Radical Views... from the Department of Radiology

Volume 4, Number 10 May 2012

Beth Israel Deaconess Medical Center



FROM THE CHIEF Jonathan B. Kruskal, MD PhD

May rolls in with an astounding number of reasons to celebrate in Radiology:

> Congratulations Phillip Boiselle

Please join me in congratulating Dr. Phillip Boiselle upon his appointment as *Associate Dean for Academic and Clinical Affairs at Harvard Medical School.* Beginning May 1, 2012, Dr. Boiselle will assume primary responsibility for overseeing the integration of faculty development and diversity initiatives across HMS. He will also be involved in the oversight of the HMS centers, divisions and institutes. Phil will work closely with the dean for Faculty Affairs, the dean for Diversity, Inclusion and Community Partnership, and leaders for



Harvard Medical Sch

Phillip M. Boiselle, MD Associate Dean for Academic & Clinical Affairs, Harvard Medical School

faculty development at affiliated institutions in order to support the career development, advancement and fulfillment of HMS faculty. I thank him for his past service as our director of thoracic imaging, director

of resident career development and mentoring, and associate chief of administrative affairs. Phil will split his time between HMS and BIDMC, remaining a part time member of our faculty in the chest section and continuing his clinical, teaching and research roles; however, he will be stepping down as Vice Chair for Quality, Safety and Performance Improvement and I'll be launching an immediate national search for his replacement. Phil will be located in Gordon Hall Room 108, and will also maintain a Harvard email address: phillip_boiselle@hms.harvard.edu.

Congratulations to Bettina Siewert, Presidenct of the New England Roentgen Ray Society. Bettina was inducted by outgoing president Dr. Debra Gervais on April 13, 2012 at the Joseph B. Martin Conference Center at HMS. Thanks to NERRS Education Committee Chair Edward Lee for his photos.





>

I am absolutely thrilled to announce that Dr. Tejas Mehta has been appointed as Chief of Breast Imaging here at Beth Israel Deaconess Medical Center, effective immediately. Tejas brings a wealth of administrative, leadership and educational skills to this position, and will lead the section into a new era of expansion and customer-focused care.

Tejas has enunciated a clear, realistic and forward thinking vision for the section, and I look forward with great enthusiasm to working with Tejas as we watch the section continue to grow and flourish.

Tejas began at BIDMC as a resident in radiology in 1993 as was appointed Chief Resident in 1996. After completing a clinical fellowship in women's imaging under Janet Baum in 1997, Tejas joined the breast imaging staff upon graduation in 1998, the same year in which she was awarded both the Morrison Research prize and the Fleischner Young Investigator Research Award. In 2001, Tejas completed the Master's in Public Health program in Clinical Effectiveness at the Harvard School of Public Health. Since then she has served in many leadership roles including Director of Breast Imaging at BID-Needham (2005-2007); at BIDMC, she has been responsible for quality control for breast imaging (2003-present) and serves as Director of the weekly CME-accredited Breast Rad-Path Correlation Conferences and Codirector of the Breast Fellowship Program since 2008. Most recently, Tejas has served as Clinical Director of Breast Imaging here at BIDMC and has been involved in the Lean process aimed at developing a BIDMC-wide integrated Breast Care Service. In 2002, Tejas was promoted to Assistant Professor of Radiology at HMS. Most recently, Tejas was accepted and completed the Harvard Medical School Leadership Workshop for Physicians and Scientists.

I would like to recognize the tremendous effort played by Max Rosen during his time as Interim Chief of Breast Imaging, and to the many members of the section who have stepped up and played leadership roles during the interim period.

I am delighted that Tejas has accepted the leadership of the breast imaging section and look forward to her continuing efforts in clinical practice, management, research and education. Please join me in congratulating Tejas on this incredible opportunity and welcome her to an even larger leadership role at BIDMC.

With great pleasure and pride I announce that Ron Eisenberg has been promoted to Professor of Radiology (teaching/education track) at Harvard Medical School effective March 1, 2012.

An internationally recognized multi-book author, lawyer, educator, lecturer, leader and innovator, this deserved promotion recognizes Ron's incredible ability to produce, to foster innovation, to mentor, to teach and to continuously seek new ways to improve patient care, to enhance staff and patient safety and to improve efficiency of our clinical services. Ron's multi-edition GI text book is the mainstay of resident board preparation around the world, and his many other books are also prominently displayed in libraries in the vast majority of hospitals and medical schools in this country. Ron's legal training has



allowed him a unique window into medicolegal matters of which he has published and edited numerous manuscripts, and books. Ron is equally well recognized for his books on the history of radiology, for books describing the pattern approach to signs in abdominal imaging, for pattern-based differential diagnoses, and more recently for physician and patient perspectives on imaging. His ever growing citation list represents an array of sustained academic productivity covering a broad range of relevant and timely topics. Equally important, his most recent sortie into the world of quality improvement has also resulted in several important manuscripts which represent the tip of his expanding iceberg. Not one to ever relax, Ron now leads the popular "signs" section of the AJR and by so doing fosters helpful growth in the resumes of many of our trainees.

A popular teacher, internally recognized lecturer, highly productive clinician, cited researcher, prolific author and real mensch, Ron epitomizes the true academic radiologist and is thus more than deserving of this honor.

Please join me in congratulating Ron on this wonderful occasion.

Congratulations Gillian Lieberman!

I am also proud to announce that Gillian Lieberman has been nominated for the 2012 Harvard Medical School Charles McCabe Faculty Prize for Excellence in Teaching (Years III and IV). Since 1982, this honor has been bestowed on Harvard Medical School's most outstanding teachers. The award is named in memory of Dr. Charles McCabe, who served as director of the Surgery Clerkship at MGH for more than two decades. The prize is one of the School's most important commendations for outstanding teaching accomplishments. The Harvard Medical School Faculty Prizes for Excellence in Teaching will be awarded at the HMS Teaching Awards Celebration on Monday, May 7,2012 at the Walter Amphitheatre, Tosteson Medical Education Center. This celebration honors faculty awardees and nominees with a celebration open to all Harvard Medical School faculty, students, and staff.



Gillian Lieberman, medical students David Shulman and Roshan Sethi, Medical Student Education Coordinator Claire Odom, and medical students William Ulmer and Win-Tin Chang.

Congratulations staff members Priscilla Slanetz and Muneeb Ahmed and 3rd Yr Resident Leo Tsai!

The RSNA Foundation's Board of Trustees has approved funding for 3 applications from BIDMC Radiology:

Priscilla J. Slanetz, MD MPH - Education Scholar Grant "Development of a Peer Observation Teaching Program to Enhance Radiology Resident Teaching Skills"

Muneeb Ahmed, MD - Research Seed Grant "Elucidating the Extent and Causes of RF Ablation-Induced Cell Growth"

Leo Tsai, MD, PhD, MSc - Research Resident Grant

"Characterization of Perfusion, Metabolism, and Therapeutic Resistance in a Renal Cell Carcinoma Mouse Model with Hyperpolarized 13-C-Tert-Butanol and 13-C-Pyruvate MRI"

This is really fantastic news; 3 RSNA grants in one day!!! Each of these proposals was outstanding and your scores are reflections of your hard work, thoughtful proposals and passion for what you do. This will be a huge splash on the R & E wall in Chicago. I am incredibly proud of each of you – we will celebrate.

– Jonny

Radiology Calendar May 2012

unavailable at press time, so we'll just have

to use our imagination!)

Mon	Tues	Wed	Thurs	Fri		
3:00-4:00 ED section meeting (monthly) [ED annex, WCC] call Trish Gardner 4-2506	1 7:30-9:00 Board Review (TBA) 1:00 MRI Section Meeting Shapiro 484	2 7:30-9:00 Board Review (TBA) 1:30 - 2:00 East Med-Rads conference, Shapiro 484 -Senior Nukes Resident Weekly Wed Section Meetings: 11:00-12:00 MSK clinical conference 12:00-1:00 Thoracic Imaging, GI/GU Oncology 3:00-4:00 Mammo [TCC-484]	3 1:30-2:00 East Med-Rads conference - Senior Nukes Resident Shapiro 484 Weekly Thurs Section Meetings: 12:00 - 1:30 Abd [WCC-354] 12:00-1:00 MSK	4 8:00 - 9:00 Grand Rounds (Dr. Damian Dupuy, Brown University) 12:00 - 1:00 Resident Case Conference - Dr. Dupuy		
7 7:30 - 9:00 Breast Board Review (Slanetz)	8 10:30-11:30 Nuc Med meeting (GZ-103)	9 7:15 - 8:00 US meeting (WCC-304A Gallery)	10 8:00-9:00 Applying for Fellowship (Kruskal) 1:30-2:00 East Med-Rads conference - Senior Nukes Resident Shapiro 484 2:00-3:00 West Med-Rads , Clouse - Senior Resident on Body West	11 8:00-9:00 QA Grand Rounds (Dr. Theresa McLoud, MGH) 12:00-1:00 Neuroradiology Noon Conference (neuro reading room)		
14	15 8:00-9:00 IR Meeting [West Recovery Rm]	16 7:30 - 8:15 Breast Board Review (Fein-Zachary)	17 1:30 - 2:00 East Med-Rads conference -Senior Nukes Resident Shapiro 484	18 8:00 - 9:00 Chief Rounds 12:00 - 1:00 Neuroradiology Noon Conference (neuro reading room)		
21	22 10:30-11:30 Nuc Med meeting (GZ-103) 2:00-3:00 West Med-Rads , Clouse - Senior Resident on Body West	23	24 7:30-9:00 Neuro Case Conference (Chaudhary/ Rojas)) 1:30-2:00 East Med-Rads conference - Senior Nukes Resident Shapiro 484	25 8:00-9:00 Grand Rounds (Dr. Mortele) 12:00 - 1:00 Neuroradiology Noon Conference (neuro reading room)		
28 Memorial Day No Conference	29 7:30-8:15 U/S Lecture (TBA) 8:15-9:00 Computed Tomography (Palmer) 17th Annual Morrison Research Day 2-6 pm • Shapiro 10	30 7:30-8:15 Chest Imaging Cases (Spirn) 8:15-9:00 CT of the Airways (Boiselle)	31 7:30-8:15 U/S Lecture (TBA) 8:15-9:00 Physics Lecture (TBA) 1:30-2:00 East Med-Rads conference - Senior Nukes Resident Shapiro 484	Save the Date: Morrison Research Day 2:00-6:00 pm Tuesday, May 29, 2012		
Congratulations Manjiri Didolkar the Boston Marat heat! (Unfortunat	to MSK faculty member who was able to finish thon in this year's 87° F tely, her photos were still		adidas			

