

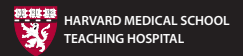
# Radical Views...

from the Department of Radiology

Volume 8, Number 6  
**DECEMBER 2015**



Beth Israel Deaconess  
Medical Center



**FROM THE CHIEF**  
Jonathan B. Kruskal, MD PhD

## BIDMC Radiology

Scientific Sessions, Courses & Exhibits at RSNA  
Radiological Society of North America, 101<sup>st</sup> Annual Meeting  
November 29<sup>th</sup> - December 4<sup>th</sup>, 2015 • McCormick Place, Chicago, IL



I was pleased to see that we presented at RSNA 2015:  
18 Talks, 1 Plenary Session, 1 Case of the Day; 15 Education Exhibits, 1 Storyboard and 2 Poster Exhibits with discussions; and served as faculty for 11 Refresher Courses, and as Moderator for 9 Sessions. Congratulations are also in order for 3 *Cum Laude* awards and 1 Certificate of Merit for the following Education Exhibits.

### Education Exhibits - Lakeside Learning Center

(Alphabetical by 1st BIDMC author)

Sun 8:00 am - 6:00 pm • Mon-Thu 7:00 am - 10 pm • Fri 7:00 am - 12:45 pm

OB105-ED-X	MRI of the Clitoris, Labia and Introitus. <b>Monica D. Agarwal, Elena L. Resnick, Jennifer Nimhuirheartaigh, Christophe Balliau, Bernard J. Flore, Koenraad J. Mortele.</b>
MK148-ED-X	Image-Guided Joint Injections and Aspirations: A Review of Data-driven Decision Points <b>David B. Khatami, Jennifer Nimhuirheartaigh, Samuel D. Madoff, Mary G. Hochman.</b>
GI100-ED-X	LI-RADS - Ultrasound Recommendations for Sonographic Screening and Surveillance of Hepatocellular Carcinoma: Initial Proposal. Aya Kamaya, Sheena G. Prakash, <b>Maryellen R. Sun</b> , Katherine E. Maturen, Nirvikar Dahiya, Terry S. Desser, Ashish P. Wasnik, Tara A. Morgan, R. Brooke Jeffrey Jr, Yuko Kono, Cynthia S. Santillan, Claude B. Sirlin.
UR146-ED-X	Pathways, Pearls and Pitfalls: An MR Feature-based Algorithm for Renal Mass Characterization. <b>Kristy Lee, Katherine M. Troy, Leo L. Tsai, Karen S. Lee, Maryellen R. Sun.</b>



**MRI of the Clitoris, Labia and Introitus**

Monica D Agarwal, Elena L Resnick, Jennifer Nimhuirheartaigh, Christophe Balliau, Bernard J Flore, Koenraad J Mortele

Beth Israel Deaconess Medical Center  
Harvard Medical School  
Boston, MA

US LI-RADS v2015

101<sup>st</sup> SCIENTIFIC ASSEMBLY AND ANNUAL MEETING  
NOVEMBER 29 - DECEMBER 4 | MCCORMICK PLACE, CHICAGO

**Ultrasound LI-RADS – recommendations for sonographic screening and surveillance of hepatocellular carcinoma: Initial proposal**

Aya Kamaya, MD<sup>1</sup>; Sheena G Prakash, MD<sup>1</sup>; Maryellen R Sun, MD<sup>2</sup>; Katherine E Maturen, MD<sup>2</sup>; Nirvikar Dahiya, MD<sup>3</sup>; Terry S Desser, MD<sup>4</sup>; Ashish P Wasnik, MD<sup>5</sup>; Tara Morgan, MD<sup>6</sup>; Yuko Kono, MD<sup>7</sup>; Alison Harris, MD<sup>8</sup>; R Brooke Jeffrey, MD<sup>9</sup>; Claude Sirlin, MD<sup>10</sup>

<sup>1</sup> Stanford University, <sup>2</sup> Beth Israel Deaconess, <sup>3</sup> University of Michigan, <sup>4</sup> Mayo Clinic Arizona, <sup>5</sup> UCSF, <sup>6</sup> UCSD, <sup>7</sup> Vancouver General

