick Bryan, M.D., Ph.D.

We look to you, the members of the radiology community, to help us imagine the future of imaging research," he said.

To learn more or to post a question, go to RSNA.org/25questions. The deadline is August 2006.

"In honor of our upcoming 25th anniversary, we'll create radiology's list of 25 questions that will impel our research in biomedical imaging and radiation oncology. Such questions

After that, the radiology community will select 25 questions through peer-review and at-large voting. The questions will be announced at RSNA 2006. □

■ Note: This article was based on a story appearing in the RSNA 2005 *Daily Bulletin*, available online at RSNA.org/bulletin.

Product News

NEW PRODUCT

Updated Laser Imager

Eastman Kodak Company (www.Kodak.com) has introduced a new version of its KODAK DRYVIEW 8900 Laser Imager.

DRYVIEW 8900 is faster and smaller than its predecessor. First time to print is now 25 percent faster, throughput is 20 percent faster and the footprint is smaller.



NEW PRODUCT

Stylish Antimicrobial Apparel

Doc's Duds (www.docduds.com) has launched a classically styled portfolio of antimicrobial lab coats for healthcare professionals.

"Our new product line represents the first synthesis of fashion and function using a state-of-the-art antimicrobial fabric for professional healthcare apparel," explained company founder and CEO Diana Trusky M.D.

The current line includes three lab coat designs for women (sizes 4 to 18), available in white, navy blue and khaki. For men (sizes 38 to 52), a single lab coat design is available in white.



NEW PRODUCT

CAD Solution for Colon Cancer

iMED® (www.i-medlab.com), an Italian company focusing on the development of advanced computer-aided detection (CAD) solutions, officially entered the market at RSNA 2005 by introducing its proprietary CAD solution for diagnosis of colon cancer using CT colonography.

iMED said its CAD Colon Solution is fast and precise, identifying 85 percent of polyps 5 mm or more in size.

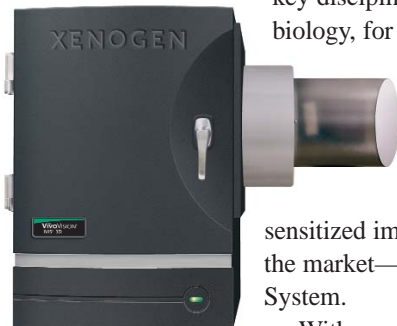
"We are very excited about our CAD Colon Solution," said company chairman Adriano Marconetto. "Our technology could open up a way for earlier and faster detection of colon cancer polyps, a key element to fight the second deadliest form of cancer worldwide. We are now working on extensive medical validation of this approach to colon cancer prevention and we are confident that through this process we can additionally improve the already excellent results of our CAD Colon Solution."

NEW PRODUCT

3D Imaging System

Xenogen Corporation (www.xenogen.com) has released the IVIS® Imaging System 3D Series, offering rotational axis imaging of bioluminescent and fluorescent light sources within living animal models.

Xenogen brings together a unique combination of two



key disciplines, physics and biology, for the practice of real-time in vivo imaging. This blend forms the genesis of one of the most highly sensitized imaging systems on the market—the IVIS Imaging System.

With an optomechanical design (patent pending), the IVIS 3D

Series provides eight imaging views about the longitudinal axis of the animal without physically rotating the animal or the charged-couple device (CCD) camera.

IVIS can help researchers better visualize, track and understand biological processes in living animals—noninvasively, in real time, and with far-reaching implications in oncology, infectious disease, metabolic disease and inflammatory disease research.

News about RSNA 2006

Submit Abstracts for RSNA 2006

THE ONLINE ABSTRACT submission system for RSNA 2006 is now available.

Abstracts are required for scientific papers, scientific posters, education exhibits and *infoRAD* exhibits.

To submit an abstract online, go to RSNA.org/abstracts. The deadline for abstract submission is April 15, 2006.

The online system is easy to use and makes it more efficient for the Scientific Program Committee to evaluate submissions.

For more information about the abstract submission process, contact RSNA at 1-877-776-2227 within the United States or 1-630-590-7774 outside of the United States.



Media Coverage of the Annual Meeting

FIFTEEN news conferences were held at RSNA 2005. Initial coverage includes prominent placements in both print and broadcast media. Notable tracked print placements include *Los Angeles Times*, *USA Today*, *Chicago Tribune*, *The Times* (London), *The Globe and Mail* (Canada), *U.S. News & World Report*, *Time* and *Investor's Business Daily*.