DEPARTMENTAL Grand Rounds



5/4/2012 8:00 AM - 9:00 AM **Microwave Ablation- It's not Just for Popcorn Anymore** Damian E. Dupuy, MD, Director, Tumor Ablation, Rhode Island Hospital

Please welcome the return of Harvard Medical School and Deaconess Hospital alumnus, Damian Dupuy as a visiting grand rounds lecturer. Dr. Dupuy earned a B.S. in zoology at UMASS Amherst and his M.D. at UMASS Medical School in Worcester. Sampling all the medical schools in the state, he completed internship training

at Brockton Hospital (Boston University School of Medicine) and radiology residency training here at the Deaconess Hospital (HMS) in Boston and was Chief Resident 1992-93 before he was recruited to Massachusetts General Hospital as a radiology staff member and instructor at HMS in 1993. Between 1994 and 1995, he held a concurrent position as Director of MRI at Healthcare International in Clydebank, Scotland. He also served as Co-director of Imaging in Cancer in Sao Paulo, Brazil in conjunction with the Brazilian College of Radiology in 1995. In 1997, he joined the radiology staff at Brown University where he was promoted to Professor of Diagnostic Imaging at The Warren Alpert Medical School of Brown University in 2005. Until 2008, Dr. Dupuy held concurrent directorships of ultrasound and tumor ablation at Rhode Island Hospital when he decided to give tumor ablation his all. A leader in microwave ablation, he chaired the Interventional Oncology Symposium at RSNA 2011 and has been section editor for Ablative Technology, Journal of Interventional Oncology since 2008. In 2011, he co-authored "Microwave Ablation: mechanism of action and devices in Percutaneous Tumor Ablation" published by Thieme Medical Publishers Inc, New York 2011. Dr. Dupuy co-authored 9 peer-reviewed publications and 6 talks or courses with S. Nahum Goldberg between 2000 and 2012 but what is less known is that he is the *delinguent* godfather to Laura Perry and Robert Sheiman's son Johnathan!



5/11/2012 8:00 AM - 9:00 AM **Lung Cancer Screening QA** Theresa McLoud, MD, Assoc. Radiologist-in-Chief, Director of Education, MGH

After graduating from McGill University Faculty of Medicine, Theresa McLoud completed rotating

internship and radiology residency training at the Royal Victoria Hospital in Montreal. Dr. McLoud came to Yale University School of Medicine as the Winchester Fellow in Chest Radiology in 1973 and stayed on as faculty for two years before being recruited to the Massachusetts General Hospital where she rose to Chief of Thoracic Radiology (1982), Chief of Thoracic and Cardiac Radiology Division (1996), Director of Radiology Education (1997), Vice Chair of Education (1997) and Professor of Radiology (1993) at Harvard Medical School. She has served as President of the Radiological Society of North America and has been awarded the Distinguished Service Award of the American Board of Radiology and Gold Medal from the Society of Thoracic Radiology. In 2011, she joined the Committee for Lung Cancer Screening Guidelines of the Society of Thoracic Radiology. Specializing in infiltrative lung disease, lung cancer screening and staging, occupational lung disease, and educational methodology in radiology, she has published more than 144 original articles and co-authored 6 articles, 1 book and 4 talks with Phillip Boiselle, our former Chief of Thoraic Imaging and now Associate Dean for Academic and Clinical Affairs at Harvard Medical School.



Sample image from the April 6 Grand Rounds talk, "The Early Days of Radiology" given by Dr. Ronald Eisenberg: Early 1900s British advertisement about x-rays showing that outlandish claims about radiology imaging have not changed much.

Grand Rounds Recap:

4/6/12 - The Early Days of Radiology • Ronald L. Eisenberg, MD JD - BIDMC Radiology (Cardiothoracic/MSK Imaging)

Thank you Dr. Eisenberg for filling in at Grand Rounds on April 6. Radiology Departments around the country, as well as the Countway Library, have asked him to present a talk based on his book, *Radiology: An Illustrated History*. His grand rounds presentation was designed as a lighthearted journey through the early days of a specialty that has contributed so much to medical diagnosis and treatment. His goal for attendees is to gain an understanding of the origins of radiology and how they have shaped current practice:

"There seems to be a fascination with the early days of our specialty, to see how different things were more than a century ago at the time of Roentgen's discovery of the x-ray in 1895. For example, there is great interest in historical firsts and the appearance of famous radiology departments. I have pictures of how things have not changed that much – with fluoroscopy of baggage to search for contraband (rather than explosives). See the early 1900s British advertisement about x-rays showing that outlandish claims about radiology imaging have not changed all that much." - Ronald Eisenberg

As noted above, Dr. Eisenberg is asked to present this talk all over the country so those of us who missed it at Grand Rounds may have other opportunities in the future!

<image>

Radiology Honors Our Administrative Professionals

L to R: Andrea Baxter, Cynthia Webster, Meredith Cunningham, Richard Jennette, Dawn Federman, Laura Major, Maxima Baudissin, Linda Lintz, Carl Nickerson, Barbara Lawrence, and Diana Moran. (Not shown: Liz Arsenault, Tara Bun, Trish Gardner, Clotell Forde, Claire Odom, Catherine Walsh)

In recognition of the excellent job done by our Administrative Support staff throughout the year, especially the loyalty and cooperation shown during the most recent re-organization of staff, HMFP Radiology hosted a luncheon for the administrative staff aka *the glue that holds us all together*, to celebrate Administrative Professionals Day on Wednesday April 25th. (Thanks also to Lois Gilden and Maxima Baudissin for standing in as photographers!) Speaking of re-organization, please see the following page for the new blueprint of our faculty and administrative support.

Department of Radiology Faculty and Admin Support	Phone #	Admin
ADMINISTRATION		
Chair's Office	4-2519	Andrea Baxter
Business Office	7-4917 4-2337	Liz Arsenault (East) Catherine Walsh (West)
Scheduling	7-1283	Clotell Forde
EDUCATION		
Central Residency/Fellowships	7-3532 7-3551	Richard Jennette Laura Major
• Fellowships (Clinical)	4-2038 See Section	Diana Moran Section Fellowship Coordinators
Medical Students /Grand Rounds	4-2520	Claire Odom
RESEARCH		
Radiology Research	7-0299	Lois Gilden
• IRBs	7-3116 4-2529	Meredith Cunningham (East) Tara Bun (West)
CLINICAL		
Abdomen/Body	4-2529	Tara Bun
o MRI	7-0299	Lois Gilden
o CT	7-1283	Clotell Forde
 Ultrasound 	4-2519	Andrea Baxter
Breast Imaging	7-3102	Linda Lintz
Cardiothoracic	7-3116	Meredith Cunningham
Community	7-2506	Trish Gardner
Emergency	4-2506	Trish Gardner
 Interventional IR INR 	4-2523 4-2521	Maxima Baudissin Maxima Baudissin
• MSK	7-1283	Clotell Forde
Neuroradiology	4-2009	Barbara Lawrence
Nuclear Medicine	7-2448	Dawn Federman
Ultrasound (OBGYN)	7-8901	Clotell Forde

RESIDENCY NEWS - HAVE RESIDENTS, WILL TRAVEL



The 60th Association of University Radiologists (AUR) meeting was held in San Antonio, TX from March 19-22. The theme of this years' meeting was "Ethics and Professionalism in Radiology Education, Research, and Practice." The American Alliance of Academic



BIDMC Residents Elizabeth Asch (2nd yr) and Leo Tsai (3rd yr)

Chief Residents in Radiology (A3CR2) hosted sessions on leadership skills and workshops on administrative challenges. One session focused on conflict

management, where participants practiced through various disaster scenarios that Leo hopes will not occur at BIDMC (at least not before Jan 1st 2013).

Several sessions, some in combination with program directors, were dedicated to optimizing residency curricula and schedules for the new ABR Core Examination premiering in October 2013. There were also many lively discussions with senior AUR committee members regarding new fellowship interview guidelines and the impact of health care reform on residency training and academic radiology departments. Meanwhile, Liz participated in the Siemens-AUR Radiology Resident Academic Development (SARRAD) Program, which focused on developing skills to start a career in academic radiology. The program included sessions on giving Powerpoint presentations, quality improvement, navigating the sea of radiology societies, and words of wisdom from an outgoing department chair. The remainder of the meeting was spent catching up with other residents from prior meetings, AIRP and our Children's Hospital rotation. The water park at the resort was nice too!

