

Radical Views...

from the Department of Radiology

January 2011

Mon	Tues	Wed	Thurs	Fri
3 3:00-4:00 ED section meeting (monthly) [ED annex, WCC] call Sheila Blalock 4-2506 7:30 - 8:15 Emergent Pelvic US (Dr. Levine) 8:15 - 9:00 Intro/Contrast Reactions (Dr. Shah)	4 1:00-2:00 MRI meeting (Weekly) [TCC-484] 7:30 - 8:15 Upper Abdominal Pain (Dr. Lee) 8:15 - 9:00 Lower Abdominal Pain (Dr. Lee)	Weekly Wed Section Meetings: 11:00-12:00 MSK clinical conf 12:00-1:00 Thoracic Imaging, GI Oncology/GU Oncology 3:00-4:00 Mammo [TCC-484] 7:30 - 8:15 IR in ED I (Dr. Ahmed) 8:15 - 9:00 Brain Emergencies (Dr. Camacho)	6 Weekly Thurs Section Meetings: 12:00 - 1:30	7 8:00-9:00 No Grand Rounds EVENT: NERRS
10 7:30 - 8:15 Spine Trauma (Dr. Teich) 8:15 - 9:00 Nontraumatic GU Emergencies (Dr. Shah)	11 7:30 - 8:15 Post-op Abdomen (Dr. Siewert) 8:15 - 9:00 Bowel Obstruction/Ischemia (Dr. Siewert) 10:30-11:30 Nuc Med meeting (GZ-103)	7:15 - 8:00 US meeting (WCC-304A Gallery) 7:30 - 8:15 Blunt Abdominal Trauma I (Dr. Camacho) 8:15 - 9:00 Blunt Abdominal Trauma II (Dr. Camacho)	7:30 - 8:15 Stroke Imaging (Dr. Rojas) 8:15 - 9:00 CTA/CTV Head and Neck (Dr. Ramashandran)	14 8:00-9:00 Grand Rounds: Chief Rounds 12:00 - 1:00 Neuro (Dr. Kleefield)
17 7:30 - 9:00 EVENT: Mentoring Program: How to Publish in the Radiology Literature - Dr. Debbie Levine 12:00-1:00 pm	18 7:30 - 8:15 Upper exteremity trauma (Dr. McMahon) 8:15 - 9:00 Non-Traumatic MSK Emergencies (Dr. Wu) 8:00 - 9:00 IR meeting [West Recovery Rm]	19 7:30 - 8:15 Pelvic Trauma I (Dr. Camacho) 8:15 - 9:00 Pelvic Trauma II (Dr. Camacho)	20 7:30 - 8:15 Lower Extremity Trauma (Dr. Hochman) 8:15 - 9:00 Abdominal Vascular Emergencies (Dr. Pedrosa)	21 8:00-9:00 Grand Rounds: Quality Assurance 12:00 - 1:00 Neuro (Dr. Moonis)
24 7:30 - 8:15 Face and Orbit Trauma (Dr. Kleefield) 8:15 - 9:00 Spine Infection (Dr. Kleefield)	25 7:30 - 8:15 Chest Nontrauma (Dr. Spirn) 8:15 - 9:00 Chest Trauma (Dr. Boiselle) 10:30-11:30 Nuc Med meeting (GZ-103)	26 7:30 - 8:15 PE and DVT I (Dr. Levenson) 7:30 - 8:15 PE II and ED Case Potpourri (Dr. Levenson)	27 7:30 - 8:15 Neuro ED case conference (Dr. Moonis) 8:15 - 9:00 MSK ED cases (Dr. Yablon)	28 8:00-9:00 Grand Rounds: Functional Imaging of Articular Cartilage (Dr. Timothy Mosher) 12:00 - 1:00 Neuro (Dr. Peri)
31 7:30 - 9:00 No Resident Conference EVENT: Career Week		4th yr residents, if you want to get a head start on your board exams, Save the Date, Sunday Feb 27, 2011 for a 4-hour review course courtesy of Drs. Ron Eisenberg and Priscilla Slanetz. E-mail to follow.		

