Radical Views... from the Department of Radiology



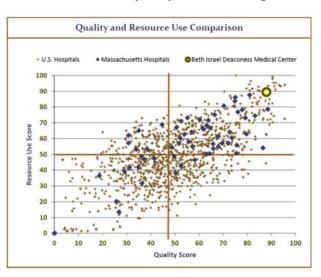
FROM THE CHIEF Jonathan B. Kruskal, MD PhD

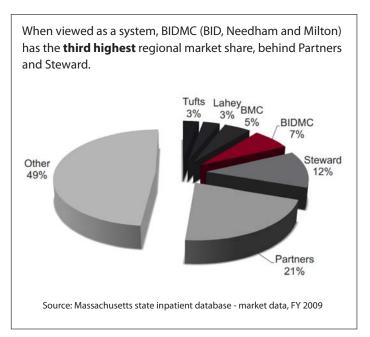
The upcoming Harvard Medical School review of our Department has provided many of us with a unique opportunity to look at just how far we have come since our last review 7 years ago. We are specifically asked to address what our areas of excellence are, and what challenges and barriers may exist to hinder our progress. What is fascinating to me is how much has changed during this time – we have so many areas where we excel and many of these distinguish us from our local academic colleagues. Let me just share that our number one on the list of areas of excellence is you – we truly have a very large (over 550), diverse, compassionate, dedicated staff that will continue to grow. If we stop to reflect on our four missions, think of the devoted and excellent people we have working to support clinical care, research, teaching and our community services. Thank you to each and every one of you.

Because of the review, these past two months have been among the busiest on record and an end is within sight. To date we have assembled a 300+ page document detailing our achievements and goals in education, research and clinical care. A word of thanks to all of you who have enthusiastically contributed to preparing the required document. However, Donna Wolfe has once again gone above and beyond even my huge expectations and has spent countless hours, days and long nights and into very early mornings to help us show our face. Donna the document we are submitting is outstanding not only because of the content, but because of the personality you have given it which reflects just who we are and how proud we should all be. Thank you.

The goal of the Harvard Review is to ensure that the highest standards of research, scholarship and educational excellence are maintained by their affiliated clinical departments. In the process of preparing for this review, these two graphs were discovered and I wanted to share them with you. The department will be reviewed over a 2-day period early next month and with statistics like those below, we have more than enough reason to stand proud!

National data from Leapfrog shows that among US and MA hospitals, **BIDMC ranks tops for high quality and lower cost**. This is an **extremely competitive advantage**.





In the meantime, we are also being surveyed by the The Joint Commission (formerly JCAHO) and to prepare for this, please see pages 3 and 4 for tips and refreshers on survey ettiquette and protected health information protocols if you cannot make today's Grand Rounds presentation by Dr. Bettina Siewert on TJC Preparedness.

Volume 5, Number 7

Harvard Medical Sch

FBRUARY 201

Beth Israel Deaconess

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Radiology Calendar February 2013

Mon	Tues	Wed	Thurs	Fri
Weekly Mon Section Meetings: 12:00-1:00 MRI (monthly) [Ansin 2] 3:00-4:00 ED section meeting (monthly) [ED annex, WCC]		Weekly Wed Section Meetings: 11:00-12:00 MSK clinical conf 12:00-1:00 CardioThoracic, GI/GU Oncology 3:00-4:00 Mammo [TCC-484]	Weekly Thurs Section Meetings: 12:00 - 1:30 Abd [WCC-354] 12:00-1:00 MSK	1 7:30 - 8:15 Resident Conference - ME 12:00-1:00 Grand Rounds - TJC Preparedness (Bettina Siewert) [Sherman Auditorium]
4 7:30 - 9:00 ED month (Sejal Shah)	5 7:30 - 8:15 ED month (Jim Wu) 8:15-9:00 ED month (Elisa Flower)	6 7:30 - 9:00 ED month (Marc Camacho) 7:15 - 8:00 US meeting (WCC-304A Gallery)	7 7:30 - 9:00 ED month (Jonathan Kleefield) 12:00-1:00 Abdominal Q/A Conference - Yiming Gao	8 12:00-1:00 No Grand Rounds - NERRS
11 7:30 - 9:00 ED month (Karen Lee) 1:00-2:00 Body MRI meeting [Ansin 2]	12 7:30 - 9:00 ED month (Bettina Siewert) 10:30-11:30 NMMI meeting [GZ-103]	13 7:30-8:15 Blunt abdominal trauma I (Sejal Shah) 8:15-9:00 Blunt abdominal trauma IL (Robin Levenson)	14 7:30 - 8:15 ED month (Rafael Rojas) 8:15-9:00 ED month (Manjiri Didolkar) 2:00-3:00 West MedRads - Body Senior [TCC 484]	15 12:00-1:00 Grand Rounds: 4th yr Resident QA Projects [Sherman Auditorium]
18 Presidents Day	19 7:30 - 8:15 ED month (Phillip Boiselle) 8:15-9:00 ED month (Paul Spirn) 8:00-9:00 IR Meeting [West Recovery]	20 7:30 - 9:00 ED month (Robert Kane)	21 7:30 - 8:15 ED month (Muneeb Ahmed) 8:15-9:00 ED month (Mary Hochman)	22 12:00-1:00 Grand Rounds: 4th yr Resident QA Projects [Sherman Auditorium]
25 7:30 - 9:00 ED month (Robin Levenson)	26 7:30 - 8:15 ED month (Andrew Bennett) 8:15-9:00 ED month (Sachin Pandey) 10:30-11:30 NMMI meeting [GZ-103]	27 7:30 - 8:15 ED month (Deborah Levine 8:15-9:00 ED month (Gul Moonis)	28 2:00-3:00 West MedRads - Body Senior [TCC 484]	