- Liz and Leo (at the Alamo)

Meanwhile at ACR 2012 -Priscilla and I were happy to capitalize on the spelling error of the ACR staff and want everybody to rest assured that they are being well represented by their ladies in Washington, the "Massachusettes". - Maryellen Sun





Advocate for the radiology profession on Capitol Hill Explore economic issues through interactive sessions Earn CME at select sessions and courses



Above, poster presented by Ammar Sarwar (3rd yr) at this year's ACR Chapter Leadership Conference. Above right: BIDMC Radiology was well represented on Capitol Hill by (I to R) Mark Ashkan (2nd yr), Rashmi Jayadevan (1st yr), Ammar Sarwar (3rd yr), and Ann Leylek (1st yr) -- and an unidentified but similarly well-dressed ACR attendee.

MISTI MULLINS & TIM PARRITT RECOGNIZED WITH ENVIRONMENTAL ACTION AWARDS



Radiology Quality Nurse **Misti Mullins** and CT Manager **Tim Parritt** were recognized for creating and then championing a comprehensive 2 campus Radiology recycling program at the 14th Annual Healthy Work / Healthy Home Environmental Awareness Day on April 24. BIDMC President and CEO Dr. Kevin Tabb presented the 6th annual Environmental Action Awards honoring BIDMC staff members who have made a difference in conservation efforts. Misti and Tim were in great company a community awards were also presented to Boston Mayor **Thomas M. Menino**, and **Rebecca Park**, a Class of 2012 environmental leader at Boston Latin School, who gave the keynote address and discuss why "being green" matters.

Healthy Work/Healthy Home is part of the medical center's ongoing efforts to make staff aware of how saving energy and reducing waste not only helps BIDMC meet the challenge of environmental responsibility, but also helps BIDMC improve its bottom line.



Recycling bins are available in all CT suites. Saline and contrast bags and pressure syringes and their plastic packaging used in CT power injectors are now recycled on both campuses.



A brief history of recycling in Radiology

"It's been a long road to the luxury of what we have for recycling now. The Medical Center started the recycle program on the East Campus. So as we rolled it out we knew the other locations would not want to be left out of this great opportunity. We had no shortage of CT Techs willing to be our champions at the other sites. They started by setting aside the packing materials typically thrown away after each contrast injection. As materials stacked up we would bag them and carry them to the east to enter the recycle stream there.

Eventually recycling became available to the west so EVS began picking up materials on a regular basis, but we still didn't have recycling at Shapiro. Jae Kim and his team were great, they continued to set materials aside and then transfer them to the East for recycling. This was actually overwhelming the EVS team on the East, so Amy Lipman came up with an interim solution to house a large trash bin in the basement of Shapiro. Departments that wanted to recycle could move their items to the Shapiro basement and EVS would pickup from there and take to the East.

I do not know exactly how much we have saved specifically from recycling in CT, but \$79.56 is saved for each ton of material that is removed from the regular garbage and placed into the recycle stream."

- Tim Parritt

Special thanks to senior CT technologist Jae Kim for hosting a field trip through various recycling measures instituted in CT

QUALITY ASSURANCE UPDATE - Aideen Snell, MSW



We're Going Live!

The NEW Radiology Patient Experience Idea System went live on Wednesday, April 25, 2012 <x-appledata-detectors://0> . It is located and available to all Radiology staff on the Radiology Portal under Problem/ QA Reporting. This form allows staff you to report any situation that results in a negative experience

for the patient. Perhaps they were given the wrong information regarding their appointment, something unnecessary caused them to be angry or frustrated and they take it out on you. What if we could alleviate some of those situations and have more patients? Wouldn't that make work life a little better for you? Ok, so we may not make everyone happy, but if we could cut the number of angry patients in half! If we looked into these situations to insure they don't happen again it's a step in the right direction. Patient Satisfaction surveys provide great information, but you can provide better information. We want to hear from you!

Log into the Radiology Portal and find the form under Problem/QA Reporting, fill it out and submit. Its very short and to the point. You can view the status of your entry, as well as others on the Dashboard located in the same area on the portal. All submissions are cc'ed to Aideen Snell, Radiology Retention Manager, who will direct the resolution process. Status updates on your submission will be

C C Radiology Patient I	Experience Idea System
Radiology Patient Experience Id	
> S bidme.org https://apps.bidme.org/	departments/ra 🗇 🕆 C' 🚺 - Google 🛛 🔍
Most Visited - Cetting Started Statest Head	lines • 🗍 HP Designjet Z3. >> 🖸 Bookmarks
Radiology	Adjunct Portal
QA. (Radiology Patient E	DC, Safety Experience Idea System
riasiongy r atom a	sperience need of etc.
Our reporting system: This page for reporting ways to improve syste Patient Safety Reporting System for inciden InfoRed QA System for technical, PACS, data, Employee Injury & Accident Reporting cont	me related to patient service It reporting , end case-related questions fact Employee/Occupational Health at 632-0710
(Red = Required)	
What did you observe or experience that could be Improved?	
Date, if relevant:	
Primay foce of problem:	Peters core, chroal issues Peters core, chroat add povider issues Peyters core, network add povider issues Peyters core, network add povider issues Patient core, network add povider issues Transport Transport BitDMC information deak Redulidy Reception Scheduling Indag Archive Dinter; places deportie:
Is the problem primarily related to a single location?	East only Shapino only West only Problem not opecific to a single location
Modality, if applicable:	()
Describe any action that has already been taken to correct or improve the situation:	
What suggestions do you have to improve the actuation?	
Reported by*: (*identity available to admins only)	Wolfe, Donna
Reported on:	4/27/2012
Subr	na survey

e

Q 🔒

automatically reported to you via email and you will also be invited to participate (not required) and given an explanation about the solution. These issues will be discussed monthly with the Patient Experience Idea System Committee. If you would like to be a part of this committee, please contact me directly at x 7-2570 or email me. We will also have 2 open seats every month for those that want to be a part of a specific issue they submitted, but not be a part of the ongoing committee.

This is a very exciting opportunity! But it won't be successful without your help. Together as a team we can make your days run more smoothly one submission at a time!

+

https://portal.bidmc.org.

- Aideen Snell, Radiology Retention Manager x 7-2570.

											Most Visited - P Getting Start	ed 🔯 Latest Headline	s - 📋 HP Desi	pnjet Z3	Notice ISI We 🗌 Graduat	e Medica >>	Bookmari
Radiology Patient Experience Idea System									Welcome dwolfe Logout Portal Help				International A A A	as Email			
Radiology Patient Experience Id. (+)								RIDMC PORTAL You will be timed out in 17:58					2 Phone/Directory	9C			
						A Web Site for Our BIOMO Family					Pager						
UE bidmc.org https://apps.bidmc.org/departments/radiology/QA/das 😭 🔻 C 🛐 Google 🔍								_			Piger: Outside	Network					
Most Visite	d + 🌾 C	etting Star	ted 🔝	Latest Head	lines +	HP Design	jet Z3	Notice ISI	We	» 🛃 Bookmark	APPLICATIONS * CLINICAL	RESEARCH	EDUCATION	INTRANETS	EMPLOYEE CENTRAL	(i) mytime	
_			_	_	70000000	1.11.11.11.11.11.11.11.11.11.11.11.11.1					Home + Intranets + Clinical + Radiology					Emergency Hur	Abers
					Radiolog	gy Adjunct Por	tal				IN RADIOLOGY						E Morej
			Rad	iology Pa	QA atient F	, QC, Safety	Idea Das	hhoard			Physician Portal	RADIOLOGY				(1) Events Calanda	
Raulology Fatient Experience idea Dashboard							InfoRad Advanced Imaging Laboratory	We have	PRADOUL								
					Initial		-				For Referring Clinicians	For Referring Clini	cians	Other I	tadiology Links	NETWORD SLARCH	
Description	Focus	Date, If Relevant	Campus	Area of Campus	Action	Suggestions	Reported	Status	Edited	Resolution To Date	Contacts	Information, Forms,	& Contacts	Radio	ogist Portal	ENTIRE SITE	
testing	Physician		West	Diagnostic	sf	sf	4/27/2012	Initial Report	4/27/2012	2 NO HIPAA	Schedules	Incide Redistant		Infolla	diology		SEARC
								Approved For Posting	[lbarbara]	violations, OK to	Residents & Fellows	Contacts		PACS	Veb via Metaframe		_
								rosting		review	Community Sites	Schedules		Radiol	ogy Order Dashboard	MY LINKS	- 1
(TBA)	Reception	4/25/2012	East	Nuclear Medicine	(TBA)	(TBA)	4/27/2012	Submission			Multimedia Galleries	Residents & Fellows		Needb	am ED Dashboard	Manage My Links	
					577					1	Forms	Sections & Divisions	67	Problet	n/QA Reporting	and a second design of the	
									_		News & Events	Forms		Patien	t Experience Idea System:	Tag This Page:	3.64
O Dations 5	fety Deportio	. 121	BIDMC P	Witent Safety P	Leporting S	ystem			-		PWC5 Research	News & Events		-Sub -Sta	rvit Idea tus Dashboard		
a 19211	rare group o	herma I /em	with carence	nin orojrminih	1/rickwah1	auto de la della	Net Consta	0)[4			Resources	PACS		Patien	t Safety		
Aost Visited -	Cetting 5	tarted La	test Headlin	es * 🗍 HP.D	lesigniet Z3	Notice 1	SI We.	> D Bookmark			QA & Safety	Resources		Emplo	yee/Occupational: 20710		
									_		Management Reports	QA & Safety		Protom	Contractor		
												Management Report	3	PACS	toture: 4-PACS		
Beth Israel Dea Medical Center	coness (1)			Patient Safe	ty Report	ing System			lom			Patient Info		Report	s Listen Line: 2-8583		
	-											Intranet Exam Fact	Sheets	Centa	s Webowister		
								_				Public Site Exam Fa	ct Sheets				
18/-1						Discourse	-										
incide	nts nes	ratient Sa	and up	eporung S	ditions	Friease Use for natients	and visi	em to report						Last	dited by Ibarbara on 4/27/2012		
anciu	1110, 1100	11113303	Picase Lool		annona	ion patienta		tora only.	-								
				User ID:													
				Password:								© Copyright 2012 (Beth lanes) phone:617-667-7000	Deatoness Medical G	nter 330 Brookline Av	L Boston, MA 02215		
		-		(Login) (C	141												

Silverman Symposium on Quality & Safety April 2-3, 2012

Dr. Jonathan Kruskal was one of three invited speakers at this year's Silverman Symposium "Spectacular Failure" session. Speaking to an impressively full (for 8 am) Sherman Auditorium, Dr. Kruskal presented an example in Radiology of a spectacular failure, *The Peer Review Process*, with self-deprecating humor and disarming candor which embraced the definition of spectacular failure given by Senior VP for Healthcare Quality, Kenneth Sands: *A well-intentioned, energetically executed project that yields unintended results from whose failure we can learn a great deal*. The following has been excerpted from the BIDMC portal. Please click on the links below for the full article.