January Distinguished Visiting Professor

Timothy Mosher, MD - Imaging of Articular Cartilage Friday, January 28 • 8:00 - 9:00 AM Sherman Auditorium, East Campus



Timothy J. Mosher, MD is Professor and Vice Chair of Research in the Department of Radiology at the Penn State University College of Medicine in Hershey Pennsylvania. He is Chief of the Division of Musculoskeletal Imaging and Clinical Director of MRI at Penn State. Dr. Mosher graduated from the University of Virginia in 1985 with a Masters Degree in Chemistry and obtained his MD degree at Penn State University in 1989. He completed residency in diagnostic radiology at Penn State University Hospital in 1995, was a post-graduate research fellow in MRI with Dr. Michael B. Smith at Penn State from 1989 to 1991, and a clinical fellow in MR imaging with Dr. Elias Zerhouni at Johns Hopkins University

from 1995 to 1996. Dr. Mosher's research has focused on development of quantitative MRI biomarkers of articular cartilage injury with application to the study of cartilage physiology and in vivo biomechanics. Dr. Mosher serves as Deputy Editor for Magnetic Resonance in Medicine, and Associate Editor for Osteoarthritis and Cartilage, and Radiology. He has published over 50 manuscripts, books and book chapters and received the 2009 Outstanding Teacher Award for his course, *Imaging of the Lower Extremity: From Basics to Advanced Techniques* at the ISMRM Annual Meeting in Honolulu.

DEPARTMENTAL NEWS, AWARDS & HONORS



FROM THE CHIEFJonathan B. Kruskal, MD, PhD

Service Alert: Please note that with the departure of James Wade, we no longer have courier service between the East and West Campuses.

The 2010 holiday season blasted out of town on a blizzard of high winds and near record snowfall but I am pleased to see that the department was safeguarded by none other than Dr. Marc Camacho!

Dr. Camacho

Dr. Camacho's bed



PACS – with the last unread film at BIDMC, BIDN, HMH or Hubbard at 8:10 am Monday, December 27, 2010

> From: Rosen,Max (HMFP - Radiology) Sent: Monday, December 27, 2010 9:05 AM To: Radiology Faculty - east & west by internet Subject: Thanks to Dr. Camacho

I'd like to thank Marc for sleeping in the ED Annex last night to make sure that everything would be covered in case we could not get to work today.

(While he was here he also cleaned up all the "un-reads" across the system.) -Max rosen

Welcome New Chief Residents Adam Jeffers and Sachin Pandey



Adam Jeffers, MD BS magna cum laude, Williams College MD (AOA), Medical College of Wisconsin Internship (Transitional) Penn Presbyterian Medical Center



Sachin Pandey, MD BA *magna cum laude*, Boston University MD, Boston University School of Medicine Internship (Transitional), Tufts University

Effective Monday, January 3, we welcome current 3rd years residents, **Adam Jeffers** and **Sachin Pandey** as our new Chief Residents. Chief Residents are chosen by their peers (with input from the Residency Program Officials) and is a vote of confidence in their leadership abilities. Special thanks to outgoing Chief Residents, **Maria Barile** and **James Kang** for their year at the helm and for their in-depth report of a year in the life of a Chief Resident featured in our Dec. 2010 issue of Radical Views.

Publications for 2010

By a strange coincidence, the department published 192 papers in both 2009 and 2010. Please see the cumulative list of original research, reviews, editorials and society guidelines beginning on page 11. Of the 192 papers published, 29 were co-authored by fellows and 5 with residents. Many papers had multiple fellows as co-authors such as two by Ron Eisenberg with fellows Olga Brook, Annemarie O'Connell, Eavan Thornton, and Mishal Mendiratta-Lala! Also worth noting are the papers published with trainees dating back for more than four years such as Vassilios Raptopoulos and Giulia Zamboni (2006); Nahum Goldberg and Jacob Sosna (2003) and Muneeb Ahmed (2002) showing an impressive evolution from mentorship to collaboration.