Broadcast coverage was extensive with stories televised nationally on CBS, NBC, ABC, FOX, CNN, CNN Headline News, Fox News Channel, MSNBC, CNBC, Telemundo, BBC and WGN-TV (Superstation). Programs carrying coverage of news conference topics included CBS Early Show, Lou Dobbs Tonight, Fox and Friends, Day-Side with Linda Vester, Countdown with Keith Olbermann The Tonight Show, Late Show with David Letter-



man, *The View*, *Late Night with Conan O'Brien*, *Jimmy Kimmel Live* and *The Daily Buzz*. Radio coverage included Voice of America, National Public Radio, ABC Radio Network, CBS Radio Network, Paul Harvey and *Imus in the Morning*.

Total broadcast and print placements thus far exceed 2,000.

The press conferences receiving the most attention are imaging studies of obesity's impact on intramuscular injections to the buttocks and caffeine's effect on short-term working memory.



RSNA | 2006
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**92nd Scientific Assembly and
Annual Meeting**
November 26–December 1, 2006
McCormick Place, Chicago

Important Dates for RSNA 2006

- April 15** Deadline for abstract submission
- April 24** RSNA/AAPM member registration and housing opens
- May 22** Non-member registration and housing opens
- June 19** Refresher course enrollment opens
- Nov. 10** Final advance registration deadline
- Nov. 26–
Dec. 1** RSNA 92nd Scientific Assembly and Annual Meeting

RSNA 2006 to Feature Image Sharing for EHRs

THE DRIVE to provide patient electronic health records (EHRs) is rapidly gaining momentum in the United States, Canada and worldwide.

Ensuring that medical images are part of the EHR and that radiologists can work efficiently in expanding health information networks has thus become a pressing challenge. The RSNA Board of Directors met at RSNA 2005 with the RSNA Electronic Communications Committee and announced a plan for a demonstration addressing this challenge at RSNA 2006.

The demonstration will display new ways defined by the Integrating the Healthcare Enterprise (IHE) initiative to share medical images and reports across care sites.

The U.S. Department of Health and

Human Services has launched a major program to implement EHRs and develop a national health information infrastructure. IHE is part of a coalition of groups working to harmonize standards for health information to make this project possible. The Canada government has also funded a program to deploy EHRs and infrastructure. Similar projects are at various stages of progress in countries throughout Europe and Asia.

The RSNA 2006 demonstration will show how medical images and other patient information can be exchanged between sites. It will be based on the IHE Cross-enterprise Document Sharing for Imaging (XDS-I) integration profile.

For more information, go to www.ihe.net or contact RSNA staff at ihe@rsna.org.



RSNA 2005 Attendance Surpasses 61,000

More than 61,000 people attended RSNA 2005 in Chicago. That's the second-highest attendance ever for the meeting. In 1996, attendance was 62,169. The final audited numbers will be released in the February issue of *RSNA News*.

RSNA 2006 Exhibitor News

RSNA 2005 Technical Exhibition Sets Two Records

THE TECHNICAL EXHIBITION at the RSNA annual meeting was the largest ever in terms of square footage and number of exhibitors. The 2005 exhibition comprised 718 exhibitors, including 130 first-time exhibitors, and spanned 489,359 square feet.

YEAR	EXHIBITORS	SQUARE FEET
2000	664	451,664
2001	636	445,825
2002	657	443,780
2003	668	444,250
2004	690	455,050
2005	718	489,359



Exhibitor Survey

RSNA 2005 exhibitors should have received their Exhibitor Survey. Please complete this survey and return it to RSNA. Exhibitor feedback is very important for the continued success of the annual meeting and improving the experience for all those attending the meeting.

Online Exhibitor List

Detailed information about the technical exhibitors at RSNA 2005 will be available online until September 2006.

Go to rsna2005.rsna.org and click on Exhibitor List on the right-hand side of the page. You can search by company name, category or keyword.

