

FROM THE CHIEF
Jonathan B. Kruskal, MD PhD

Dear All:

As this year draws to a rapid and unseasonably warm close, I'd like to take this opportunity to express my heartfelt gratitude to each and every member of our department for your ongoing commitment to serving our patients. Never before have I received so many glowing letters of praise and appreciation from patients and referring physicians, and I know that these letters in very small part recognize the outstanding quality of service that each of you provides every day. Thank you.

Residing as we do on the bleeding edge of healthcare reform, this has not been the easiest of years and many of you are working harder than ever before, covering more services, scanning more patients, working to increase throughput, completing more paperwork and encountering more

regulations. I can assure you that we are not alone in this situation; anybody reading or listening to the media is well aware that a sustained national effort is underway to reduce the excessive costs of healthcare. A reduction in imaging services occupies center stage in many of these debates, and we should expect these pressures to continue. We know that hospital costs must come down and this will happen in part by imaging only when appropriate. We will need to continue to focus our efforts on improving efficiency, and reducing all forms of waste. Through our Lean training and experience we are very well positioned to continue these efforts and I know that we have the best team on board to remain successful.

As we start to look forward to 2013, and reflect on who we are and where we are going, I am reminded of the talented and diverse staff that we have. We are indeed a far larger entity than simply the sum of our employees. Our larger department now employs almost 555 people and the contributions that you make to patient care, to the local communities, to social responsibility, to enriching the lives of others and to supporting and fostering the advancement of each other is immeasurable.

For our large and excellent technical staff, please take this as a giant and heartfelt thank you from all of the physicians who



It would be impossible to include photos of our >550 members of the Radiology department so we include a current sample of the department here honored with Long Service Awards in June 2012. The Service Awardees Group Hug: (Back rows, L to R) Denis Vigneault, Laurie-Beth Derderian, Cheryl Egan, Kathryn Mahoney Awalt, Joanne Picazio, Mary Ellen O'Rourke, Lauren Cabral, Bernice Reznick, Peggy Stokes, Jean Wall, Jeff English, Jan Hurd, Gabriel Class, Vivian Rickerson, Jim Brophy, Karen Kennedy, Maxima Baudissin, Maryellen Johnson, Laurie Pascal, Steve Warren, Wayne Borge. Front Row (L to R): Jonny Kruskal, Caitlin Buchsteiner, Carlos Silva, Kaiesha Harry and Michael Larson. (Photo by Bernie Kennedy).



interpret the images that you acquire, and are so grateful for the manner in which you make our jobs easier. We may not know who takes all images, but please know how much we appreciate the quality of service that you provide.

I'd like to acknowledge the **technical managers Betsy Grady, Olga Augustus,**Peter Cousins, Tim Parritt, Bernie Kennedy, Dace Jansons, Bridget
O'Bryan-Alberts, Jim Brophy, Marge Guthrie, Aideen Snell and Ines Cabral-Goncalves for your continued efforts at improving not only the quality of care we provide, but for keeping the focus on efficiency, safety, and continuous improvement. I am grateful for the manner in which you keep your focus on our Annual Operating Plan goals, and successfully achieve these each and every year. A loud shout out and thank you for **Jim Brophy** and the RIS/PACS

group who will be working to introduce our new Voice Recognition system during the next 2 months. Our **image archive team** continue to do a wonderful job as well; **what a transition from hard copy to an entirely digital environment!**

Of course, I am indebted to the truly outstanding job that our **Director of Operations Donna Hallett** does in overseeing all aspects of clinical operations at BIDMC. Alongside Donna is our **Director of BIDMC Radiology Business Operations Allen Reedy**, to whom we owe an enormous debt of gratitude for all new pieces of equipment that will soon be installed. Over the next few months you will see the arrival and installation of new CT scanners, a state of the art PET/CT scanner, ultrasound machines, a digital tomosynthesis device for breast imaging, a brand new IR suite on east campus, new MR software and construction of a new Radiology Care Unit on our West Campus 3rd floor in space currently occupied by PAT. Thank you Allen, not only for securing this equipment and its installation, but for ensuring that the hospital recognizes the valuable contributions that we as a department make to patient care.

Under **Bridget O'Bryan-Alberts**, our **nursing staff including practitioners and physician assistants** continues to provide expert and compassionate care to our many patients. What a dedicated, devoted and utterly professional group our patients and we are fortunate to have. A shout out to the **Radiology Care Unit** group who will be moving up to the 3rd floor this year. Thank you all.