New for 2011

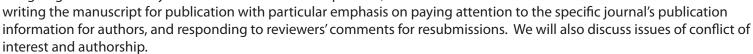
Finally, I would like to call your attention to 3 new columns in Radical Views. The first is a section highlighting our **outreach efforts**. Our first is by **Marc Camacho** and **Sachin Pandey**. I know many in Radiology also perform community support work. If you would care to share your efforts with us through Radical Views, please contact our Medical Editor Donna Wolfe (4-2515). The second new column is called **Kudos** and is an honor roll for members recognized for exemplary service and commitment to quality in daily practice. Please keep up the good work! Finally, **Ask Jesse** features updates from **Jesse Wei**, our physician director of IT. He will be giving us periodic updates of our technological infrastructure to help us make sense of the digital universe. With so many initiatives in quality and care delivery, we can face 2011 with confidence!

MENTORING 2011

I am please to announce our schedule for mentoring meetings for Jan – March 2011. Lectures are 12-1 on Mondays. I am inviting all faculty and trainees to these meetings as the topics should be helpful and provide for interesting discussions from everyone. Locations and reminders will be sent out the week prior to each meeting

1/17/11 – How to publish in the Radiology literature – Debbie Levine

In this lecture we will discuss issues of framing a research question, designing a research study that answers the research question,



2/14/11 - IRB made easy -Ron Eisenberg

Do you know how to access our medical center's CCI website? What forms do you need to submit for an IRB? How can we best navigate the IRB process? Ron Eisenberg is on the IRB committee and will give us insight into these and many other issues that he deals with for our department and for the IRB in general.

3/14/11 - Searching the medical literature: Guest lecturer: Carol Mita

Due to an unexpected absence, our guest lecturer, Carol Mita, (Reference & Education Services Librarian Countway Library of Medicine) did not make her lecture last year. The year before we got rave reviews for her talk. You might know how to do Google searches, but it is not the same as a really good literature search. Come to this meeting to find out about how to optimize your literature searches both for clinical care and for research. Carol will also discuss how to save searches. We will have a separate talk in the fall about using EndNote.

Other upcoming lectures with details to be provided at a later date:

4/11/11 How to do a good Powerpoint presentation – Alex Bankier

5/9/11 Partnerships between researchers and industry –Bob Lenkinski

6/13/11 Statistics for radiology researchers –Long Ngo

– Debbie Levine

OUTREACH 2011

As part of her mentoring program, **Debbie Levine**, Associate Chief of Academic Affairs, contributed an article in Jan 2010 on the building of a national reputation as a criteria for academic advancement and the opportunities afforded by participation in national societies. As a follow-up we featured the breast cancer prevention efforts of Dr. Rola Shaheen in Nov 2010, as an example of how Harvard Medical School can also provide numerous global opportunities to acquire national and international experience and expertise. So far, we have covered national and international efforts and we are now pleased to include a new column for more local efforts and this month's effort is spearheaded by **Marc Camacho** and Emergency Medicine.

Back in the Fall, Dr. Alden Landry, Emergency Medicine physician, contacted me about the following program:

"Madison Park High School and BIDMC partner to bring 20 students to BIDMC for exposure to the health professions with the hopes of expanding their career plans. Every two weeks the students learn about a different organ systems in class and then come to either HMS or BIDMC to do simulation cases, skill sessions or further medical education on the topics. Half of the students come to HMS while the other half comes to our hospital. On December 9 and 16th the students will be coming to our hospital to learn about the brain and the neurologic system. We were hoping to have a lecture that reviews the anatomy of the brain and some of the pathology associated with brain injuries and diseases."