Spectacular Failures: Intelligent errors point to future quality and safety success

Published: 4/5/2012 11:09:00 AM

BIDMC Today Website

Ken Sands, MD, MPH, Senior Vice President, Health Care Quality.

Editor's note: This is the second in a three-part series covering BIDMC's annual quality and safety conference that fosters discussion and collaboration and celebrates new initiatives. Click here to read the first article by Amy Edmondson, PhD, Novartis Professor of Leadership and Management at the Harvard University Business School, titled "Organizational Learning in Healthcare: Frequent Opportunities, Pervasive Barriers and Essential Strategies."

There are all types of failures in this world, from itty-bitty setbacks to major whopping disasters. One thing they all share in common is the desire to be kept quiet. That's too bad because there's a lot that can be learned from examining what went wrong.

"One of the important questions to ask is, 'Are we good at failure?," said Ken Sands, MD, MPH, Senior Vice President, Health Care Quality, when introducing the panel discussion on "Spectacular Failures" as part of the 5th Annual Silverman Symposium April 3. "By that I mean do we encourage innovation? Do we allow and reward taking some risks? When results are not as intended, do we celebrate the effort and look for the learnings? Do we incorporate those learnings, retool and try again?"

Sands announced BIDMC's new <u>Center for Healthcare Delivery Science</u> and a new <u>Innovation Grants Program</u> designed to provide a new, local opportunity for the BIDMC community to develop original, innovative solutions to operational problems in patient care, management, or operations. Through this competition, the Center aims to identify and develop future innovators and create value for BIDMC patients and the delivery system from the funded innovations. The Center will fund 2 to 4 projects in the range of \$25,000 - 75,000 per project over a one-year project period.

Click here to watch a video of the Spectacular Failure discussion.

Sands was joined for the discussion in a packed Sherman Auditorium by **Jonathan Kruskal, MD, PhD, Chair, Radiology**, and Alice Lee, Vice President, Business Transformation. They were joined by Amy Edmondson, PhD, Novartis Professor of Leadership and Management at Harvard University Business School, who delivered the symposium's keynote address on Monday afternoon. Sands distinguished spectacular failures as those in which "the plan and its execution were well-intended; the result was not as intended; and the learnings took us forward."

Kruskal discussed Radiology's peer review process, instituted in June of 2007, which requires each radiologist to anonymously review more than 500 of their peers' cases each year, looking for errors and oversights, and report them back. "We've had 60,000 cases of peer review, which is the largest case study I'm aware of in the world to date," he said. "We've published lots of papers, held training talks, done peer review conferences, won awards and made this part of our career advancement process."

By some standards all these papers, talks, conferences and awards would be taken as signs of success. But that would be missing the "spectacular failure," said Kruskal, that peer review was not improving physician performance or necessarily providing value for the department's referring physicians, patients and partners. Identifying and discussing errors and oversights didn't mean those same mistakes aren't still being repeated. "We had a good plan, but we forgot to analyze how the system really works," he said.

While still under review for improvements, the department is rolling-out a series of "tweaks," including a new generation of pop-up reminders tailored to the types of errors and missed diagnosis common to particular types of cases, a new self-evaluation process, and targeted reviews to address known problem areas.

"Peer review – if thoughtfully managed, constantly analyzed, participatory, proactive, non-punitive, not burdensome or distractive, frequent and timely – can be very effective and will lead to improved performance," said Kruskal.

An Outsider's View

Discussing Radiology's peer review program, which she called an ambitious effort in pursuit of a worthy goal, Edmondson said, "What you stumbled into is that we can't motivate insight. Systems that prioritize insight require us to dig deeper, which is where you find yourselves today."

"All three of these examples fall into the category of what I'd call 'intelligent failures," said Edmondson. "This is new territory, meaning we have not been in this exact space dealing with this exact problem before. These failures occur in pursuit of well-intentioned goals and information is not available saying it's the wrong way to go. These are all brilliant efforts."

Radiology also presented 7 posters chronicling departmental quality initiatives in MRI (Steve Flaherty and Jeremy Stormann), CT dose reduction (Tim Parritt), universal time out procedures (Misti Mullins) and a novel tool for fracture detection (Ammar Sarwar) at the Silverman poster sessions:

MRI on Patients with the Medtronic Revo SureScan Pacemaker

The Problem

MRI principles and regulatory advice caution against magnetic resonance imaging (MRI) scans for patients with implanted heart devices such as pacemakers. Still, a lack of information or communication has inadvertently resulted in MRI scans on such patients, with more than two dozen deaths thought to be associated with the procedure. How many deaths were really due to the scan is unknown while it is also unknown how many lives might be saved if patients with pacemakers could get diagnostic MRI scans. Medtronic estimates that some 200,000 pacemaker patients in the U.S. who could use MRI scans for a variety of diagnoses forgo them due to the risks of pacemaker interference and complications.

- Wilkoff et al reported a multi-center trial for "MR safe" dual-chamber Medtronic surescan pacemakers excluding the neck and chest region. The results indicated no MRI-related complications during or after MRI, including sustained ventricular arrhythmias, pacemaker inhibition or output failures, electrical resets, or other pacemaker malfunctions. [Magnetic resonance imaging in patients with a pacemaker system designed for the magnetic resonance environment, Heart Rhythm, 8:1, Jan 2011, p65-73.]
- Recent FDA approval of an MRI safe pacemaker (the Revo SureScan from Medtronic, approved Feb 2011) has created the opportunity to perform MR exams on patients with cardiac pacemakers. In the summer of 2011, BIDMC MRI started plans for scanning patients with the Revo SureScan Pacemaker.

Aim/Goal

Develop a robust and safe process to provide the necessary MRI imaging to select patients with pacemakers that would otherwise have to forgo the exam, while adhering to strict safety regulations and preventing delay in patient care.

Martin Smith, MD, Radiologist

The Team

Stephen Flaherty, MBA RT Manager MRI Jeremy Stormann, RT, Clinical Instructor MRI Subhendra Sarkar, PhD MRI Physicist

The Interventions

In the summer of 2011, the BIDMC MRI Department was the first academic medical center in Boston to offer scanning opportunities for those patients who have the FDA approved Revo SureScan Pacemaker. Manufacturer guidelines will be strictly followed and scanning will only be performed with the approval of the Electrophysiology (EP) Team in Cardiology.

- ≻ EP must determine that the patient is a good candidate for MR scanning. Patients who are pacer dependent or have unstable rhythms should not be scanned.
- The pacemaker must be placed at least 6 weeks prior to the MRI
- MR exams can only be performed on anatomical areas approved by the device manufacturer's safety guidelines.

The Revo SureScan can be identified on a chest x-ray by its distinctive label and leads







- The presence of an MRI safe pacemaker must be confirmed by recent chest x-ray (within 30days), surgical notes and/or manufacturer patient database.
- EP physicians will perform all pre and post scan testing and device programming according to the manufacturer's guidelines.
- The MRI exam must adhere to any safety restrictions provided by the device manufacturer.
- The patient must be actively monitored during the MR exam by an EP physician to ensure the patient safety throughout the exam.

The Results/Progress to Date

- MRI scans of the brain and lumbar spine have successfully been performed with no complications on three patients with Revo SureScan pacemakers.
- The RF power deposited in the brain and the body tissues during scanning were well within the vendor and FDA limits, and the quality of MR scan paralleled that of non-pacemaker MR patients.

Lessons Learned

- Scanning patients with the Revo SureScan Pacemaker has had a positive effect on patient care and improves patient satisfaction. We are now able to provide patients with imaging that is necessary to their diagnosis and care.
- Exams may need to be postponed to allow the pacemaker to be in place for at least 6 weeks before scanning.
- Constant communication with all departments involved is essential to ensure proper procedures are followed and appropriate personnel is present for the exam.