## Congratulations!

I am proud to announce that the following promotions have been approved by Harvard Medical School as of November, 2015:

**Muneeb Ahmed, MD, FSIR**  
Associate Professor of Radiology

**Vandana Dialani, MBBS**  
Assistant Professor of Radiology

**Da Zhang, PhD**  
Assistant Professor of Radiology



Chief, Vascular & Interventional Radiology (VIR)  
Vice Chair of Interventional Services

Co-Director, Minimally Invasive Tumor Therapy Laboratory  
**Associate Professor of Radiology, HMS**



Staff Radiologist, Breast Imaging  
Director, Breast MRI  
**Assistant Professor of Radiology, HMS**



Medical Imaging Physicist  
**Assistant Professor of Radiology, HMS**

Updated RSNA Program Guides are available from Donna Wolfe:  
[dwolfe@bidmc.harvard.edu](mailto:dwolfe@bidmc.harvard.edu)

# Radiology Calendar DECEMBER 2015

Check for the most up-to-date schedule at: <https://apps.bidmc.org/departments/radiology/residency/conferences/displayMonth.asp>

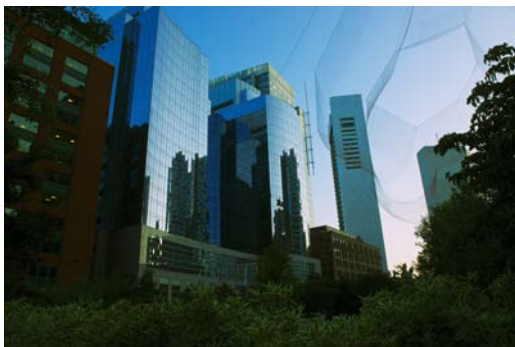
Mon	Tues	Wed	Thurs	Fri
Weekly Mon Section Meetings: 3:00-4:00 ED section meeting [ED annex, WCC]		Weekly Wed Section Meetings: 11:00-12:00 MSK clinical conference 12:00-1:00 CardioThoracic, GI/GU Oncology 3:00-4:00 Mammo [TCC-484]	Weekly Thurs Section Meetings: 12:00 - 1:30 Abd [WCC-354] 12:00-1:00 MSK	Friday Grand Rounds: 12 noon Sherman Auditorium, East Campus (unless stated otherwise)
	<b>1</b> 7:30 - 9:00 RSNA week, no conference	<b>2</b> 7:30 - 9:00 RSNA week, no conference) 12:00-1:00 Diffusion Imaging and its Applications (David Hackney)	<b>3</b> 7:30 - 9:00 RSNA week, no conference	<b>4</b> 7:30 - 8:15 Town Hall (Chiefs)
<b>7</b> 7:30 - 9:00 Financial Planning Seminar (Greg Drozdow)	<b>8</b> 7:30 - 9:00 Neuro (Alice Fisher) <b>EVENT: Interview Day - Residents</b> 10:30-11:30 NMMI meeting [GZ-103]	<b>9</b> 7:30 - 9:00 Cod zcompression (TBD) 8:15-9:00 Sellar & Suprasellar Region Tumors (Rafeeqe Bhadelia) 7:15-8:00 US meeting [WCC-304A]	<b>10</b> 7:30 - 9:00 Enteric contrast (Anuradha Shenoy-Bhangle) [case based] <b>EVENT: Interview Day - Residents</b> 3:00-4:00 West MedRads - West Body Senior	<b>11</b> 7:30 - 9:00 Basic MRI principles (Georgeta Mihai)  12:00-1:00 Grand Rounds: TBD (Stephen D. Brown)
<b>14</b> 7:30 - 9:00 Mammo (TBD)  12:00-1:00 MRI Meeting [Ansin 2]	<b>15</b> 7:30 - 9:00 Mammo (TBD) <b>EVENT: Interview Day - Residents</b> 8:00-9:00 IR Meeting [West Recovery]	<b>16</b> 7:30 - 9:00 Mammo (TBD) 12:00 - 1:00 Degenerative Spinal Disease, Spinal Infection, and Spinal Biopsy (Daniel Do-Dai)	<b>17</b> 7:30 - 9:00 Mammo (TBD)	<b>18</b> 7:30 - 8:15 Root cause analysis (Justin Kung)  12:00-1:00 Grand Rounds: TBD (Kathirkamanthan Shanmuganathan)
<b>21</b> 7:30 - 9:00 No conference - Christmas Week	<b>22</b> 10:30-11:30 NMMI meeting [GZ-103]	<b>23</b>	<b>24</b>	<b>25</b> 7:30 - 9:00 NO CONFERENCE -Merry Christmas!
<b>28</b> 7:30 - 9:00 No conference - New Year's Week	<b>29</b>	<b>30</b>	<b>31</b>	