He asked if I could identify anyone to lecture to the students about the imaging of neurological disorders. I immediately thought of our own **Dr. Sachin Pandey** as perfect for the job given his career direction (interventional neuroradiology fellow-to-be) and his natural enthusiasm. Without hesitation Sachin agreed. He just presented his talks in mid-December. Here are comments from Julie Joyal Mowschenson, Director of the HMS Bioscience Program for High School Students:

"Dear Sachin,

I heard you were a big big success! Thank you so very much for your time and expertise, the students loved you. Thank you, thank you, for taking time from you busy schedule."

This is wonderful recognition, reflecting admirably on our institution, the department and of course, our residents.

– Marc

Editor's Note: This is also a great start. Please send notice of other Outreach efforts to Donna Wolfe (dwolfe@bidmc.harvard.edu) for inclusion in future newsletters.





KUDOS

Please join us in recognizing the following staff for outstanding patient care and service.



Maria Fernandes Johnson is the December recipient of the Radiology Support Services "Quality Spot on for Service Excellence" Initiative Program.





Lauren Finn and Stacy McKinnon were praised in a letter received from a patient who has not had very good experiences elsewhere. "Hopefully Lauren and Stacy and the other amazing employees know how thankful I am for having such great care."



Sara Ross was recognized by Dr. Eisenberg: "I want to commend Sara Ross, for her sharp eye as well as her professionalism and concern for patient care. This afternoon she performed wrist radiographs and picked up a relatively subtle fracture of the scaphoid. She then went beyond the call of duty by coming to the MSK reading room and asked whether we wanted a specific scaphoid view and whether she should keep the patient in the department until the referring physician was contacted and a disposition was decided. All of us in the reading room were impressed this ideal example of technologist performance".



Jason Mangosing was recognized for going above and beyond to get a patient imaged at the east campus. Jason took the time to get a patient scheduled and all set for an exam, rather than transfer the call to the scheduling. His help facilitated the patient's discharge and contributed to optimal inpatient bed usage.



Mary Finley was recognized for excellent customer service performance prevented a potential stressful situation for one of our patient. A patient arrived at the West Radiology desk for an appointment. This appointment was intended for Bone Density Clinic, in addition the patient was given erroneous information on location, the department and time. Mary took control of the situation and got the patient connected with LaTarsha from the Bone Density Clinic. An appointment was setup during this exchange and the patient was able to received her test same day. The patient sent a letter acknowledging both employees for her positive experience.



Lauren Cabral was recognized by a patient: "Hospitals can be a very scary place for many people. I wanted to let you know that Ms. Cabral went above and beyond my expectations today. I always felt that she treated me with both respect and dignity. I have claustrophobia. She comforted me and allowed my husband to remain with us during the procedure. She was informative, knowledgeable and very understanding. The nuclear medicine department is very fortunate to have an employee like MS Cabral. In addition Lauren has been very helpful in stepping up to the plate to help supervise during vacation time.

Dear Radiology,

A huge THANK YOU to **Mandee Martin** and **Liz Rosenberg** for such a great job on the mural on the Souper Salad windows. Our staff and patients are definitely going to love it.

- Diana Palmisano Human Resources Division Administrator



Holiday Cheer¹



ASK JESSE

In June 2010, **Dr. Jesse Wei** was appointed Physician Director of IT for Radiology. Jesse is the Go-To person for networking and informatics needs on both our internal and external website portals. He determines appropriateness, location, and organization to ensure the overall integrity of our new sites and works closely with the hospital IT department and other technology sources for smoother operations. As we begin the New Year, Jesse offers the following updates on the IT front.



Computers and technology play a ubiquitous and visible role in today's radiology departments. Many of the ongoing technological improvements in imaging and workflow are quite visible to us as users, as our imaging scanners become faster and produce better images, the PACS gets upgraded to provide additional features, and hospital workstations get replaced with newer and more energy-efficient systems. However, a lot of work has also been happening behind the scenes over this past year, and many projects are in place for the coming year to continue modernizing and improving the software infrastructure which directs the radiologists' workflow.