Welcome Mario Silva, new research fellow in Cardiothoracic Imaging:

Dr. Silva will be working with Dr. Alexander Bankier on projects related to quantitative analysis of thoracic CT data, notably in patients with COPD. Dr. Silva earned his medical degree from the University of Parma where he also completed his internship in radiology and residency training in diagnostic imaging. Prior to joining us at BIDMC in January 2013, he also served as a fellow in Cardiovascular Imaging at the *Policlinico Sant'Orsola-Malpighi* in Bologna, Italy.

*Consult the webpage for the most up-to-date schedule: http://home.caregroup.org/departments/radiology/residency/scheduling/conferences/displayMonthNew.asp

DEPARTMENTAL NEWS:



The Joint Commission is coming!

In anticipation of our Joint Commission survey this year you will be hearing the buzz of preparedness and your sections are most likely focusing on ensuring that everything is ever ready from self-audits to mock surveys. When The Joint Commission arrives they will be evaluating us in the areas of patient rights, provisions of care, medication management, human resources, environment of care and record of care, to name a few. You may be asking *"What I should be doing to make sure I am ready?"* You should take this time to polish up your survey etiquette and make sure you are ready for a possible interview with a surveyor.

Below are some commonly asked questions and topics you should be familiar with. *Remember, you don't have to memorize all of this information but you should be able to know where to find it.* Additionally, if you are being interviewed by a surveyor and you don't know the answer to something, a perfectly acceptable response is "I don't know, let me ask my supervisor, manager, director, chief...", this is always better than guessing.

- Where is the closest fire alarm and extinguisher?
- Do we have an emergency evacuation plan? Where is it? Because many of us rotate to all campuses know where the emergency evacuation plan is posted
- In the event of a fire, what do we do? Dial 21212, pull the wall alarm and follow the RACE acronym
- What do we do to protect PHI?
 - we do not discuss patients in public areas
 - we put paper with PHI in the blue bins for shredding/disposal
 - we put the ribbons from label printers in the red biohazard bags/buckets
 - we log off of the computer when we are finished
- If we needed information about a chemical we use in our area where can we find that information?
 the MSDS on the portal

What do we do to prevent infections in radiology?

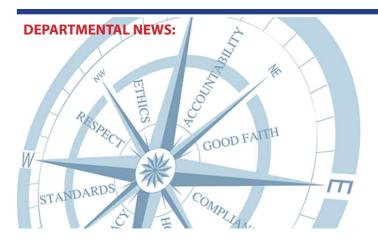
- Clean equipment after each use
- Chloraprep wipes used for peripheral IV starts
- Follow hospital policy on infection precautions hand hygiene, isolation gowns, masks

• What do we do to prevent UTI's in patients with Foley caths?

Do not elevate the Foley drainage bag above the leg when assisting a patient to transfer.