**Of note ...** Congratulations to **Peter Gross** who, after approximately 17 years as an attending in our Women's Imaging/ Breast Imaging sections, will be retiring on December 31st. Please note that Peter will be away for much of December so take advantage of this month to bid him farewell and check out his show at the Gallery (WCC-304B). (Also, stay tuned for his official Good-bye events TBA).



Peter's photos of artist Janet Echelman's aerial sculpture show "As If It Were Already Here" are featured in

the Gallery this month. This aerial sculpture commemorates the removal of the elevated highway through Boston echoing the location's history far above the Kennedy Greenway and Peter's night photo (right) was featured by the Boston Globe!





## DECEMBER GRAND ROUNDS



Friday, December 11, 2015  
12 noon - 1:00 PM • Sherman Auditorium

### **Simulation-based Communication Skills Training and Assessment in Radiology**

**Stephen D. Brown, MD** - Director, Emergency Department Radiology Services, Children's Hospital, Boston, MA; Associate Professor of Radiology, HMS.

Dr. Brown specializes in prenatal and pediatric body imaging, and as a bioethicist, he explores professional norms and values underlying clinical decision-making and communication around advanced diagnostic and therapeutic technologies.

Dr. Brown received a Bachelor's Degree in the Biological Basis of Behavior from the University of Pennsylvania College of Arts and Sciences and completed his Medical Degree from the University of Pennsylvania School of Medicine in Philadelphia. He interned in general surgery and completed one year's residency in neurosurgery at Stanford University Hospital in California before returning to the East Coast to complete a radiology residency at MGH which included an elective in Abdominal Interventional radiology; and fellowship training in pediatric radiology and pediatric vascular and interventional radiology at Children's Hospital, Boston, and finally, a fellowship in medical ethics at HMS's department of social medicine. Currently, he serves as a Leadership Circle Member at the Institute for Professionalism and Ethical Practice and a member of the Board of Directors in Radiology at Children's Hospital, Boston. Most recently, he served as a panelist in *Communicating Effectively with Patients* (Sponsored by the RSNA Public Information Committee), RSNA, Chicago, IL 2015 and lectured on *Communicating about good and bad results, and medical errors*.

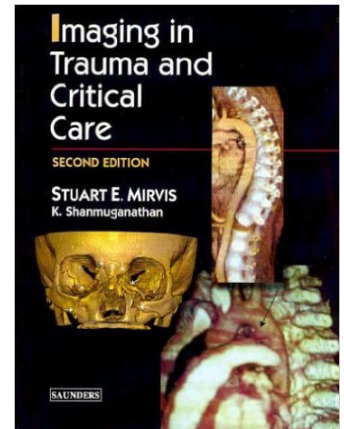


Friday, December 18, 2015  
12 noon - 1:00 PM • Sherman Auditorium

### **Imaging of Penetrating Torso Injuries**

**Kathirkamanthan Shanmuganathan, MBBS** - Professor of Diagnostic Radiology, University of Maryland School of Medicine, Baltimore.

Dr. "Shan" earned his MBBS at the University of Sri Lanka (Ceylon), Colombo and completed rotating internships at the General Hospital of Colombo, Sri Lanka and the Joyce Green Hospital of Kent in the UK before completing residency training in general medicine (Princess Alexandra Hospital, Essex, UK) and diagnostic radiology (St. Bartholomew's Hospital, London). Following his fellowship in musculoskeletal imaging at the University of Maryland Medical System, he joined the faculty and rose to Professor of Radiology and now specializes in Diagnostic and Trauma Radiology at the University of Maryland Medical Center. A prodigious scholar, he has published over 100 peer-reviewed articles and recently spoke on MDCT imaging of penetrating torso trauma at the the Radiology Society of Thailand Scientific Meeting in Bangkok, Thailand, March 2015 as well as at Emergency Radiology: Update 2015, in Milano, Italy, October 2015. He has also served as editor and chapter author of the textbook "Imaging in Trauma and Critical Care".