Radiology Information System

After a review of the dominant commercially available Radiology Information System (RIS) products, the BIDMC Information Systems (IS) department in conjunction with the Department of Radiology determined that an upgrade of our existing "homegrown" RIS would better serve the department's and medical center's unique needs, while minimizing workflow disruptions and maximizing the ability of BIDMC to continue customizing functionality for the needs of our users (radiologists, technologists, and other support/administrative staff). While the server infrastructure maintained by IS has been improved over the years to keep up with technological advancements, the user interface has remained essentially unchanged over the past couple decades. The Radiology Department has teamed up with IS programmers to bring the radiologist reporting interface to today's standards.

RISweb

A primary accomplishment over this year has been to migrate our radiologists from the familiar blue-and-white scrolling "CCC" based application to a web-based signing system. BIDMC has been converting all clinical applications to web-based interfaces over the past decade, and the radiologist report signing module is among the last of the applications in the medical center which was still utilizing the legacy CCC interface.

In building the report signing application "RISweb," we were able to take suggestions and feature requests from radiologists in order to improve the radiologists' reporting workflow. The following features are among the improvements of the RISweb product when compared to the "CCC" interface:

- Web-based reporting (does not require installation of special software)
- Ability to sign individual reports and view/sort the entire list of unsigned reports
- The "oops feature" (making changes to a report which has been provisionally signed)
- Single sign-on from the BIDMC clinical portal https://portal.bidmc.org
- Single-click access to: prior radiology reports, the electronic medical record, inpatient order entry, and PACSweb
- Drag-and-drop cut-and-paste
- · Ability to customize interface colors and fonts

In addition, feature suggestions by our radiologist end-users are regularly evaluated to determine feasibility and priority for implementation into the RISweb application.

Because of the success of the RISweb interface, the report signing component of the legacy CCC interface will be deactivated on January 15, 2011, in order to allow our programmers to dedicate their resources towards continued improvement of the RISweb interface and other RIS projects slated for this new year.





Speech recognition

A common question I have been asked over the past few years is "When are we getting

voice [speech] recognition?" Front-end speech recognition allows a radiologist to review, dictate, correct, and sign-off transcribed reports in one reading session. The ability to dictate and correct reports side-by-side with the imaging examination, at the time of primary interpretation, potentially reduces mistakes, provides a faster turnaround time completed report, and even spell-check capabilities. An added unexpected benefit that many radiologists have discovered is that the time to correct reports becomes integrated with the dictations themselves, meaning that fewer reports have to be signed at home or outside the usual work hours.

Over the coming year, the major planned project by the RIS team is to introduce speech recognition to the radiology department. In implementing a commercial speech engine within our custom reporting environment, we can allow final signoff of reports immediately after dictation by attending radiologists, while still allowing radiologist trainees to independently dictate reports prior to a subsequent readout by the attending radiologists. We anticipate that the capability for us to integrate the speech engine with customized software will also eventually allow us to report both BIDMC (Boston) and BIDMC-Needham reports from one interface.

Elimination of PFIs

The use of "Provisional Finding Impressions" (PFI) has been source of frustration for both radiologists and clinicians. PFIs came into use because of the prevalent practice of clinicians to copy unsigned preliminary reports into final discharge summaries without acknowledging their transient status, or to act on preliminary reports.

However, the use of PFIs frustrate clinicians as they are inconsistently utilized. Radiologists find that the time needed to enter PFIs is time consuming, and the unavailability of transcribed reports to clinicians results in increased phone calls by clinicians seeking preliminary reports. Another unexpected disadvantage of the use of PFIs has been increased transcription expenses related to the transcription of these preliminary findings.