Compliance – Protection and Proper Disposal of Personal Health Information (PHI)

As we go about our day, we are all responsible to make sure we protect the confidence of all protected health and personal information that we receive or access. Protected health information surrounds us so we need to be vigilant that

- We access protected health and personal information only when we are authorized to access that information and have a need to know.
- We take care when handling, transmitting and disposing of protected health and personal information to ensure that only those with authority and a need to know will have access.
- We understand what is protected health information (PHI), as defined by HIPAA, as well as personally identifiable information as defined by the Massachusetts Law.
 - data which identifies the individual or that could be used to identify them (e.g. name, medical record number, date of birth or other demographic information); and
 - relates to their health, the health care services they receive or the payment for those services.
- We regularly refresh our knowledge of proper disposal methods.
 - Disposal of Paper: The Medical Center's policy on disposal of paper with patient data continues to be that it must be placed in a blue-paper only recycling bin that has a lock or that is secured with a cover and located in an area where it is monitored by BIDMC staff ("Paper Only Recycling Bins"). If departments currently shred their own PHI and or PI this process may continue.
 - Disposal of Electronic Data: Patient data in electronic format must be disposed of in accordance with sections Y and Z of BIDMC's IS Department Data Security Policy (ADM-04). This disposal includes ensuring that the media is cleared, purged, or destroyed in such a manner that any Protected Data cannot be read or reconstructed. Please contact the IS Support Center for instructions on how to properly clear the data off of a device and the approved methods of disposal.

Please follow proper guidelines for the protection and disposal of PHI. BIDMC could lose the trust of patients and the public, and face serious financial penalties for violations of these regulations.

If you have questions or concerns about the issues raised in this article or actions that may be a violation of BIDMC's policies, BIDMC Code of Conduct, practices or procedures, please contact your manager, director, Section or Division Chief, Dr. Kruskal or the Office of Compliance and Business Conduct. The Office of Compliance and Business Conduct can be reached at:

Telephone: Office of Compliance and Business Conduct (617) 667-1897. Confidential and Anonymous Compliance Helpline and Website 24 hours/day, 7-days/week Telephone: Compliance Helpline 888-753-6533 Website: https://bidmccompliance.alertline.com/gcs/welcome

DEPARTMENTAL NEWS, AWARDS & HONORS:

Congratulations Dr. Robin Levenson, Interim Chief of Emergency Radiology! Robin has been selected to attend the 2013 ARRS Clinician Educator Development Program (CEDP) scheduled for April 2013 as part of the 2013 annual ARRS meeting being held this year in Washington, DC. Robin is one of 25 nominees to attend this program.

Congratulations Peter Cousins!

At this year's Martin Luther King celebration held on Monday, January 14 to honor the life and legacy of Dr. King, the MLK Celebration Committee presented a special Lifetime Achievement Award to Radiology Support Manager Peter Cousins, a remarkable 32-year BIDMC veteran who first started out in Food Services. Check out the tribute video to Peter at https://portal.bidmc.org/Utility/BIDMC-Today/Archived-Stories/2013/January/MLKevent2013.aspx



From left: Jacquaetta Hester-Walker, Department Administrator, Community Benefits, Peter Cousins, Radiology Support Manager, Radiology, and Kevin Tabb, MD, President and CEO.

Please welcome Autumn, another addition to the Radiology Support Staff family!

On January 23, 2013 our very own **Alexis Hartfield** gave birth to a healthy and beautiful baby girl named Autumn, weighing in at 8lbs 13ozs. Mom and Dad are doing fine.

- Rochelle Antone-Robinson Radiology Support Services Supervisor



"Peter Cousins is at the heartbeat of BIDMC," Jacquaetta Hester-Walker said. "He has a friend in every walk of life and represents everything that this award is all about."

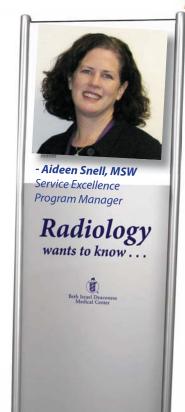
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Did you know that Radical Views will be four years old in March 2013? Thanks to Larry Barbaras, all four years of back issues are available on the portal at: https:// apps.bidmc.org/departments/radiology/ residency/conferences/displayMonth.asp <https://apps.bidmc.org/departments/ radiology/residency/conferences/ displayMonth.asp> in case you have missed an issue! * Note the new web address

News, Events, Grand Rounds	News, Events, Grand Rounds		
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DEPARTMENTAL NEWS, AWAP



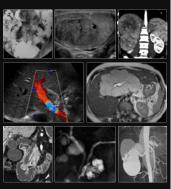
ONORS:

Radiology Patient Satisfaction Surveys

By now I hope you are all aware of the challenge presented to the department to increase the volume of our patient satisfaction surveys! As we continue to encourage patients to take our survey at the kiosk we are hopeful that the number of surveys completed grows. During the three years we utilized Press Ganey to survey our patients in MRI and Mammo we received an average of 320 surveys completed per month - from only two modalities. Therefore, I would like to challenge you with our first patient satisfaction goal of 2013! Once we receive 320 surveys throughout the department within one month, we will celebrate our success with a pizza party for the **department!** I don't think this will take long at all... what do you think? Once we reach that goal we'll set another.... Any excuse for a celebration!!! This is just the beginning of many challenges and competitions we plan to put forth to encourage participation, to discuss and engage your patient about patient experience. We have slowly started to increase our survey numbers already. You will see more training by your managers and supervisors and you'll begin to feel more comfortable.

HARVARD MEDICAL SCHOOL Beth Israel Deaconess Medical Center

Abdominal & Pelvic Imaging 2013



Monday - Wednesday June 17 - 19, 2013 Boston Marriott Long Wharf Boston, MA

Guest Faculty: Federle • Gore • Levine • Megibow

> Course Director Koenraad J Mortele MD

Earn Up To 22.75 AMA PRA Category 1 Credit(s)™

Spring seems like just around the corner and before you know it, it will be time to register for CMEs!

next four weeks. We can't do it without you!

Is February our month? Prove that Radiology has a heart and get us to 320 over the

Did you know. , , that Dx Tech Jackie Gattonini will be running in the Boston Marathon?



This year, I have been so fortunate to receive an opportunity of a lifetime: to represent BIDMC in the Boston Marathon on April 15th. This is my first marathon and I am so proud to be running 26.2 miles as a member of the BIDMC Grateful Nation Team. For this honor, I have pledged to run for Dr. Pollack's kidney research and Bowdoin Street's Health Champions Program.



http://www.crowdrise.com/teamBIDMC/fundraiser/jackiegattonini

I approached Dr. Deanglis at the end of my shift in the busy ortho clinic back in November and asked him what I needed to do to become a member of the 2013 BIDMC marathon team. He forwarded my name to Krissy Talevi the Associate Director of Marketing and the very next day she emailed me to tell me that someone had just been injured and had to drop out of the team. It was just pure luck in timing! She asked if I would like to be part of the Grateful Nation Team and I gratefully accepted! I am truly honored to work at BIDMC and to be given the opportunity to represent BIDMC for its world class care. So far I have been training 4 days a week, which includes a long run of 2 hours or more, and I can feel myself getting stronger every day. However, I am faced with the challenge of a very late start in my fundraising. I have agreed to raise \$5,000 by April 16th. Please help me reach my goal. With your help and generosity, BIDMC will continue its research to improve the lives of the hundreds of patients that come to BIDMC. All contributions will make a large impact. I have a crowdraise page set up online. To learn more and donate online, please visit: 🕤 To Donate in person, http://www.crowdrise.com/teamBIDMC/fundraiser/jackiegattonini

stop me in the halls at work!

Feb 2013 Radical Views /6

KUDOS - Each month, we share the postive feedback we recieve about staff members and ask you to join us in congratulating them but this month, we are especially proud to acknowledge an unprecedented constellation of staff for providing outstanding care amd service!

NucMed

Diane Valentine consistently shows stellar customer service when handling patient issues. In the last 4 Mystery Shops we have received a perfect score (5.0) and Diane has been at the front desk 3 of those 4 times. Diane is professional, warm, and helpful, always has a smile on her face.

In a recent major staffing crisis in the front office, **Dawn Federman** took over all the front desk tasks by herself for 2.5 days. She staffed the office from 7:30-5:00 - including lunch - essentially by herself, and our patients and referrers were never inconvenienced.

СТ

This spot bonus is to recognize **Linda Benasky** for exceptional problem solving over the weekend of Dec15th. There was no 3D lab coverage and a trauma surgeon wanted pelvic reconstruction completed prior to going into surgery. Linda drew upon her prior experience in a 3D lab as well as connected over the phone with Carol to process the images.

DX

Maureen Burke, **Rob Croce** and **Lauren Fitzgerald** were an integral part of a pilot program for the last few months at the Pain Clinic , which accessed staffing with skill mix and cost effectiveness. Maureen, Rob and Lauren met the challenge of walking into a department that was going under transition, but made things run smoothly so a fair and appropriate assessment could be accomplished.

Many thanks to the following who covered for the hurricane!