Thanks to Suzanne Swedeen for the photo

On Wednesday, November 18th, the Radiology Managers presented at the **Lois E. Silverman Department of Nursing Grand Rounds**, entitled: *Radiology: Understanding the Pieces of the Puzzle*.

The Grand Rounds presentation focused on the myriad of diagnostic studies and procedures that are performed in radiology and the resources available to enhance patient education and care.

## FLUENCY

We have a new way to access fluency remotely. **Fluency is now available via Citrix.** All functions are available except dictation. I've attached a document with instructions on how to download the Citrix client for both PC's and Macs. The IS helpdesk can assist with any Citrix issues. (617 754-8080).

Contact me with any questions or issues.

### Leo Hannenberg

Application Analyst - Fluency

Department of Radiology & Physics



The full version of Fluency is now available remotely. You can access all Fluency features (except dictation).

1. You will need to install a Citrix client for your PC or MAC (see below).

You can download the Citrix client (Receiver) application for:

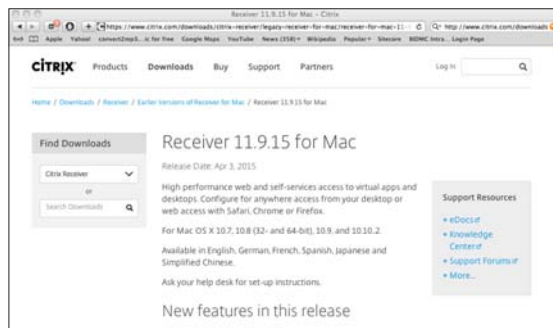
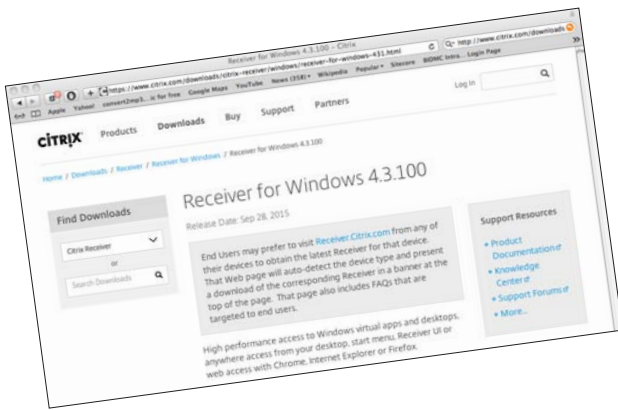
Receiver for Windows 4.3.100:

<http://www.citrix.com/downloads/citrix-receiver/windows/receiver-for-windows-431.html>

Receiver 12.0 for Mac:

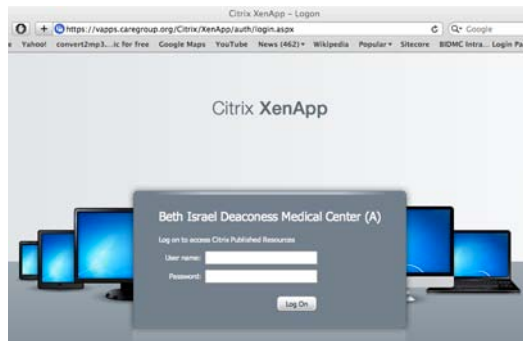
<http://www.citrix.com/downloads/citrix-receiver/mac/receiver-for-mac-12.html>

*Just click on any of these URLs if you are viewing this newsletter electronically.*