Over this year, PFIs will be eliminated and replaced with a system which will allow residents to manually "release" preliminary reports to clinical viewers such as OMR. At the same time, reports which are viewed prior to signature will be "watermarked" to make cut-and-paste by clinicians more difficult. In addition, we hope to be able to provide an audit trail to radiologists to know who has viewed a preliminary report in a clinical viewer prior to its final signature.

Patient Identifier Cross-referencing for Master Patient Index

A great number of complaints from radiologists and clinicians are in regards to the separate BIDMC (Boston) and BIDMC-Needham medical record numbers within PACS. Despite the close relationship of BIDMC and BIDMC-Needham, and the fact that imaging from both sites are archived on the same PACS, there is currently no convenient way of knowing on PACS that a patient imaged at one site has imaging from the other site.

While medical record numbers (hospital ID numbers) are used to uniquely identify patients at a single healthcare site, a Master Patient Index (MPI) can be used across different sites (such as BIDMC, BIDMC-Needham, Joslin Clinic, Mt. Auburn Hospital) to ensure that a patient who has a unique identifier at each site can be identified as the same patient when medical records or imaging examinations are shared across different sites.

The BIDMC PACS team will be working closely with BIDMC IS and GE Healthcare in deploying a Patient Identifier Cross-referencing (PIX) manager over the coming months, which will utilize the MPI to allow radiologists at BIDMC to easily recognize and view comparison studies from BIDMC-Needham, and vice versa. As a result, while the radiologist's workflow will remain unchanged, the work of the PIX manager will happen in the background, so that a patient's previous imaging at BIDMC-Needham will become visible comparison studies when the patient is imaged at BIDMC (Boston).

The Joint Commission Compliance

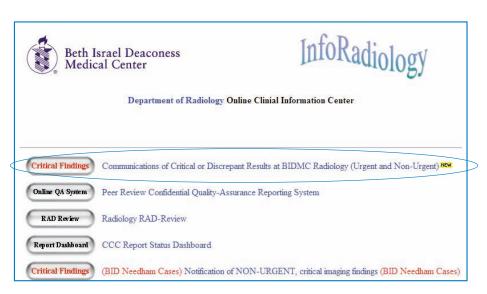
The Joint Commission (TJC) cited our department's inability to provide statistics verifying the timeliness of critical results communications to ordering providers. While radiologists routinely document time and date of communications within report dictations, we were unable to provide the statistics of this information due to the "free-text" nature of this documentation.

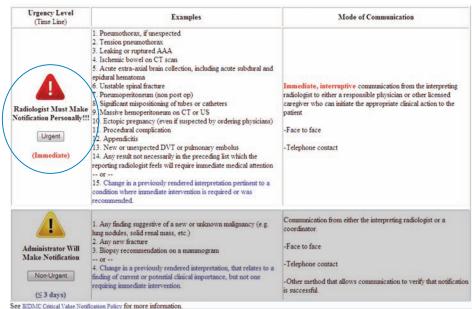
BIDMC Information Systems has begun to evaluate commercially available applications which would facilitate enterprise-wide communication and documentation of critical results from different clinical services to the ordering clinicians. However, in order to meet TJC requirements, the department has instituted a provisional solution within InfoRadiology (https://inforad.bidmc.harvard.edu).

Communications of critical findings which require immediate notification from the reading radiologist to the ordering clinician must be documented both:

(1) Within the radiology report

(2) In the new InfoRadiology "Critical Findings" database





BIDMC Portal

All of you have seen the change of the hospital intranet home page to the newest portal (https://portal.bidmc.org). A primary advantage of using the new portal is that your electronic sign-on credentials are automatically passed to other hospital web applications so that login information will not need to be re-entered on an ongoing basis.

While the Department of Radiology intranet is continuing to be migrated to the new portal, all features from the old intranet are already accessible from the new one.