- Wayne Borge Alicia Zaske Jeanette Aitelhadj Margi Appigiani Zach Bubar
- Sabrina Checca Jackie Chittenden Robert Chotalal Laurie Derdarian Kim Gianino

Brian Sullivan Jean Germain Richard LeMaitre Sandro Vicente Dave Delpeche



Jeannette Aitelhadj

Who better to help out during a hurricane but our BIDMC Hazmat Team members Jeannette and Jenna

Jenna Brisson

A Respiratory Therapist praised Irvin Cruz and Sam Senat for their professional and conscientious service.

DEPARTMENTAL NEWS: Farewell Laura Major

On Wednesday AND Thursday of this week, we said our farewells to Radiology Residency/Fellowship Assistant Coordinator **Laura Major** who will be leaving BIDMC to pursue her aspirations in the music industry. Fortunately, she will be staying on part-time in the immediate future to train her replacement. On Wednesday, despite the ban on shared food, the residents toasted Laura with a tremendous strawberry shortcake and on Thursday, her



fellow administrative assistants saw her off with f owers and chocolates! We all wished Laura the best!



MRI Case of the Month Feb 2013

MR Case of the Month -A new educational tool for technologists:

Background: Monthly case presentations highlighting an exam that has been done particularly well and/ or illustrates a teaching point. Exams can be chosen for a variety of reasons. It could be an excellent exam where the imaging was done really well; it could be a new type of exam not previously performed; the technologist altered the exam in some way to improve the imaging quality; or maybe the patient was difficult and the technologist pulled out all the stops to get the exam done. These cases have great learning potential for all technologists.

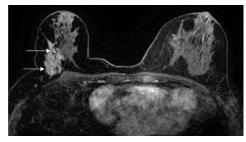
Thanks to Vandana Dialani, Associate Director of Clinical Breast MR, for contributing this MR Case of the Month Feb 2013

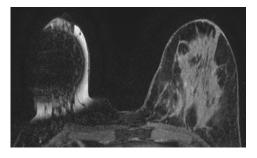
- Jeremy Stormann B.S., RT(R) (CT) (MR) MRI Clinical Instructor History & Diagnosis: 62 year old woman presents for a high risk screening MRI

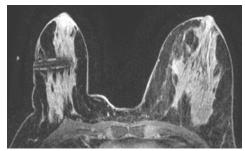
- The dynamic contrast enhanced MRI shows a segmental area of enhancement suspicious for ductal carcinoma in situ (DCIS).
- Patient underwent an MRI guided core biopsy, pathology proving DCIS.
- MRI guided wire localization was scheduled with bracketing given the extent of involvement of 4.4 cms.
- The patient returned for the wire localization.
- As shown, there was extensive blooming artifact when the needle was placed for localization which was absent at the time of the screening exam.
- Reviewing the images and the material used, the radiologist identified the needle as a steel alloy needle which was the cause of the artifact.
- The steel alloy needle which is MRI safe, however not MRI compatible, was removed and a titanium needle and wire were placed as shown, successfully completing the procedure.
- The patient was not harmed and the case was reviewed in a monthly section QA meeting.

Teaching Points:

- Magnetic susceptibility artifacts occur at interfaces between substances with different magnetic susceptibilities (air-tissue, bone-tissue, and metal-tissue). Such strong susceptibility gradients result in signal loss due to spin dephasing and mismapping artifacts associated with frequency shifts.
- Artifacts due to metals are well documented, and usually lead to areas of signal blackout, with rims of high signal strength around the offending object.
- Magnetic susceptibility is an inherent property of matter; and substances are characterized based on their magnetic susceptibility as ferromagnetic, diamagnetic, and paramagnetic.







- Ferromagnetic substances (e.g., cobalt, iron, nickel) are strongly attracted by a magnetic field and thus have a high potential for causing MRI artifacts.
- **Diamagnetic** substances (e.g., copper, silver, gold, gadolinium, titanium) have a very weak and negative susceptibility to the magnetic field.
- **Paramagnetic** materials (e.g., molybdenum, lithium, and tantalum) have positive susceptibility and augment the external field.

- Both diamagnetic and paramagnetic materials are far less likely to cause large artifacts.

WHAT WAS LEARNED FROM THIS CASE:



Needles and wires used for mammographic and ultrasound procedures are made out of steel alloy which is MRI safe (or MRI conditional per new terminology), were used until recently to perform MRI guided biopsies. However, they cause a significant blooming artifact due to the presence of trace amount of nickel.