Next Steps/What Should Happen Next

- Educate referring providers and patients about the guidelines and procedures. Reduce time required to coordinate scheduling of patient exams. The current process requires a week or more to finalize an appointment.
- Refine and streamline our current practice to create a standard model for scanning patients with pacemakers and other cardiac devices.
- Refer Inter. Martin et al concluded that performance of MRI in appropriately selected, nonpacemaker-dependent patients can be accomplished with an acceptable safety profile. [Magnetic resonance imaging and cardiac pacemaker safety at 1.5-Tesia Cardio 2004/3:1315-24]

For More Information Contact

Jeremy Stormann BSRT, jstorman@bidmc.harvard.edu



Ammar Sarwar, MD - 3rd year Radiology Resident

A novel tool to improve detection of fractures on radiography: the digital anatomic avatar

The Problem

Problem An accurate history can improve a radiologist's interpretation. However, this ation is often absent from requests since detailed text entry can be time consuming, sence of localizing information can reduce the accuracy of a radiologist's attaino or increase the need for follow-up or cross-sectional imaging, raising costs. Since the introduction of computerized provider order entry, graphical user sen have become an option. If appropriately developed and implemented anatomical is can improve communication between healthcare providers. A well-designed graphical order entry system can help referrers by reducing intry time, improve radiologist accuracy by improving the quality of the information lie at the time of interpretation and improve patient safety by reducing errors. (Gool)

/Goal

The aim for the project was to determine the influence of the avatar on the vity, specificity, degree of confidence (DoC) (scale 1-10) and time to interpret the e Team mar Sarwar M.D. – Resident – Department of Radiology mry A. Nathanson M.D. – Faculty – Department of Emergency Medicine high M. Boiselle M.D. – Faculty – Department of Radiology ax P. Rosen M.D. – Faculty – Department of Radiology

The Interventions

The Interventions: A randomized study set of 99 subtle foot fractures (99/226, 78%) and "non-satured" foot radiographs (all confirmed with follow-up imaging) was provided to allologists for interpretation, using an internally developed computer based order entry m based on the patient's medical record (Figure 1). Approximately 50% (110/227) of the radiographs were provided with a text based in ourert clinical situations. The remaining radiographs were provided with an hased history. for radiograph interpretation, radiologist's interpretation of the "holgist's degree of confidence in their interpretation was recorded. Des to Date

ass to Date

vas provided to radiologists by the referring -hs in the original text based order. The was recorded from the patient's medical

ty for a subtle fracture from 68.4% to C from 8.0 to 8.3 (p<0.001) and sconds (p<0.001), across radiologist

*SS W Andrew Instant School True SILVERMAN INSTITUTE For Health Care Quality and Safety

For More Information Contact

A digital avatar complements the text history provided to an interpreting radiologist, improves sensitivity, specificity, localizing ability and degree of confidence and decreases the

A second phase "double-blind" study will be performed to confirm the results.

Information Systems specialists involved with provider order entry will be consulted to determine feasibility of introduction into BIDMC systems

Other modalities and indications will be assessed and avatars developed for these

Lessons Learned

odali

interpretation time.

Next Steps

AA

>

asarwar@bidmc.harvard.edu

252

Brain MRI on Patients with Indwelling Neurostimulators: A Low RF Energy Approach

The Problem

I are tank of the second termination (OBS) and vacat have a memory of the second of a grane programment of parameters to consider the second of the second of the second of the second of proposed and second of the second of the second of the second of the proposed of the second of the second of the second of the second of the proposed of the second of the second of the second of the proposed of the second of the sec

- Infection or akin ero Inplant hardware of

4W/kg (mint 0.1W/kg for

Aim/Goal

The Team

Stephen Fisherty, MBA RT, MRI M Endatros Paperensilos, MD Nes

The Interventions

control reverse the manufacture of the way accorrulate mount of RF emergy required. This was accorrulate robule to the amount of RF emergy deposited in the semances to cetand the duration of RF putaes.

- Beth Israel Deaconess W and Silver and Silver and Silver and Silver

ream that fails below the FDA pudetness facture of the DBS device sets a lenit of been to safety even when a



20 F3E T2 3000-4000 102

Results to Date

Next Steps

For More Information Con ohen Flaherty, MBA RT, MRI Man xillaher1@bidmc.harvard

Argunatum price Pig Argunatum matrix ETL additio (wa) angle boorg ball

320x320 18 296x724 11

20 FBE 12 19000 00 206274 12 4 00 5044 20 FBE 12 ABE 15000 125 2000 200024 12 7.4 00 5044 FBE FBE 1240 10 FBERRED THE TO LOG THE THE TO LOG THE





Steve Flaherty - Manager, MRI





May 2012 Radical Views /13

Milestones and Transitions

On Tuesday, April 17, BIDMC hosted its annual Employee Service Award Event at the Longwood Hall, Best Western Inn at Longwood Medical to honor employees celebrating their 20, 25, 30 and 40+ year anniversaries. Congratulations and thank you to the following members of Radiology for so many years of dedication and service:

20 years

Virginia Benway - IR Laura O'Donnell - CT Marilyn Plaistowe - IR Vassilios Raptopoulos - Abd Robin Young - Support Svc

25 years

Deborah Burstein - MRI Mary Cacciatore - IR Brian Deedy- Dx Kimberly Fuller - CT Joseph Jenkins - CT Gillian Lieberman - Rad Educ Peggy Newman - US Milton Thomas Jr - MRI

30 years

Dianne Davis - Support Scv Norma Estwick - Rad Physics? (Keegan Scott, mgr) Sandra Hurwitz - Support Scv



40-year veteran, Ferris Hall, looking by all accounts surprised at where all the time has gone!

40 years

Ferris Hall - Br Imaging

In May, BIDMC will honor employees celebrating their 5, 10, and 15 year anniversaries and Radiology will be very well represented with nearly 100 department members reaching such milestones in 2012.



On Wednesday, April 18, we wished our colleagues congratulations and good luck on their retirement at a reception at the Levanthal Conference Room and hosted by our Vice President Laurie Pascal:

Ruben Castor, IR/INR Eric Haynes, Ultrasound Theodora Griffith, Support Services Dianne Davis, Support Services Nancy Williams, Administrative Support

Honoring our retirees





Eric Haynes



Nancy Williams



Theodora Griffith



McKesson Comer HMFP contracts with McKesson for Revenue Cycle Management services including diagnosis coding, claims scrubbing, allowables monitoring, accounts receivable and insurance denial management, compliance and reporting. We offer this column by Kathleen West, McKesson's Senior Director of Account Management for Radiology, as an opportunity to keep you informed. During this time of revenue and utilization reductions, compliance scrutiny and increased payer denials, our partnership with McKesson has been vital to our ability to maintain our financial stability. Feel free to contact Kathy.west@mckesson.com should you have any specific questions or concerns related to the Revenue Cycle Management process.

Kathleen West

MSKESSON

Empowering Healthcare

Here is a recent communication from CMS to serve as another reminder to document the services you provide in compliance with CMS regulations and in defense of your hard earned revenue:

HHS Secretary and the Attorney General hosted the Seventh Regional Health Care Fraud Prevention Summit on Wed Apr 4. At this Chicago summit highlighting a new high-tech war against healthcare fraud, HHS Secretary Kathleen Sebelius and Attorney General Eric Holder discussed how the Affordable Care Act and the Obama Administration's Health Care Fraud Prevention and Enforcement Action Team (HEAT) are helping fight Medicare fraud.

The regional summits bring together a wide array of public and private partners, and are part of the HEAT partnership between HHS and the Department of Justice to prevent and combat healthcare fraud. The Obama Administration's HEAT efforts have resulted in record-breaking healthcare fraud recoveries. In FY2011, for the second year in a row, the departments' anti-fraud activities resulted in more than \$4 billion in recoveries, an all-time high.

New tools provided by the Affordable Care Act are strengthening the Obama Administration's efforts to fight healthcare fraud.

As a result of Affordable Care Act provisions:

- Criminals face tougher sentences for healthcare fraud, 20-50 percent longer for crimes that involve more than \$1 million in losses
- Contractors that police the Medicare program for waste, fraud, and abuse will expand their work to Medicaid, Medicare Advantage, and Medicare Part D programs
- Government entities, including states, CMS, and law enforcement partners at the Office of the Inspector General (OIG) and DOJ, have greater abilities to work together and share information so that CMS can prevent money from going to bad actors by using its authority to suspend payments to providers and suppliers engaged in suspected fraudulent activity

On Wed Apr 4, the Obama Administration also announced more progress from its anti-fraud efforts, beyond the nearly \$4.1 billion recovered last year:

- In the early phase of revalidating the enrollment of providers in Medicare, 234 providers were removed from the program because they were deceased, debarred, or excluded by other federal agencies, or were found to be in false storefronts or otherwise invalid business locations
- In 2011, HHS revoked 4850 Medicaid providers and suppliers and deactivated 56,733 Medicare providers and suppliers as HHS took steps to close vulnerabilities in the Medicare program
- In 2011, HHS saved \$208 million through pre-payment edits that stop implausible claims before they're paid
- Prosecutions are up: the number of individuals charged with fraud increased from 797 in FY2008 to 1430 in FY2011 -. nearly a 75 percent increase
- In the first few weeks of enhanced site visits required under the Affordable Care Act screening requirements, HHS found 15 providers and suppliers whose business locations were non-operational and terminated their billing privileges
- Through outreach and engagement efforts, more than 49,000 complaints of fraud from seniors and people with disabilities reported to 1-800-MEDICARE were referred for further evaluation
- A recent redesign of the quarterly Medicare Summary Notices received by Medicare beneficiaries makes it easier to spot and report fraud

The full text of this excerpted HHS press release (issued Wed Apr 4) can be found at http://www.HHS.gov/news/ press/2012pres/04/20120404a.html



Diagnostic Radiology Technologists Graduation: Dx Instructor Ana Cordero (center) stands proud with her 2012 graduates: Lindsay Robins, Julie Nicholson, Jasmar Silva, Daleiny Peña, Meron Ayele, and Alketa Mbrice



Publication Call Out: A paper co-authored by current Women's Imaging Fellow Carolynn DeBenedectis and 1998 Women's Imaging Fellow Elizabeth Lazarus (now on faculty at Brown University).