A direct link to the department intranet is at: https://portal.bidmc.org/Intranets/Clinical/Radiology.aspx

Going LEAN in MRI

Our mission is to be the best MRI department in Massachusetts. To achieve this goal we wanted to tap in to the creativity and problem solving skills of our excellent staff. We needed a way to get their ideas heard. The staff working directly with the patients usually have the best ideas on how things should work or can identify what does not. We want to recognize their contributions and create an atmosphere where everyone feels as though they can have a say in what we do and our never ending pursuit of trying to do it better. We have created an Idea system called What's the Big Idea. Staff members can submit ideas at any time, anonymously if they choose.

To get the new system underway:

- We selected a committee of four staff technologists to review ideas. The Committee represents a diverse sample of the department and includes staff members that have been at BIDMC for over 20yrs, 6yrs, 3yrs and less than 1 year.
- The Committee created an anonymous drop box (decorated with light bulbs) for people to submit ideas at multiple MRI sites.
- Ideas submitted are reviewed every three weeks and posted on a whiteboard at each MRI site to give staff an up to date display of the ideas under consideration and the status of each one.
- Staff members that elect to include their name on their submissions receive a thank you gift for their contribution.
- Updates are given at monthly staff meetings and on the display boards.

So far we have received over forty submissions from the staff and implemented a number of them already.



Idea Committee member, Maryann Buttacavoli, displays her hand-crafted Idea Box

What's the BIG IDEA?



Big Ideas require hands-on support by committee members, Juliana Oliveira and Kristina Murach.



Meneka Raj offers a suggestion, note the Idea board behind her, which displays all the ideas under current consideration.



Clinical MRI Manager Steve Flaherty (Far Left) poses with the Idea committee and the Idea box, suggestion cards and thank you gifts.



Jason Mangosing reviews the suggestions with the committee, including Clinical MRI Supervisor Ines Cabral-Goncalves (center).

Good bye James Wade

It is with very warm wishes that I announce the retirement of James Wade, our department courier. James has provided us with 20 years of devoted and dedicated service, always willing to put in the extra effort, to go the extra mile and to ensure that deadlines are met. James first started working for us as a transporter at the New England Deaconess Hospital in 1990, and later with BIDMC as our department's courier. Just like the USPS James can still be seen in rain, sleet and snow moving supplies, mail and at times people across the campus. James was never too busy to help a lost patient to find their way. Recognizable by his wheelchair filled with old radiographs, James will always be fondly remembered for his ever cheerful disposition, his knowledge and passion for current events, and his ready smile. Please join me in wishing James all the very best as he starts a new chapter in his life, and wish him a wonderful, healthy and happy retirement. James' last day is December 23. James plans to take in some sun in Florida during the upcoming months, so a department recognition event will be held at a later date. Thank you James for a job very well done!

– Betsy Grady, B.S., R.T. (R) (CV) General Diagnostic Manager



We toasted James with eggnog at his farewell breakfast on Dec. 23 and while we were sad to see him go, there were plenty of smiles at fond memories and hopes for a wonderful, healthy and happy retirement!











Holiday Cheer²

Ultrasound technologist **Sheila Nadeau** again decorated the West Campus Clinical Center 3rd floor to brighten the Ultrasound/ Vascular Division. Her efforts above and beyond her clinical duties contribute to a cheerful working environment.

Thank you, Sheila!



Holiday Cheer³

The 2010 Annual Radiology Holiday Party at the Seaport Hotel: >400 people, one smile!

Photos from the 2010 Holiday party will be available for downloading for one more week at http://gallery.me.com/michaelelarson























































2010 Publications from our Faculty Members [New citations in Blue]. We do a monthly PubMed search for new BIDMC publications and may miss those in which your affiliation is not noted. If we miss your paper, please send the reference to dwolfe@bidmc.harvard.edu to be included in next month's issue. Please note that publications do not always appear in Pubmed in the same month they are acutally published.

Abadi S, <u>Brook OR</u>, Rispler S, Frenkel A, Engel A, Keidar Z. Hybrid cardiac SPECT/64-slice CTA-derived LV function parameters: correlation and reproducibility assessment. Eur J Radiol. 2010 Aug;75(2):154-8. Epub 2009 May 13.