Under the guidance of **Fritz Honore**, our **transport staff** works hard to ensure the timely and safe delivery and return of an enormous number of sick patients each day. Navigating heavy stretchers around corners, narrow corridors and into elevators, Fritz has assembled an excellent "driving crew" that is much appreciated by patients, nursing staff on the floor, and all of us. Well done and thank you.

Under **Peter Cousins**, our **schedulers** have seen a shift to new quarters in the Renaissance Building on Tremont Street, while still communicating seamlessly with their **front desk colleagues** and all clinical units. Thank you all.

Our large **administrative staff** is responsible for facilitating an enormous spectrum of tasks, from data analysis, overseeing training programs, ensuring compliance, schedule and meeting management, CV upkeep, manuscript assistance and of course, organization. You all are essential to our large and at times very demanding administrative structure. Thank you.

To **Donna Wolfe**, your expanding monthly newsletters have become essential reading at the hospital level, and are now copied by many other departments and I hear, other local Radiology Departments! What a wonderful job you do keeping us informed, celebrating our many achievements, and spreading news of our good deeds. A very big thank you. To **Mike Larson** and his ever-ready Canon, and **Sam Yam** who can create a dashboard before the request is completed. Thank you all so much.

Our **thirty-nine incredible residents** occupy the late night trenches and keep the imaging candle burning when most others are asleep. What an amazing group of young physicians who not only do a yeoman's job each day, but also must study and develop an encyclopedic knowledge of an ever-expanding field. I will never cease to marvel at the extent to which residents foster each other's growth, the large volume of cases they take care of, and the endless additional regulatory tasks they must undertake, and the ever-cheerful disposition on each and every face. To each resident, to the chiefs (**Leo and James, and now Gunjan and Samir**), to the triumvirate of **Priscilla, Ron and Justin, and to Richard and Laura**, a heartfelt thanks to all.



Under the expert guidance of fellowship **Program Director Karen Lee**, our **21 clinical fellows** rotate through the Department for one year, hardly spending enough time to get to know the larger department. These fellows contribute in so many ways, to patient care, to our educational and research missions, and we hope that they will always feel a part of this department. Please know how much we all appreciate what you do.

The medical student teaching program continues to receive rave reviews and once again I'd like to acknowledge the tremendous effort that Gil Lieberman puts into this. Our three PCE leaders (**Diana Litmanovitch**, **Olga Brook and Manjiri Didolkar**) have taken on the new task of ensuring continuous educational exposure to the students. To all of you, and to clerkship administrator **Clare Odom**, thank you.

What a fantastic group of talented **radiologists** we have! Few departments can pride themselves on having such a diverse and skilled and passionate group of experts. I am indebted to my **Executive committee** (**Peter Gordon, Donna Hallett, Bettina Siewert, Deb Levine, Dave Alsop, Bob Kane, Vassili Raptopoulos**) for their guidance, support and the huge extra effort each puts in to further our many missions.



Annamarie Monks, Chief Administrative Officer in Radiology

On 1 January 2013, we welcome **Annamarie Monks** as the **Chief Administrative Officer** for our department. As the senior Radiology administrator reporting both to me and to our new **Senior Vice President**, **Bob Cherry**, Annamarie will be my executive partner responsible for formulating the physicians' practices, strategic, operational, and budgetary plans for all of our work locations. She will work closely with the Vice Chairs, Section Chiefs and Division Directors, and the Directors of Operations and of Business and HMFP Managers, to develop short and long-range business plans including anticipated joint hospital/physician activities. Welcome Annamarie!

Bob Cherry, Senior Vice President for Radiology at BIDMC

The evolution of our leadership structure sees **Bob Cherry** being appointed as the new **BIDMC Senior Vice President for**

Radiology. We welcome Bob to our fold and look forward to working with him to facilitate the continued growth of our clinical operations.

I couldn't advance our clinical mission without the excellence and expertise of our **Clinical Section** and **modality chiefs David Hackney, Alex Bankier, Tejas Mehta, Mary Hochman, Bettina Siewert, Gerry Kolodny, Diana Litmanovitch, Peter Gordon, Barry Sacks, Robin Levenson, Vassili Raptopoulos, Koenraad Mortele, Deb Levine and Bob Kane**. Thank you for all that you do.