WOMEN'S IMAGING

RadioGraphics

MR Imaging Evaluation of Abdominal Pain during Pregnancy: Appendicitis and Other Nonobstetric Causes¹

317

CME FEATURE

See www.rsna .org/education /rg_cme.html

LEARNING OBJECTIVES FOR TEST 1

After completing this journal-based CME activity, participants will be able to:

Describe the normal abdominal and pelvic anatomy of the pregnant patient at MR imaging.

List the MR imaging findings of appendicitis during pregnancy.

Recognize the MR imaging appearances of entities beyond appendicitis that can cause abdominal or pelvic pain in pregnant patients.

TEACHING POINTS See last page

Lucy B. Spalluto, MD • Courtney A. Woodfield, MD² • Carolynn M. DeBenedectis, MD • Elizabeth Lazarus, MD

Clinical diagnosis of the cause of abdominal pain in a pregnant patient is particularly difficult because of multiple confounding factors related to normal pregnancy. Magnetic resonance (MR) imaging is useful in evaluation of abdominal pain during pregnancy, as it offers the benefit of cross-sectional imaging without ionizing radiation or evidence of harmful effects to the fetus. MR imaging is often performed specifically for diagnosis of possible appendicitis, which is the most common illness necessitating emergency surgery in pregnant patients. However, it is important to look for pathologic processes outside the appendix that may be an alternative source of abdominal pain. Numerous entities other than appendicitis can cause abdominal pain during pregnancy, including processes of gastrointestinal, hepatobiliary, genitourinary, vascular, and gynecologic origin. MR imaging is useful in diagnosing the cause of abdominal pain in a pregnant patient because of its ability to safely demonstrate a wide range of pathologic conditions in the abdomen and pelvis beyond appendicitis.

©RSNA, 2012 • radiographics.rsna.org

Abbreviations: ACR = American College of Radiology; FISP = fast imaging with steady-state precession; GRE = gradient-echo; HELLP = hemolysis, elevated liver enzyme levels, and low platelet count; IBD = inflammatory bowel disease; SSFSE = single-shot fast spin-echo

RadioGraphics 2012; 32:317–334 • Published online 10.1148/rg.322115057 • Content Codes: GI || GU || MR || OB

¹From the Department of Diagnostic Imaging, Warren Alpert Medical School of Brown University, Women and Infants Hospital, Rhode Island Hospital, Providence, RI. Presented as an education exhibit at the 2010 RSNA Annual Meeting. Received March 18, 2011; revision requested May 12 and received July 5; accepted July 20. For this journal-based CME activity, the authors, editor, and reviewers have no relevant relationships to disclose. **Address correspondence to** L.B.S., Department of Radiology, Vanderbilt University Medical Center, 1161 21st Ave S, Nashville, TN 37232 (e-mail: *lucy:b.spalluto@vanderbilt.edu*).

²Current address: Diagnostic Imaging, Trevose, Pa.

2012 BIDMC Radiology Publications [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.

Note that publications do not always appear in Pubmed in the same month they are actually published and publications listing an Epub date may be updated into the new year, thus their paper publication will appear in 2012.

Agrawal JR, Travis AC, **Mortele KJ**, Silverman SG, Maurer R, Reddy SI, Saltzman JR. Diagnostic yield of dual-phase computed tomography enterography in patients with obscure gastrointestinal bleeding and a non-diagnostic capsule endoscopy. J Gastroenterol Hepatol. 2012 Apr;27(4):751-9. doi:10.1111/j.1440-1746.2011.06959.x.

Akçakaya M, Basha TA, Chan RH, Rayatzadeh H, Kissinger KV, Goddu B, Goepfert LA, **Manning WJ**, Nezafat R. Accelerated contrast-enhanced whole-heart coronary MRI using low-dimensional-structure self-learning and thresholding. Magn Reson Med. 2012 May;67(5):1434-43. doi: 10.1002/mrm.24242. Epub 2012 Mar 5. PMCID: PMC3323762.

Alsop DC. Arterial spin labeling: its time is now. MAGMA. 2012 Apr;25(2):75-7.

<u>Appelbaum L</u>, Ben-David E, **Sosna J**, Nissenbaum Y, **Goldberg SN**. US Findings after Irreversible Electroporation Ablation: Radiologic-Pathologic Correlation. Radiology. 2012 Jan;262(1):117-25. Epub 2011 Nov 21.

Appelbaum E, Maron BJ, Adabag S, Hauser TH, Lesser JR, Haas TS, Riley AB, Harrigan CJ, Delling FN, Udelson JE, Gibson CM, **Manning WJ**, Maron MS. Intermediate-signal-intensity late gadolinium enhancement predicts ventricular tachyarrhythmias in patients with hypertrophic cardiomyopathy. Circ Cardiovasc Imaging. 2012 Jan 1;5(1):78-85.

Arbab-Zadeh A, Miller JM, Rochitte CE, Dewey M, Niinuma H, Gottlieb I, Paul N, **Clouse ME**, Shapiro EP, Hoe J, Lardo AC, Bush DE, de Roos A, Cox C, Brinker J, Lima JA. Diagnostic Accuracy of Computed Tomography Coronary Angiography According to Pre-Test Probability of Coronary Artery Disease and Severity of Coronary Arterial Calcification The CORE-64 (Coronary Artery Evaluation Using 64-Row Multidetector Computed Tomography Angiography) International Multicenter Study. J Am Coll Cardiol. 2012 Jan 24;59(4):379-87.

Ashitate Y, Lee BT, Laurence RG, Lunsford E, Hutteman M, Oketokoun R, Choi HS, **Frangioni JV**. Intraoperative Prediction of Postoperative Flap Outcome Using the Near-Infrared Fluorophore Methylene Blue. Ann Plast Surg. 2012 Mar 6. [Epub ahead of print]

Ashitate Y, Kim SH, Tanaka E, Henary M, Choi HS, **Frangioni JV**, Flaumenhaft R. Two-wavelength near-infrared fluorescence for the quantitation of drug antiplatelet effects in large animal model systems. J Vasc Surg. 2012 Apr 14. [Epub ahead of print] PubMed PMID: 22503225.

Ben-David E, <u>Appelbaum L</u>, **Sosna J**, Nissenbaum I, **Goldberg SN**. Characterization of irreversible electroporation ablation in in vivo porcine liver. AJR Am J Roentgenol. 2012 Jan;198(1):W62-8.

Berg WA, Zhang Z, Lehrer D, Jong RA, Pisano ED, Barr RG, Böhm-Vélez M, Mahoney MC, Evans WP 3rd, Larsen LH, Morton MJ, Mendelson EB, Farria DM, Cormack JB, Marques HS, Adams A, Yeh NM, Gabrielli G; ACRIN 6666 Investigators (**Fein-Zachary V**). Detection of breast cancer with addition of annual screening ultrasound or a single screening MRI to mammography in women with elevated breast cancer risk. JAMA. 2012 Apr 4;307(13):1394-404. PubMed PMID: 22474203.

Boiselle PM. A New JTI Milestone. J Thorac Imaging. 2012 Jan;27(1):1.

Boiselle PM. "Readers' opinion". J Thorac Imaging. 2012 Mar;27(2):72.

Boiselle PM. Jeff kanne appointed as consulting editor for electronic media. J Thorac Imaging. 2012 Mar;27(2):71.

Boiselle PM. "Quality matters". J Thorac Imaging. 2012 May;27(3):137.

Boiselle PM, Abbara S, Blanke P, A Leipsic J, Sundaram B, Quint LE. Expert Opinion: MDCT Aortic Root Measurements for Transcatheter Aortic Valve Implantation. J Thorac Imaging. 2012 May;27(3):140.

Boiselle PM, Goodman LR, <u>Litmanovich D</u>, Rémy-Jardin M, Schaefer-Prokop C. Expert Opinion: CT Pulmonary Angiography in Pregnant Patients With Suspected Pulmonary Embolism. J Thorac Imaging. 2012 Jan;27(1):5.

Boiselle PM, Nikolaou K, Schoepf UJ, Seo JB. Expert Opinion: Dual Energy CT: Most and Least Relevant Cardiopulmonary Imaging Applications. J Thorac Imaging. 2012 Jan;27(1):6.

Boiselle PM, Reddy GP. Editors' recognition awards for distinction in reviewing in 2011. J Thorac Imaging. 2012 Jan;27(1):2.

Bollen TL, Singh VK, Maurer R, Repas K, van Es HW, Banks PA, **Mortele KJ**. A comparative evaluation of radiologic and clinical scoring systems in the early prediction of severity in acute pancreatitis. Am J Gastroenterol. 2012 Apr;107(4):612-9. doi: 10.1038/ajg.2011.438. Epub 2011 Dec 20.