Alazemi S, Majid A, Ruiz Al, **Litmanovich D**, Feller-Kopman D, Ernst A. An elderly woman with chronic dyspnea and endobronchial lesion. Chest. 2010 Feb;137(2):460-6.

Alsop DC, **Dai W**, Grossman M, Detre JA. Arterial Spin Labeling Blood Flow MRI: Its Role in the Early Characterization of Alzheimer's Disease. J Alzheimers Dis. 2010 Apr 22. [Epub ahead of print]

American College of Cardiology Foundation Task Force on Expert Consensus Documents, Hundley WG, Bluemke DA, Finn JP, Flamm SD, Fogel MA, Friedrich MG, Ho VB, Jerosch-Herold M, Kramer CM, **Manning WJ**, Patel M, Pohost GM, Stillman AE, White RD, Woodard PK. ACCF/ACR/ AHA/NASCI/SCMR 2010 expert consensus document on cardiovascular magnetic resonance: a report of the American College of Cardiology Foundation Task Force on Expert Consensus Documents. J Am Coll Cardiol. 2010 Jun 8;55(23):2614-62.

Appelbaum L, **Sosna J**, Pearson R, Perez S, Nissenbaum Y, <u>Mertyna P</u>, Libson E, **Goldberg SN**. Algorithm optimization for multitined radiofrequency ablation: comparative study in ex vivo and in vivo bovine liver. Radiology. 2010 Feb;254(2):430-40.

Atalay B, Riesenburger RI, Schirmer CM, **Bhadelia RA**, Weller SJ. Vertebral reconstruction using the telescopic plate spacer-thoracolumbar (TPS-TL) device. J Spinal Disord Tech. 2010 Jul;23(5):338-46.

Bankier AA, Estenne M, Kienzl D, Müller-Mang C, Muylem AV, Gevenois PA. Gravitational Gradients in Expiratory Computed Tomography Examinations of Patients With Small Airways Disease: Effect of Body Position on Extent of Air Trapping. J Thorac Imaging. 2010 Apr 14. [Epub ahead of print]

Bankier AA, **Levine D**, Halpern EF, Kressel HY. Consensus interpretation in imaging research: is there a better way? Radiology. 2010 Oct;257(1):14-7.

Bankier AA, Tack D. Dose reduction strategies for thoracic multidetector computed tomography: background, current issues, and recommendations. J Thorac Imaging. 2010 Nov;25(4):278-88.

Beeghly M, Ware J, Soul J, Plessis AD, Khwaja O, Senapati GM, Robson CD, Robertson RL, Poussaint TY, Barnewolt CE, Feldman HA, Estroff JA, **Levine D**. Neurodevelopmental outcomes of fetuses referred for ventriculomegaly. Ultrasound Obstet Gynecol. 2010 Jan 12. [Epub ahead of print]

Bergquist ER, **Wu JS**, Goldsmith JD, Anderson ME. Orthopaedic Case of the Month: Ankle Pain and Swelling in a 23-year-old Man. Clin Orthop Relat Res. 2010 Jun 29. [Epub ahead of print]

Berlin L, **Hall FM**. More mammography muddle: emotions, politics, science,costs, and polarization. Radiology. 2010 May;255(2):311-6.

Bhatt RS, Wang X, Zhang L, Collins MP, Signoretti S, **Alsop DC**, **Goldberg SN**, Atkins MB, Mier JW. Renal cancer resistance to antiangiogenic therapy is delayed by restoration of angiostatic signaling. Mol Cancer Ther. 2010 Aug 23. [Epub ahead of print]

Boiselle PM. Celebrating 25 years of the journal of thoracic imaging. J Thorac Imaging. 2010 Feb;25(1):1.

Boiselle PM. Celebrating our successes and reflecting upon disappointments. J Thorac Imaging. 2010 May;25(2):87.

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