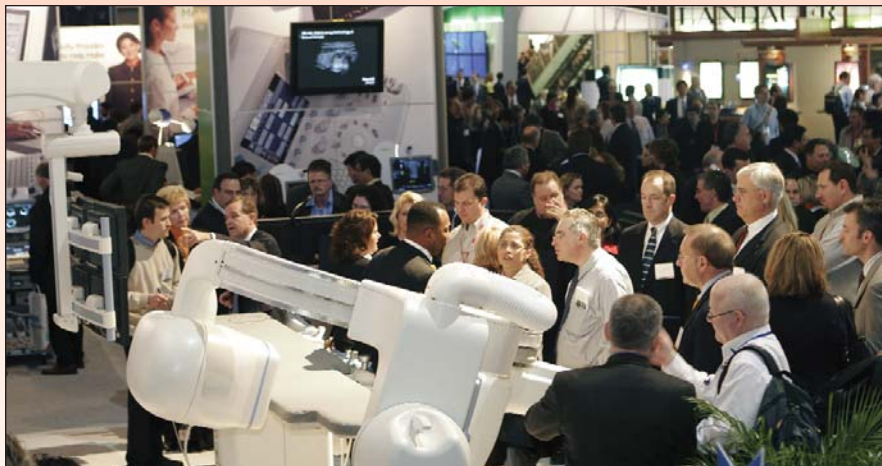
Important Exhibitor Dates for RSNA 2006

Feb. 28	Exhibitor Planning Meeting
April 13	Exhibitor Prospectus Mails
June 27	Exhibitor Planning/Booth Assignment Meeting
July 5	Technical Exhibitor Service Kit Available Online
Nov. 26– Dec. 1	RSNA 92nd Scientific Assembly and Annual Meeting

Exhibitor Meeting

All RSNA 2005 exhibitors are invited to attend the RSNA 2006 Exhibitor Planning Meeting on February 28 at Rosewood Restaurants and Banquets near O'Hare International Airport. The meet-

ing is intended to review RSNA 2005 and plan for RSNA 2006. More information will be sent to each exhibitor's official contact in mid-January.



92nd Scientific Assembly and Annual Meeting
November 26–December 1, 2006
McCormick Place, Chicago

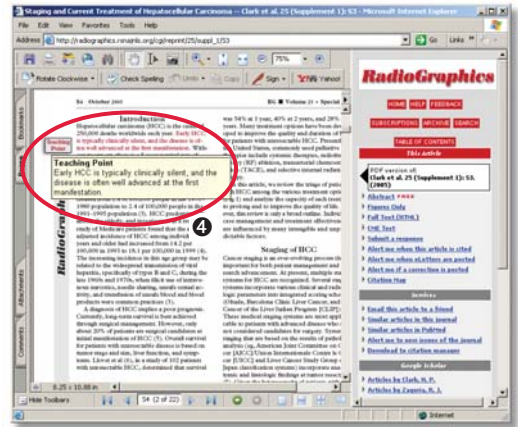
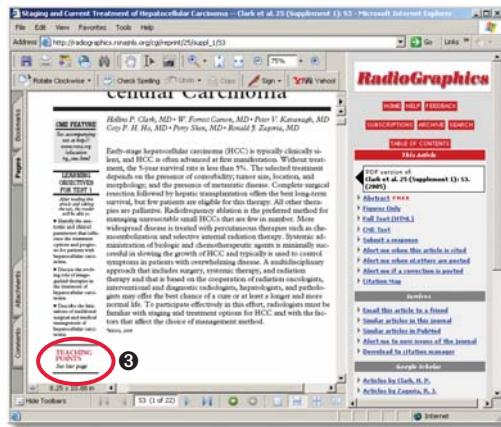
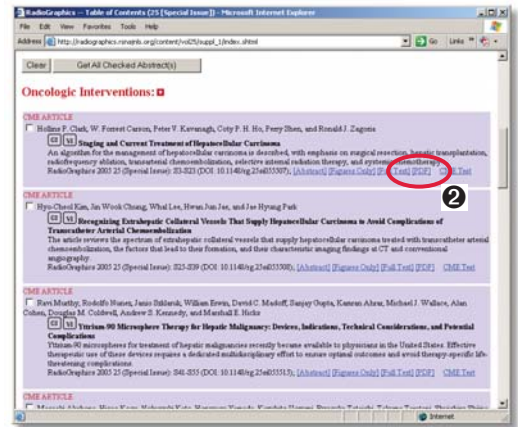
RSNA.org

Teaching Points in RadioGraphics

BEGINNING THIS month, every issue of *RadioGraphics* Online will include teaching points. To see how this works, go to RSNA.org/radiographics, choose the current issue ① and then choose the PDF version of any article ②.

You can view the teaching points two ways. One way is to click on the Teaching Points icon ③ at the bottom of the first page of the article. You'll get a list of all of the teaching points available. The second way is to mouse over the Teaching Points icon ④ within an article to see the point as it appears in the text.

The PDF with the Teaching Point icons and highlighted text can be printed for future reference. The printout includes the collected teaching points at the end of the article for a quick summary of the article's key concepts.