Thanks to excellent leadership by our **Vice Chair for Research**, **Dave Alsop**, we've developed a strategy for revitalizing our research mission and I'm so grateful to Dave and all who have contributed to helping refocus our efforts. Thank you.

And all of this excellent work takes place not just at our downtown campus, but also at our many and expanding sites in the community. Bill Hallett and his staff do a wonderful job at BID Needham, Jane Corey and her staff at our Chestnut Hill and Beacon Street sites, Suzie Kanopka and her "mobile sonographers" are on the road, Jan Carpenter, Judy Farina and crew at Lexington and Chelsea, Kathy Franco-Anthony at Harrington, and the many other people who help our community ship sail smoothly, including Jeff Bernard, Amanda Rook, and Carl Nickerson.

... and I could carry on. To those I have forgotten to mention, to those who answer the phones, to those who approach lost strangers, to those who pick up the wrappers, to those who work the night shifts, to those who cover others without being asked, to those who work over the holidays, and to those who go above and beyond and may not be noticed, you know who you are and we all appreciate what you do.

In closing, this year has also been one of sadness and loss for some members of our immediate family, and I'd like us all to reflect on the very challenging times that some are experiencing. All of our thoughts are with each of you.

To everybody who comprises our larger radiology family in small part or large, I send my very best wishes for a festive, fulfilling, peaceful and healthy holiday season.*

Jonny

^{*} As we begin the New Year, I am also very proud to bring to your attention in this issue of Radical Views the various community efforts our department members have performed! Another great thank you for your volunteer work!



^{*}Consult the webpage for the most up-to-date schedule:

http://home.caregroup.org/departments/radiology/residency/scheduling/conferences/displayMonthNew.asp

DEPARTMENTAL Grand Rounds



Friday, January 18, 2013 12 noon - 1:00 PM • Sherman Auditorium

Diffuse Cystic Lung Disease

Beatrice Trotman-Dickenson, MBBS - Thoracic Radiologist and Pulmonologist; Director, Thoracic Imaging Fellowship Program, Brigham & Women¹s Hospital; Assistant Professor of Radiology, Harvard Medical School.

Dr. Trotman-Dickenson earned her medical degree (MBBS) at the University College Hospital Medical School in London, England. She completed a medical and surgical internship, internal medicine residency, registrarship

in thoracic medicine, and radiology residency, including a senior registrarship in cardio-thoracic radiology, at various hospitals in the United Kingdom between 1982 and 1994. In 1994, she embarked on a 2-year clinical fellowship in thoracic radiology at Brigham and Women¹s Hospital, where she stayed as a clinical assistant. In 1998, she was appointed an Instructor in Radiology at Harvard Medical School. Since then, she has risen to direct the Thoracic Imaging Fellowship Program at the Brigham and Women¹s Hospital. Currently, she serves as a reviewer for the Journal of Intensive Care Medicine, the New England Journal of Medicine and Critical Care Medicine; and as a reader for the National Lung Screening Trial (NLST) and COPD Gene.

DEPARTMENTAL NEWS, AWARDS & HONORS: Outpatient Practices Ensure Successful Food Drive

The Radiology staff at 1101 and 25 Boylston St were asked to participate in the Food Drive for the Joseph Smith Health Center in Brighton. Eileen Hughes and Jane Matlaw from Corporate Communications are involved with the community outreach and asked Nancy Whitman from the 1101 office and myself to be on the Food Drive Committee. Our practice sites contributed 22 boxes!

- Jane D. Corey Manager, HMFP Radiology Outpatient Practices

Hello Food Drive Angels!

Thank you for all your help in coordinating the 2012 food and toiletry drive for Joseph M. Smith Community Health Center. It could not have happened without you. We ended up with 32 boxes of items that the staff immediately started to distribute. I'm hoping a portal story will be up soon with some photographs and I will keep you posted on that.

I thought you might like to see the photos of some of the staff and items once they arrived and were sorted at JMSCHC. The staff asked me to pass on their sincerest thanks for helping to make this holiday season a little more special for their patients and families. One of the outreach staff got a little teary-eyed telling me what a difference this collection makes which of course got me a little teary-eyed as well.

Thank You! Thank You! Thank You! Have a wonderful holiday season!! All the best to you and your families.