Needles and wires used for MRI guided procedures are made out of titanium and cause minimum blooming artifact due to their diamagnetic properties

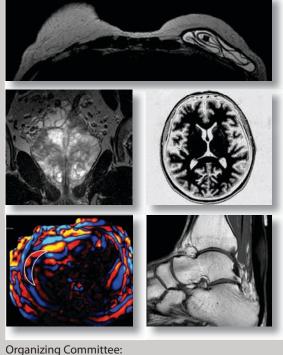


- In addition to the timeout procedure, the Technologist and radiologist should:
 - check all drug labels used for the procedure
 - check all devices before opened and placed on the tray
- Technologists should save all packages until the end of the procedure
- Awareness of the different MRI artifacts is important for problem solving

References:

- 1. ACR Guidance Document for Safe MR Practices
- 2. Lüdeke KM, Röschmann P, Tischler R. Susceptibility artefacts in NMR imaging. Magn Reson Imaging. 1985;3:329-43.
- 3. Stadler A, Schima W, Ba-Ssalamah A, Kettenbach J, Eisenhuber E. Artifacts in body MR imaging: their appearance and how to eliminate them. Eur Radiol. 2007;17:1242-55.

BIDMC Radiology is proud to present Best in Practice MRI Lecture Series 2013



Upcoming 2013 Presentations:

Quarterly Lecture

Wednesday February 6th (2:30 pm - 3:30 pm) Shapiro 10 Conference Room, BIDMC

MRI Artifacts and How to Avoid Them - Marty Smith, MD

Spring Symposium

Saturday March 23rd (9:00 am - 12:30 pm; break 10:30 am-11 am) Sherman Conference Room, BIDMC

MRI of the Foot and Ankle - Mary Hochman, MD

MRI Brain: Advanced Imaging Techniques - Rafeeque Bhadelia, MD

MRI for Pelvic Floor Dysfunction - Koenraad Mortele, MD

These lecture are pending accreditation by the American Society of Radiologic Technologists (ASRT) Accreditation: 1 Category A Credit

Organizing Committee: Jeremy Stormann B.S. RT (R), (MR); Ines Cabral-Goncalves, RT (R), MR; David Alsop, PhD and Koenraad J. Mortele, MD

For more information, contact Lois Gilden Tel: 617-667-0299, Email: lgilden@bidmc.harvard.edu **2013 BIDMC Radiology Publications** [New Citations in Blue*]. We do a monthly PubMed search for new BIDMC publications and may miss those in which your af liation 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 in the new year, thus their paper publication will appear in 2013.

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Alemozaffar M, Chang SL, Kacker R, **Sun M**, Dewolff WC, Wagner AA. Comparing Costs of Robotic, Laparoscopic, and Open Partial Nephrectomy. J Endourol. 2012 Nov 7.

<u>Asch E</u>, Shah S, Kang T, **Levine D**. Use of pelvic computed tomography and ultrasound in women of reproductive age in the emergency department. J Ultrasound Med, in press.

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. PMC3371147.

Boiselle PM. A new year brings a new beginning and new voices. J Thorac Imaging. 2013 Jan;28(1):1. doi: 10.1097/RTI.0b013e318277ce9b.

Boiselle PM, Bogaert J, **Manning WJ**, Ruzsics B. Expert Opinion: Should Stress Myocardial Perfusion MRI be Routinely Added to Delayed Enhancement Cardiac MRI Studies? J Thorac Imaging. 2013 Jan 27. PMID: 23361048.

Boiselle PM, Erasmus JJ, Kauczor HU, Li K, Patz E. Expert opinion: the future role of cardiothoracic radiologists in molecular imaging. J Thorac Imaging. 2013 Jan;28(1):2. doi: 10.1097/RTI.0b013e31827b0fa7.

Boiselle PM, Michaud G, Roberts DH, Loring SH, Womble HM, Millett ME, O'Donnell CR. "Dynamic expiratory tracheal collapse in COPD: Correlation with clinical and physiological parameters". Chest. 2012 Jun 21. PMID: 22722230

Boiselle PM, Reddy GP. Reviewer awards and acknowledgments editors' recognition awards for distinction in reviewing in 2012. J Thorac Imaging. 2013 Jan;28(1):3. doi: 10.1097/RTI.0b013e31827851f4.

<u>Brook OR</u>, **Faintuch S**, **Brook A**, **Goldberg SN**, Rofsky NM, **Lenkinski RE**. Embolization therapy for benign prostatic hyperplasia: Inf uence of embolization particle size on gland perfusion. J Magn Reson Imaging. 2012 Dec 12. doi: 10.1002/jmri.23981.

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