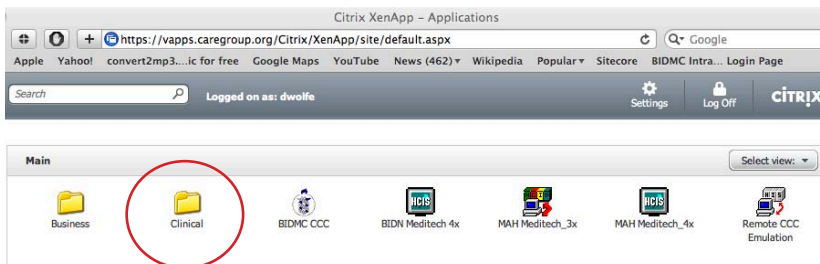


2. The new Fluency remote web address (URL) is:

<https://vapps.caregroup.org>



3. After logging on with your BIDMC credentials, select the "Clinical" folder.



4. Open Fluency with your Fluency credentials. (Be patient, the login process can be slow).

Click on the **Fluency Reporting** icon



If you have technical difficulties with the Citrix client, contact the BIDMC Help Desk at 617- 754-8080

## QUALITY UPDATE:

## OUR RADIOLOGY SAFETY TEAM'S "Speak Up Culture"



Suzanne Swedeem, RN  
MSN CNIV  
Quality Improvement  
Specialist

(L to R)

Back row: Hazel Malolos, Bettina Siewert, Bridget O'Bryan and Robert Beeman.

Middle row: Suzanne Swedeem, Nicole Caddell, Maggie Cybulska, Jennifer Ní Mhuircheartaigh, Fritz Honore, Macarthur Cherenfant and Donna Hallett.

Front row, standing: Meredith Cunningham, Juline Horan. Front row, seated: Leighton Atkins and Aaron Thurston.



Muneeb  
Ahmed



Bessie Gray



Catherine  
Melchin



Chip Watts



Steve Warren



Jim Wu

In November, our safety team (*aka cockpit gradient workgroup*) held their first meetings. The goal of this team is to establish a departmental culture in which all staff feel empowered to speak up when they have a safety concern. The safety team, which is comprised of all disciplines identified in the survey, bring with them a unique set of experiences, knowledge and perception that are invaluable to this work.

As it is important that within the team this same "speak up" culture exists, our first two meetings were devoted to developing a working agreement for communication including: establishing a supportive environment characterized by equality of team members, respectful listening and respectful speaking. The first item addressed was how members will disagree. Disagreement is an important element in this work because a one size fits all solution to issues uncovered in the survey will not work in all areas. The group agreed to validate the other person's opinion first, so everybody felt heard, before voicing their own opinion.


Agenda items for December include safety concerns identified in the survey; understanding their prevalence, how to direct them and possible solutions that will remain both cost and resource neutral. Feel free to contact any member of our team if you have concerns you would like the group discuss.

## SUZANNE SWEDEEN DONS HER OTHER HAT AS KIP COACH IN RADIOLOGY:

### LOL When You Leave

Kim Mulholland, KIP Coach and Compliance Specialist in the Office of Compliance and Business Conduct, says, "If you can remember LOL, you can remember Log out or Lock!"

When you finish your task and leave a computer, **or any equipment which displays protected health information (PHI) such as our x-ray screen, ultrasound screens, etc.** make sure you don't leave information exposed.

- On shared computers: log out from the BIDMC portal or other application and X (close) the browser window
- On private computers: simply hit the Windows icon  and "L" on your keyboard to lock

Remember: LOL even if you are leaving only for a few minutes

**KIP  
Coach  
TIPS**





**IMAGING MONTH** - National Radiologic Technology "Week"

Each November, we celebrate the important role medical imaging professionals play in patient care and health care safety but at BIDMC, we take the entire month of November to honor our 300+ Imaging Technologists whose dedication to quality care makes BIDMC not only a great hospital but a terrific place to work!

On Nov. 12, the 13th Imaging Technologist Recognition Dinner was held at the Alden Castle. *Check out our posters on the East and West Campuses as well as our affiliate locations!*



This year featured "The Great Radiology Challenge" by Ed Mullen



The efforts of our imaging staff were acknowledged with Diamond Awards (Carole Sullivan, Erika Byard), Atlantis Award (Kimberly Dobbs), Helping Hands Awards (Janet Riley, Jessica Butaro), Everyday Excellence (Suazanne Hunerwadel, Andrew Fleming, Yolette Thelusma), Teacher of the Year (Ben Delahanty), Sleeper Award (Sandy Shea), Atlas Award (Vessaris Liakas), Book of Knowledge Award, (Maeva Stockbridge), Patient Experience Champions (Carole Sullivan, Elizabeth Cretel, Michael Jones, Daniel Gerardi, Breige Kerr, Sandy Shea, Mike Plum, Janet Mulvey, Juanita Cook, Nora Call), and the Deboarh Walsh Award (Jason Mangosing).