Eileen Hughes
 Community Care Alliance
 Beth Israel Deaconess Medical Center



Staff members at the Joseph Smith Health Center in Brighton get ready to process the food drive contributions.

DEPARTMENTAL NEWS, AWARDS & HONORS:

MRI Honors Children!

- Lois Gilden, Holiday Correspondent

The Body MR Section had a very special holiday party this year. On Saturday, December 8, 2012, moms and dads from the Body MR Section brought their children to the Inn at Longwood for a party tailored just for them. Parents and other members of the section watched as the children thrilled at the "Make Your Own Ice Cream Sundae Bar" found their own name on the special holiday cake, and discovered presents for each of them under the Christmas Tree.

At the end of the magic show, Santa Claus burst through the door and began the daunting task of handing out presents to each child. A special treat was the presence of Maryellen Sun and her family which included 5-day-old Matthew. With lots to eat and piles of wrapping paper and gifts, it was a perfect afternoon spent with family and friends.

The Body MR Section would like to especially thank Dr. Koenraad Mortele for wanting to give the children of the section an afternoon to remember at the holiday season!





Ryan Cho (Age 10 Months) with mom (Karen Lee) made their own separate comments regarding Santa!



Mabel Mortele finally gets her gift from Santa. It was a long wait—1 whole hour! She told her Dad later, "I think Santa just wanted us all to be happy!"



Koenraad Mortele, Lois Gilden, and Santa (possibly a Gilden also) enjoy the party.







Jack Ryan, an amazing magician, kept everyone spellbound, as he shredded Marty Smith's \$20.00 bill, tried to cut off Maryellen Sun's hand, and made red silk scarves appear and disappear.

DEPARTMENTAL NEWS, AWARDS & HONORS: Admin Assistants Spread their Warmth





Once again the Admins in Radiology celebrated the holidays with WARMTH and CARING. For the past three years, the 14 Admins have been gathering together to take a minute to enjoy each other's warm company...as well as making sure that others in our community are experiencing some warmth too. This year each Admin bought a scarf and a pair of gloves to donate to the guests who stay at Rosie's Place in Boston.

Rosie's Place is a sanctuary for poor and homeless women that offers emergency and long-term assistance to women who have nowhere else to turn. Rosie's Place was founded in 1974 and welcomes each guest with respect and unconditional love. This mission means a great deal to the Radiology Admins. As each one readily admits, "it feels good to be doing something tangible for those who need help."



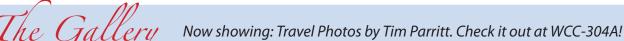
Lois Gilden, Linda Lintz, and Amelia (Rosie's Place Donation Manager)

As the Admins were busy wrapping their presents, the concern that they felt for the homeless women of Boston was evident in their stories of why they picked the type of scarves and gloves that they were giving.

The Holiday Committee, made up of Linda Lintz, Lois Gilden, and Dawn Federman (who was unable to attend), then made a trip to Rosie's Place on Dec. 19th, and presented the 20 gifts of warmth...one for each guest to Amelia, who is in charge of donations. All the Admins have agreed that this will be an annual event! The act of giving has become our pleasure.

"No act of kindness, however small, is ever wasted." ~ Aesop

Special thanks to Lois Gilden, for going the extra mile in making the holidays so memorable for her MRI section (see pg 6), her administrative colleagues, and for the women of Rosie's Place!





Tim Parritt,

Artist, CT Manager & World Traveller

Special thanks to Tim Parritt who heeded the Gallery's call for travel photos! We hope this will inspire more staff to share their journeys!

Tim's photos are from two trips: a summer vacation/adventure in Peru this year -- with two taken during an 8 day hike over the Andes! The second trip was to Norway last year, from Oslo north to Balestrand and Bergin to Lufthus and back to Oslo. Come and see and get inspired to let your co-workers see where you've been!

Did you know that ...

Dx Radiology techs **Jeannette Aitelhadgj** and **Jenna Brisson** volunteer as part of the BIDMC Hazmat team? (Jeannette is pictured getting suited up)



Whether an event results from an industrial accident or an act of terrorism, we must be prepared to decontaminate and treat incoming patients while maintaining the safety and integrity of our institution, staff, and unrelated current patients.

As a result, we are recruiting hospital employees to volunteer on our **HazMat Decontamination team**. In the case of such an event, we will all be affected. Therefore, we plan to recruit volunteers from all departments in order to prepare an organized, hospital community-wide response. You do not need a clinical background and all necessary skills will be taught in approximately 12 hours of training.