<u>Brook OR</u>, Gourtsoyianni S, <u>Mendiratta-Lala M</u>, Mahadevan A, **Siewert B**, **Sheiman RR**. Safety profile and technical success of imaging-guided percutaneous fiducial seed placement with and without core biopsy in the abdomen and pelvis. AJR Am J Roentgenol. 2012 Feb;198(2):466-70

<u>Brook OR</u>, Gourtsoyianni S, **Brook A**, Mahadevan A, **Wilcox C**, **Raptopoulos V**. Spectral CT with Metal Artifacts Reduction Software for Improvement of Tumor Visibility in the Vicinity of Gold Fiducial Markers. Radiology. 2012 Mar 13. [Epub ahead of print]

Bulman JC, Toth R, Patel AD, Bloch BN, McMahon CJ, Ngo L, Madabhushi A, **Rofsky NM**. Automated Computer-derived Prostate Volumes from MR Imaging Data: Comparison with Radiologist-derived MR Imaging and Pathologic Specimen Volumes. Radiology. 2012 Jan;262(1):144-51. PMCID: PMC3262981.

Canto MI, Hruban RH, Fishman EK, Kamel IR, Schulick R, Zhang Z, Topazian M,Takahashi N, Fletcher J, Petersen G, Klein AP, Axilbund J, Griffin C, Syngal S,Saltzman JR, **Mortele KJ**, Lee J, Tamm E, Vikram R, Bhosale P, Margolis D, Farrell J, Goggins M; American Cancer of the Pancreas Screening (CAPS) Consortium. Frequent detection of pancreatic lesions in asymptomatic high-risk individuals. Gastroenterology. 2012 Apr;142(4):796-804. Epub 2012 Jan 12. PMCID: PMC3321068.

Chansakul T, **Lai KC**, **Slanetz PJ**. The postconservation breast: part 1, expected imaging findings. AJR Am J Roentgenol. 2012 Feb;198(2):321-30. Review.

Chansakul T, **Lai KC**, **Slanetz PJ**. The postconservation breast: part 2, imaging findings of tumor recurrence and other long-term sequelae. AJR Am J Roentgenol. 2012 Feb;198(2):331-43. Review.

Chuang ML, Gona P, Salton CJ, Yeon SB, Kissinger KV, Blease SJ, Levy D, O'Donnell CJ, **Manning WJ**. Usefulness of the Left Ventricular Myocardial Contraction Fraction in Healthy Men and Women to Predict Cardiovascular Morbidity and Mortality. Am J Cardiol. 2012 Feb 28. [Epub ahead of print]

<u>Corwin MT</u>, Smith AJ, Karam AR, **Sheiman RG**. Incidentally detected misty mesentery on CT: risk of malignancy correlates with mesenteric lymph node size. J Comput Assist Tomogr. 2012 Jan-Feb;36(1):26-9.

Dialani V, Lai KC, Slanetz PJ. MR imaging of the reconstructed breast: What the radiologist needs to know. Pictorial Review. Insights into Imaging; European Society of Radiology (16 March 2012). DOI: 10.1007/ s13244-012-0150-7.

Demetri-Lewis A, **Slanetz PJ**, **Eisenberg RL**. Breast calcifications: the focal group. AJR Am J Roentgenol. 2012 Apr;198(4):W325-43.

Didolkar MM, Malone AL, Nunley JA 2nd, Dodd LG, Helms CA. Pseudotear of the peroneus longus tendon on MRI, secondary to a fibrocartilaginous node. Skeletal Radiol. 2012 Feb 15.

Ellis RJ, Norton AC, Overy K, Winner E, **Alsop DC**, Schlaug G. Differentiating maturational and training influences on fMRI activation during music processing. Neuroimage. 2012 Apr 15;60(3):1902-12. Epub 2012 Feb 9.

Francis JM, **Palmer MR**, **Donohoe K**, Curry M, Johnson SR, Karp SJ, Evenson AR, Pavlakis M, Hanto DW, Mandelbrot DA. Evaluation of native kidney recovery after simultaneous liver-kidney transplantation. Transplantation. 2012 Mar 15;93(5):530-5.

Goldberg SN. Mechanisms matter. J Vasc Interv Radiol. 2012 Jan;23(1): 114-5.

Goldberg SN. Science to Practice: What Do Molecular Biologic Studies in Rodent Models Add to Our Understanding of Interventional Oncologic Procedures including Percutaneous Ablation by Using Glyceraldehyde-3-Phosphate Dehydrogenase Antagonists? Radiology. 2012 Mar;262(3):737-9.

Hall FM. Digital mammography versus full-field digital mammography. AJR Am J Roentgenol. 2012 Jan;198(1):240.

Hall FM, Glynn CG, Farria DM, Monsees BS, Salcman JT, Wiele KN. Transition to digital mammography. Radiology. 2012 Jan;262(1):374.

Hall FM, Yue JJ, Murtagh RD, Quencer RM, Castellvi AE. Transpedicular fusions and lice. Radiology. 2012 Jan;262(1):372.

Handley R, Zelaya FO, Reinders AA, Marques TR, Mehta MA, O'Gorman R, **Alsop DC**, Taylor H, Johnston A, Williams S, McGuire P, Pariante CM, Kapur S, Dazzan P. Acute effects of single-dose aripiprazole and haloperidol on resting cerebral blood flow (rCBF) in the human brain. Hum Brain Mapp. 2012 Mar 25. doi: 10.1002/hbm.21436. [Epub ahead of print]

Heitkamp DE, Mohammed TL, Kirsch J, Amorosa JK, Brown K, Chung JH, Dyer DS, Ginsburg ME, Kanne JP, Kazerooni EA, Ketai LH, **Parker JA**, Ravenel JG, Saleh AG, Shah RD. ACR Appropriateness Criteria(*)Acute Respiratory Illness in Immunocompromised Patients. J Am Coll Radiol. 2012 Mar;9(3):164-9.

Hendee W, Bernstein MA, **Levine D**. Scientific journals and impact factors. Skeletal Radiol. 2012 Feb;41(2):127-8.

Hennessey JV, **Parker JA**, Kennedy R, Garber JR. Comments regarding Practice Recommendations of the American Thyroid Association for radiation safety in the treatment of thyroid disease with radioiodine. Thyroid. 2012 Mar;22(3):336-7; author reply 337-8. Epub 2012 Feb 3.

Honigman L, Jesus J, Pandey S, **Camacho M**, Tibbles C, Friedberg R. Sacral Decubitus Ulcers and Bacterial Meningitis. J Emerg Med. 2012 Feb 22.

Hutteman M, van der Vorst JR, Gaarenstroom KN, Peters AA, Mieog JS, Schaafsma BE, Löwik CW, **Frangioni JV**, van de Velde CJ, Vahrmeijer AL. Optimization of near-infrared fluorescent sentinel lymph node mapping for vulvar cancer. Am J Obstet Gynecol. 2012 Jan;206(1):89.e1-5. Epub 2011 Jul 30. PMCID: PMC3246078.

Inoue K, Liu F, Hoppin J, Lunsford EP, Lackas C, Hesterman J, **Lenkinski RE**, Fujii H, **Frangioni JV**. High-resolution Computed Tomography Of Single Breast Cancer Microcalcifications In Vivo. Mol Imaging. 2012;11(0):1-10. Ip IK, **Mortele KJ**, Prevedello LM, Khorasani R. Repeat abdominal imaging examinations in a tertiary care hospital. Am J Med. 2012 Feb;125(2):155-61.

<u>Jeffers AB</u>, <u>Saghir A</u>, **Camacho M**. Formal reporting of second-opinion CT interpretation: experience and reimbursement in the emergency department setting. Emerg Radiol. 2012 Jan 13.

<u>Khosa F</u>, Warraich H, <u>Khan A</u>, Mahmood F, Markson L, **Clouse ME**, **Manning WJ**. Prevalence of non-cardiac pathology on clinical transthoracic echocardiography. J Am Soc Echocardiogr. 2012 May;25(5):553-7.

Khullar OV, Griset AP, Gibbs-Strauss SL, Chirieac LR, Zubris KA, **Frangioni** JV, Grinstaff MW, Colson YL. Nanoparticle migration and delivery of Paclitaxel to regional lymph nodes in a large animal model. J Am Coll Surg. 2012 Mar;214(3):328-37. Epub 2012 Jan 5. PMCID: PMC3288886.

Koo BB, Bergethon P, Qiu WQ, Scott T, Hussain M, Rosenberg I, Caplan LR, **Bhadelia RA**. Clinical Prediction of Fall Risk and White Matter Abnormalities: A Diffusion Tensor Imaging Study. Arch Neurol. 2012 Feb 13.

Kruskal JB, Reedy A, Pascal L, Rosen MP, Boiselle PM. Quality initiatives: lean approach to improving performance and efficiency in a radiology department. Radiographics. 2012 Mar-Apr;32(2):573-87.

Lee EY, Restrepo R, Dillman JR, <u>Ridge CA</u>, Hammer MR, **Boiselle PM**. Imaging evaluation of pediatric trachea and bronchi: systematic review and updates. Semin Roentgenol. 2012 Apr;47(2):182-96. PubMed PMID: 22370196.

Lee JH, Choi HS, Nasr KA, Ha M, Kim Y, **Frangioni JV**. Correction to High-Throughput Small Molecule Identification Using MALDI-TOF and a Nanolayered Substrate. Anal Chem. 2012 Feb 17.

Lee KS, Muñoz A, Báez AB, Ngo L, Rofsky NM, Pedrosa I.

Corticomedullary differentiation on T1-Weighted MRI: Comparison between cirrhotic and noncirrhotic patients. J Magn Reson Imaging. 2012 Mar;35(3):644-9. doi: 10.1002/jmri.22852. Epub 2011 Oct 26. PMCID: PMC3275662.