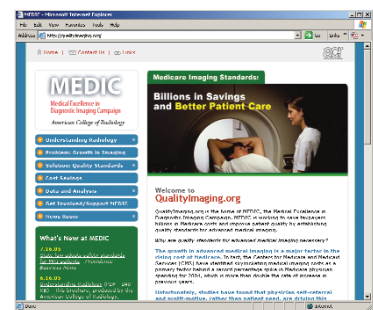


OTHER WEB NEWS

CR Quality Imaging Website

The American College of Radiology has launched a Web site for its Medical Excellence in Diagnostic Imaging Campaign (MEDIC). It can be found at QualityImaging.org.

The goal of MEDIC is to save taxpayers billions of dollars in Medicare costs and to improve patient quality by establishing quality standards for advanced medical imaging.



connections

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RSNA 2006
rsna2006.rsna.org

NEW
Abstract Submission for RSNA 2006
rsna.org/abstracts

Medical Meetings

February – May 2006

JANUARY 30–FEBRUARY 1

European Society of Gastrointestinal and Abdominal Radiology (ESGAR), 4th Hands-on Workshop on CT-Colonography, Roxburgh Hotel, Edinburgh, United Kingdom • www.esgar.org

FEBRUARY 1–5

Sociedad Mexicana de Radiología e Imagen (SMRI), 40th Annual Course of Radiology and Imaging, Sheraton Centro Histórico Hotel, Mexico City • www.smri.org.mx

FEBRUARY 24–25

4th Biomedical Imaging Research Opportunities Workshop (BIROW 4), Bethesda North Marriott, Bethesda North, Md. • www.birow.org

MARCH 3–7

European Congress of Radiology (ECR), ECR 2006, Austria Center Vienna • www.myeocr.org

MARCH 12–15

3rd International Conference on Translational Research (ICTR Congress) and Pre-Clinical Strategies in Radio-Oncology, Conference Center - Palazzo Congressi, Lugano, Switzerland • www.iosi.ch/icttr2006.html

MARCH 19–24

World Federation of Neuroradiological Societies (WFNRS), XVIII Symposium Neuroradiologicum, Adelaide Convention Centre, Adelaide, South Australia • www.snr2006.sa.gov.au

MARCH 23–26

American Institute of Ultrasound in Medicine (AIUM), 2006 Annual Convention, Marriott Wardman Park, Washington, D.C. • www.aium.org

MARCH 25–29

Academy of Molecular Imaging (AMI), 2006 Annual Conference, Gaylord Palms Resort & Convention Center, Orlando • www.ami-imaging.org

MARCH 30–APRIL 4

Society of Interventional Radiology (SIR), 31st Annual Scientific Meeting, Metro Toronto Convention Center, Ontario, Canada • www.sirweb.com

APRIL 2–4

Transdisciplinary Conference on Distributed Diagnosis and Home Healthcare, Biotechnology Council, Crystal Gateway Marriott, Arlington, Va. • icsl.ee.washington.edu/d2h2

APRIL 4

Molecular Biology for Imagers, National Institutes of Health (NIH)/Association of University Radiologists (AUR), Hilton Austin, Texas • www.aur.org

APRIL 5–8

AUR 54th Annual Meeting, Hilton Austin, Texas • www.aur.org

APRIL 7–9

Japan Radiological Society (JRS), 65th Annual Meeting, Yokohama, Japan • www.radiology.or.jp/english/index.html

APRIL 10–12

International Electronic Portal Imaging Workshop, EPI2K6, Carlton Crest Hotel and Conference Centre, Melbourne, Australia • www.epi2k6.org.au

APRIL 20–23

São Paulo Radiological Meeting, ITM Expo Convention Center, São Paulo, Brazil • www.spr.org.br

APRIL 27–30

Society for Computer Applications in Radiology (SCAR), Annual Meeting, Hilton Austin Hotel & Austin Convention Center, Texas • www.scarnet.org

APRIL 28–30

American College of Radiology (ACR), National Conference on Breast Cancer, Manchester Grand Hyatt, San Diego • www.acr.org

APRIL 29–MAY 5

American Society of Neuroradiology (ASNR), 44th Annual Meeting, San Diego Convention Center, Calif. • www.asnr.org

APRIL 30–MAY 5

American Roentgen Ray Society (ARRS), 106th Annual Meeting, Vancouver Convention and Exhibition Centre, British Columbia, Canada • www.arrs.org

MAY 6–12

International Society for Magnetic Resonance in Medicine (ISMRM), 14th Scientific Meeting & Exhibition, Washington State Convention & Trade Center, Seattle • www.ismrm.org

NOVEMBER 26–DECEMBER 1

RSNA 2006, 92nd Scientific Assembly and Annual Meeting, McCormick Place, Chicago • rsna2006.rsna.org

RSNANews

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