- Bryan Sears





The BIDMC HazMat Team's objective is to:

- Provide the most safe and effective care to the greatest number of contaminated victims while protecting themselves, others and the facility.
- Maintain proficiency working in personal protective equipment (PPE) and an effective knowledge of the hospital incident response plan.
- Remain capable of performing pre-defined roles on the team.
 Have knowledge of the Hospital Incident Command System (HICS) and whom you report to.
- Report when notified to assist in managing a patient surge created by a mass casualty hazardous materials event.

"I started working here at BIDMC in 2000 and I've met so many wonderful patients/people here that have really touched my life. I knew I had to give back to my community; I felt that I had to do more. That's when I decided to join the Hazmat Team here at BIDMC. Hazmat can be described as a Hazardous Materials Emergency Planning and Response. I have been part of this volunteer based team since 2008. Being a hazmat volunteer has been a great fulfilling experience. I have learned about hazardous materials as well as all the steps to follow in case of a biohazard emergency. I'm very proud of the work the hazmat team has accomplished in the past few years, and I encourage everyone to give back to your community by volunteering for a great cause!"

- Jeannette Aitelhadj, R.T.(R)

Do you know...that the BIDMC Radiology Family just keeps growing!

Michael, Maryellen, Elina and little Michael are delighted to announce the birth of new baby brother, **Matthew John Sun** born Monday, 12/3/2012 at 5:51 AM and weighing 7 lbs, 14 oz, 20 1/2 inches long! We are all just so in love with little Matthew. He's doing great, and Mommy is very



happy that now he can kick Daddy and other people and not just her all the time. Sorry for the late message. Mom was very sick with a cold when she had Matt and throughout her hospital stay and we wanted to protect people from feeling like they needed to visit.

- Maryellen Sun and family





Mama Mandee Martin



Happy Holidays to all,

Since a lot of you know our in-house Artist Amanda (Mandee) Martin-Sullivan, I wanted to announce the arrival of her beautiful little girl **Sadie Sullivan** on 12/21/12 @ 8:16pm, weighing 8lbs, 13 oz and 20 inches long.

Both parents Amanda and Jeremy Sullivan are doing fine and are so happy and excited on their early Christmas present.

Rochelle Antone-Robinson
 Radiology Support Services Supervisor



I hope this email finds you all well in BIDMC. I know it has taken me more than 4.5 months to write this but time has flown by since I have left what with work, weddings and honeymoons!!! (See

a few photos of the wedding). There was a great BIDMC contingent at the wedding with Marty Smith, Payal Patel (Abdominal fellow 2010-2011) and Jenny Ní Mhuircheartaigh making the trip to Ireland especially for it and Peter Beddy (MRI fellow 2010-2011) also attending. We had a great day and had a brill time relaxing in Mexico afterwards. I really miss BI - I had such an enjoyable 2 years there and learnt so much and met such amazing people.



Unfortunately I won't make RSNA in person this year but am definitely planning for Chicago 2013!!! Best Wishes to you all

- Cathy Dewhurst (Abd Fellow 2010-2011, Body MR Fellow 2011-2012)





MRI Case of the Month Jan 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 Andrew Bennett, Koenraad Mortele, Jesse Wei, and company, for contributing this MR Case of the Month Jan 2013.

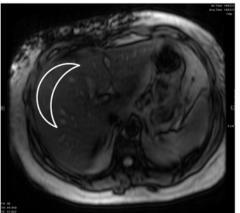
- Jeremy Stormann B.S., RT(R) (CT) (MR) MRI Clinical Instructor Clinical History: Persistent elevation of liver function tests and risk factors for non-alcoholic fatty liver disease. MR was ordered to characterize and assess the severity of suspected chronic liver disease.

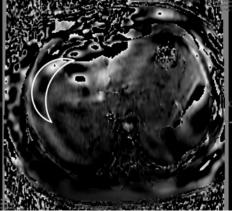
MR Elastography Technique:

MR elastography is a relatively new technique for non-invasive characterization of fibrosis staging in the liver. The degree of fibrosis correlates with the mechanical stiffness of the liver, which can be measured by elastography (1). Because the MR elastography system that was recently introduced at BIDMC is a research version licensed from Mayo Clinic, the device will typically be used at BIDMC under an IRB-approved protocol as an investigational medical device (including informed consent).