Leung AN, Bull TM, Jaeschke R, Lockwood CJ, **Boiselle PM**, Hurwitz LM, James AH, McCullough LB, Menda Y, Paidas MJ, Royal HD, Tapson VF, Winer-Muram HT, Chervenak FA, Cody DD, McNitt-Gray MF, Stave CD, Tuttle BD; On Behalf of the ATS/STR Committee on Pulmonary Embolism in Pregnancy. American Thoracic Society Documents: An Official American Thoracic Society/Society of Thoracic Radiology Clinical Practice Guideline-Evaluation of Suspected Pulmonary Embolism in Pregnancy. Radiology. 2012 Feb;262(2):635-646.

Levine D, Kressel HY. Editors' Response to Krishna S, Mittal V, Saxena AK, Sodhi KS. Biliary Atresia in Neonates and Infants. doi: 10.1148/ radiol.11110959 December 2011 Radiology, 261, 997-998.

Madhuranthakam AJ, **Smith MP**, Yu H, Shimakawa A, Reeder SB, **Rofsky NM**, McKenzie CA, Brittain JH. Water-silicone separated volumetric MR acquisition for rapid assessment of breast implants. J Magn Reson Imaging. 2012 Jan 13. doi: 10.1002/jmri.22872. [Epub ahead of print]

Madhuranthakam AJ, Sarkar SN, Busse RF, Bakshi R, **Alsop DC**. Optimized double inversion recovery for reduction of T₁ weighting in fluidattenuated inversion recovery. Magn Reson Med. 2012 Jan;67(1):81-8. doi: 10.1002/mrm.22979. Epub 2011 May 16.

Marquand AF, O'Daly OG, De Simoni S, **Alsop DC**, Maguire RP, Williams SC, Zelaya FO, Mehta MA. Dissociable effects of methylphenidate, atomoxetine and placebo on regional cerebral blood flow in healthy volunteers at rest: a multi-class pattern recognition approach. Neuroimage. 2012 Apr 2;60(2):1015-24. Epub 2012 Jan 14. PMCID: PMC3314973. McMahon CJ, Madhuranthakam AJ, Wu JS, Yablon CM, Wei JL, Rofsky NM, Hochman MG. High-resolution proton density weighted threedimensional fast spin echo (3D-FSE) of the knee with IDEAL at 1.5 tesla: Comparison with 3D-FSE and 2D-FSE-initial experience. J Magn Reson Imaging. 2012 Feb;35(2):361-9. doi: 10.1002/jmri.22829. Epub 2011 Oct 27.

Mottola JC, Sahni VA, Erturk SM, Swanson R, Banks PA, **Mortele KJ**. Diffusion-weighted MRI of focal cystic pancreatic lesions at 3.0-Tesla: preliminary results. Abdom Imaging. 2012 Feb;37(1):110-7.

<u>Mullan CP</u>, **Siewert B**, **Eisenberg RL**. Small bowel obstruction. AJR Am J Roentgenol. 2012 Feb;198(2):W105-17.

Nam S, Akçakaya M, Basha T, Stehning C, **Manning WJ**, Tarokh V, Nezafat R. Compressed sensing reconstruction for whole-heart imaging with 3D radial trajectories: A graphics processing unit implementation. Magn Reson Med. 2012 Mar 5. doi: 10.1002/mrm.24234. [Epub ahead of print]

Orcutt KD, Rhoden JJ, Ruiz-Yi B, **Frangioni JV**, Wittrup KD. Effect of Small Molecule Binding Affinity on Tumor Uptake In Vivo. Mol Cancer Ther. 2012 Apr 5. [Epub ahead of print]

Parker JA, Coleman RE, Grady E, Royal HD, Siegel BA, Stabin MG, Sostman HD, Hilson AJ; Society of Nuclear Medicine. SNM practice guideline for lung scintigraphy 4.0. J Nucl Med Technol. 2012 Mar;40(1):57-65. Epub 2012 Jan 26.

Patel B, Mottola J, Sahni VA, Cantisani V, Ertruk M, Friedman S, Bellizzi AM, Marcantonio A, **Mortele KJ**. MDCT assessment of ulcerative colitis: radiologic analysis with clinical, endoscopic, and pathologic correlation. Abdom Imaging. 2012 Feb;37(1):61-9.

Pedrosa I, Rafatzand K, <u>Robson P</u>, Wagner AA, Atkins MB, **Rofsky NM**, **Alsop DC**. Arterial spin labeling MR imaging for characterisation of renal masses in patients with impaired renal function: initial experience. Eur Radiol. 2012 Feb;22(2):484-92.

Pianykh O. Finitely-Supported L2-Optimal Kernels for Digital Signal Interpolation." Signal Processing, IEEE Transactions. 2012 (Jan);60(1): 494-498. (IEEE Signal Processing Society)

Ranganath SH, Lee EY, Restrepo R, **Eisenberg RL**. Mediastinal masses in children. AJR Am J Roentgenol. 2012 Mar;198(3):W197-216.

<u>Sekhar A</u>, **Eisenberg RL**, **Yablon CM**. Enhancing the resident experience with global health electives. AJR Am J Roentgenol. 2012 Feb;198(2):W118-21.

Sheiman RG, <u>Mullan C</u>, **Ahmed M**. In vivo determination of a modified heat capacity of small hepatocellular carcinomas prior to radiofrequency ablation: Correlation with adjacent vasculature and tumour recurrence. Int J Hyperthermia. 2012;28(2):122-31.

Shinagare AB, Meylaerts LJ, Laury AR, **Mortele KJ**. MRI features of ovarian fibroma and fibrothecoma with histopathologic correlation. AJR Am J Roentgenol. 2012 Mar;198(3):W296-303.

Slanetz PJ, Boiselle PM. Mentoring matters. AJR Am J Roentgenol. 2012 Jan;198(1):W11-2.

Sun MR, Wagner AA, San Francisco IF, Brook A, Kavoussi L, Russo P, Steele G, Viterbo R, Pedrosa I. Need for Intraoperative Ultrasound and Surgical Recommendation for Partial Nephrectomy: Correlation With Tumor Imaging Features and Urologist Practice Patterns. Ultrasound Q. 2012 Mar;28(1):21-27.

Thadhani R, Appelbaum E, Pritchett Y, Chang Y, Wenger J, Tamez H, Bhan I, Agarwal R, Zoccali C, Wanner C, Lloyd-Jones D, Cannata J, Thompson BT, Andress D, Zhang W, Packham D, Singh B, Zehnder D, Shah A, Pachika A, **Manning WJ**, Solomon SD. Vitamin D therapy and cardiac structure and function in patients with chronic kidney disease: the PRIMO randomized controlled trial. JAMA. 2012 Feb 15;307(7):674-84.

<u>Thornton E, Brook OR, Mendiratta-Lala M</u>, **Hallett DT**, **Kruskal JB**. Application of failure mode and effect analysis in a radiology department. Radiographics. 2011 Jan-Feb;31(1):281-93. Epub 2010 Oct 27. Review.

<u>Varma G</u>, **Lenkinski RE**, **Vinogradov E**. Keyhole chemical exchange saturation transfer. Magn Reson Med. 2012 Jan 13. doi: 10.1002/ mrm.23310. [Epub ahead of print]

Vinocur DN, Lee EY, **Eisenberg RL**. Neonatal intestinal obstruction. AJR Am J Roentgenol. 2012 Jan;198(1):W1-W10.

Vinogradov E, Soesbe TC, Balschi JA, Dean Sherry A, **Lenkinski RE**. pCEST: Positive contrast using Chemical Exchange Saturation Transfer. J Magn Reson. 2012 Feb;215:64-73. Epub 2011 Dec 27.

Viswanath SE, Bloch NB, Chappelow JC, Toth R, **Rofsky NM**, Genega EM, **Lenkinski RE**, Madabhushi A. Central gland and peripheral zone prostate tumors have significantly different quantitative imaging signatures on 3 tesla endorectal, in vivo T2-weighted MR imagery. J Magn Reson Imaging. 2012 Feb 15. doi: 10.1002/jmri.23618.

Wang K, Chen YC, **Palmer MR**, Tal I, Ahmed A, Moss AC, **Kolodny GM**. Focal physiologic fluorodeoxyglucose activity in the gastrointestinal tract is located within the colonic lumen. Nucl Med Commun. 2012 Jan 11.

Wasilewska E, Lee EY, **Eisenberg RL**. Unilateral hyperlucent lung in children. AJR Am J Roentgenol. 2012 May;198(5):W400-14.

You JJ, Singer DE, Howard PA, Lane DA, Eckman MH, Fang MC, Hylek EM, Schulman S, Go AS, Hughes M, Spencer FA, **Manning WJ**, Halperin JL, Lip GY. Antithrombotic Therapy for Atrial Fibrillation: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. Chest. 2012 Feb;141(2 Suppl):e531S-75S.

*New citations in blue...

Thanks to technology, PubMed is able to immediately list citations as they are published online (*Epub Ahead of Print*). These are listed in our bibliography in blue type denoting "new" publications; however, please note that when the print version comes out, the citation does not appear in blue as a new item, it is merely updated. So when updating your CVs from this bibliography, please keep checking for final citations which include print data. For example:

Ellis RJ, Norton AC, Overy K, Winner E, **Alsop DC**, Schlaug G. Differentiating maturational and training influences on fMRI activation during music processing. Neuroimage. 2012 Feb 9.

Ellis RJ, Norton AC, Overy K, Winner E, **Alsop DC**, Schlaug G. Differentiating maturational and training influences on fMRI activation during music processing. Neuroimage. 2012 Apr 15;60(3):1902-12.

The editor apologizes for any confusion!

Radical Views is published monthly (with a hiatus in August). To submit news, comments, and publications, please email Donna Wolfe, Editor at: dwolfe@bidmc.harvard.edu or call 617-754-2515