To perform MR elastography, an acoustic transducer is placed in the right upper quadrant centered along the mid clavicular line at the level of the xiphoid process. Vibrations transmitted by the acoustic driver cause small shear displacements in liver tissue which average approximately 50 microns. These tissue displacements can be detected by a phase contrast pulse sequence which is synchronized with the acoustic driver waveform. In our current 2D implementation of MR elastography, four adjacent 10 mm axial slices are obtained from the mid portion of the liver in four 15 second breath-holds using ASSET with an acceleration factor of 2.

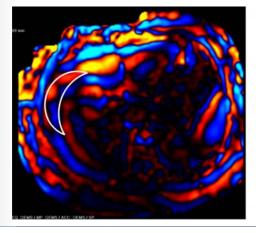
Magnitude Image



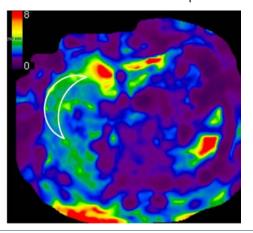


Raw Phase Image

Processed Wave Image



Calculated Stiffness Map



The raw phase contrast images are processed automatically on the MR console to generate a wave excitation map that shows mechanical shear waves propagating through the liver. Propagating waves are typically displayed as a color map which depicts shear wave amplitudes. The local wavelength of propagating waves in the liver is calculated at each point by the processing software and converted into a stiffness map. The stiffness map is also most frequently shown as a color image.

Postprocessing uses a combination of the magnitude image, which depicts anatomy, and the color wave map, which shows where orderly shear waves of adequate amplitude can be found in the liver, and a suitable region of interest (ROI) is selected to quantify stiffness.

Chronic Liver Disease Protocol:

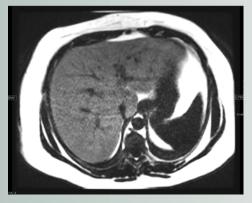
Due to the specialized equipment required for MR elastography, the chronic liver disease protocol is currently only available on the Ansin 1.5 T GE scanner on the East Campus.

As part of a multiparametric approach, MR elastography has been incorporated into a comprehensive chronic liver disease protocol which includes standard hepatic imaging sequences as well as investigational sequences. In addition to standard MR abdominal imaging sequences such as single shot T2-weighted images, diffusion-weighted imaging, and 3D spoiled gradient echo imaging without and with gadolinium contrast, the following quantitative sequences are also performed:

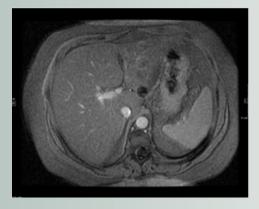
- Liver and splenic stiffness are measured using MR elastography.
- Fat quantification is performed using 2D and 3D dual-echo gradient echo sequences. Compared to standard dual-echo in and out of phase images, very low flip angles are used to reduce the effect of T1-weighting on the image intensities and thereby make fat measurement more accurate (2). Fat fraction can be calculated using the in & out of phase images or postprocessed fat-only and water-only images. Significant signal in the liver on fat-only images indicates hepatic steatosis.
- Gradient echo sequences are performed with different echo times in order to assess magnetic susceptibility, leading to a quantitative measurement of iron content (3). Significant iron overload leads to a drop of signal within the liver on images with longer echo times (TE).
- An additional investigational aspect is the use of perfusion imaging of the liver and spleen using arterial spin labeling (4) to assess for any correlation with fibrosis, inflammation, and portal hypertension.

The entire study lasts approximately 45 minutes.

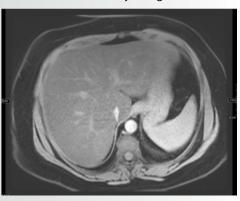
Fat Only Image



Low Susceptibility-weighting (TE=9 ms)



Water Only Image



High Susceptibility-weighting (TE=21 ms)



In this case:

- The shear stiffness is mildly elevated at 3.3 kPa (normal up to 2.9 kPa) suggesting mild fibrosis versus inflammation.
- There is a moderately fatty liver, estimated at 24% fat content.
- There is mild iron overload, quantified at approximately 70 µmol/g.

References:

- Meng Y, Talwalkar AJ, Glaser KJ, et al. Assessment of Hepatic Fibrosis with Magnetic Resonance Elastography. Clin Gastro Hepatol. 2007; 5: 1207-1213.
- Hansen KH, Schroeder ME, Hamilton G, et al. Robustness of Fat Quantification Using Chemical Shift Imaging. Magn Reson Imaging. 2012; 30: 151-157.
- 3. Gandon Y, Olivie D, Guyader D, et al. Non-Invasive Assessment of Hepatic Iron Stores by MRI. Lancet. 2004; 363: 357-362.
 - DeBazelaire CD, Rofsky NM, Duhamel G, et al. Arterial Spin Labeling Blood Flow Magnetic Resonance Imaging for the Characterization of Metastatic Renal Cell Carcinoma. Acad Radiol. 2004; 12: 347-357.

Publication Call Out: Medscape reports that a paper by **Robin Levenson** and **Marc Camacho** was the #1 most read news story by Emergency Medicine physicians in 2012:

Emerg Radiol. 2012 Dec;19(6):513-7. doi: 10.1007/s10140-012-1059-7. Epub 2012 Jun 29.

Eliminating routine oral contrast use for CT in the emergency department: impact on patient throughput and diagnosis. Levenson RB, Camacho MA, Horn E, Saghir A, McGillicuddy D, Sanchez LD.

Department of Radiology, Division of Emergency Radiology, Beth Israel Deaconess Medical Center, Boston, MA, 02215, USA, rlevenso@bidmc.harvard.edu.

Abstract

This study aimed to assess the effect of eliminating routine oral contrast use for abdominopelvic (AP) computed tomography (CT) on emergency department (ED) patient throughput and diagnosis. Retrospective analysis was performed on patients undergoing AP CT during 2-month periods prior to and



following oral contrast protocol change in an urban, tertiary care ED. Patients with inflammatory bowel disease, prior gastrointestinal tract-altering surgery, or lean body habitus continued to receive oral contrast. Oral contrast was otherwise eliminated from the AP CT protocol. Patients were excluded if they would not have typically received oral contrast, regardless of the intervention. Data recorded include patient demographics, ED length of stay (LOS), time from order to CT, 72-h ED return, and repeat imaging. Two thousand and one ED patients (1,014 before and 987 after protocol change) underwent AP CT during the study period. Six hundred seven pre-intervention and 611 post-intervention were eligible for oral contrast and included. Of these, 95 % received oral contrast prior to the intervention and 42 % thereafter. After the intervention, mean ED LOS among oral contrast eligible patients decreased by 97 min, P < 0.001. Mean time from order to CT decreased by 66 min, P < 0.001. No patient with CT negative for acute findings had additional subsequent AP imaging within 72 h at our institution that led to a change in diagnosis. Eliminating routine oral contrast use for AP CT in the ED may be successful in decreasing LOS and time from order to CT without demonstrated compromise in acute patient diagnosis.

PMID: 22744764 [PubMed - in process]

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 in the new year, thus their paper publication will appear in 2013.

\blacktriangleright As of Jan 1, 2013, PubMed lists 233 publications by BIDMC faculty and trainees! \blacktriangleleft

Aberle DR, Henschke CI, McLoud TC, **Boiselle PM**. Expert Opinion: Barriers to CT Screening for Lung Cancer. J Thorac Imaging. 2012 Jul;27(4):208.

Adeyiga AO, Lee EY, **Eisenberg RL**. Focal hepatic masses in pediatric patients. AJR Am J Roentgenol. 2012 Oct;199(4):W422-40.

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.

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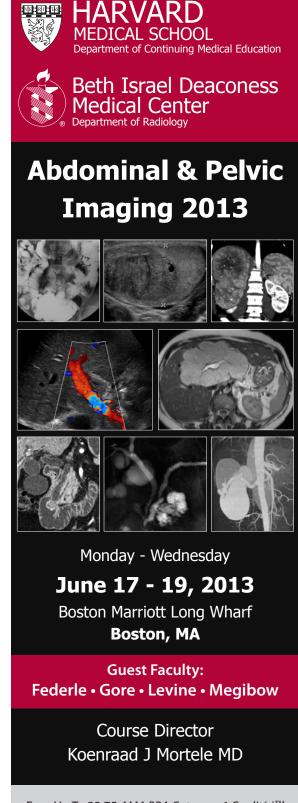
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