*CT Manager Tim Parritt awards the Deborah Walsh award to Jason Mangosing and acknowledges fellow nominee Julie Nicholson as well.*







## BIDMC RADIOLOGY COMMUNITY SPIRIT!



On Mon, Nov 16, MRI held their 3rd annual Pre-Holiday MRI Research Pie Day simply for the joy of eating and to celebrate the completion of their abstracts for 2016 ISMRM in Singapore! 11 pies, both savory and sweet were served in the Ansin 2 MRI Learning Lab. This began as a pie baking contest but has evolved to become a generous community event so plan for next year to join in the pleasure of eating pies together! As usual, thanks to Lois Gilden for organizing this event!

*I just want to say a big "THANK YOU" to everyone who participated to our "MRI Research Pie Day" and helped to make it another successful one! We had 11 pies! Special "THANKS" to everyone who took time out from busy work and personal schedules and baked! – Fotini Kourtelidis, MRI Research Technologist*

*Ditto! and also thank you to all the people who showed up to taste them and congratulate the bakers. Can you imagine if all these delicious pies were to be left uneaten...*

*– Koenraad Morteles, Chief, Abdominal Imaging & Director, Clinical MRI*

## HMFP Radiology is honored to support BID-Needham's 17<sup>th</sup> Annual Gala!



Thanks to Kristel Boardman, BID-Needham Dir. of Marketing for this photo.

Attending this year's gala at the Westin Waterfront in Boston, Nov. 7, 2015

were Community MRI Director **Marty Smith**, Vice Chair of Community Network Services **Peter Gordon** and his wife Jackie, Chief of Radiology at Needham **Dean Rodman** and his wife Toby, Community and Abdominal Imaging Radiologist **Anu Shenoy-Bhangle** and her husband Samir Bhangle. Gala proceeds directly benefit the Beth Israel Deaconess Cancer Center and Surgical Pavilion, Needham, a world-class facility right in the Needham community.

*BID-Needham's Dream A Modern Ball was a huge success! The hospital hosted a sold-out crowd for its 17th annual gala, Dream A Modern Ball, with over 800 tickets sold.*





A VIEW FROM ABROAD

## A First for Molepolole, Botswana: A Radiology Presence

Sahil V. Mehta, MD

As medical students, many of us have aspirations to change the world. We write poetically in our medical school personal statements about helping bridge the gap between those who have access to care and those who do not. Somewhere along the way, we lose at least a part of this in choosing the noble career of a radiologist. That is certainly not to say that radiologists cannot do their part in helping bridge the gap of disparities of care in the United States, but in our technologically driven field, we are often constrained by the settings where we work. The training provided to radiology residents often hinges on the availability of multimillion-dollar 3-T MRI scanners, 256-slice CT scanners, and well-trained ultrasonographers, technologists, and physicists acting “behind the scenes” to produce beautiful images that allow us to peer inside the bodies of our patients. But as satisfying as this wizardry is, as a radiologist, I, at times, felt a bit disconnected from the pre-med and medical school me, the one replaying Gandhi’s quotation of thinking about the poorest man you have ever seen and wondering if your next step will help him. I wanted to find the old me again, and I was able to do that for at least a bit in rural Botswana.

Many medical specialties have made great strides in global health, referring not to “tourism medicine” but to sustainable solutions in third-world countries. Radiology is not

really one of these specialties, driven by our need for technology and evidenced by the lack of opportunities available to trainees to participate in such electives. In finding an opportunity to share radiology knowledge with the developing world, fortuitous events and connections are a must. Mine came in the form of a medical school classmate and infectious disease specialist who spent multiple months at Scottish Livingstone Hospital (SLH) in Molepolole, Botswana. She would periodically send back interesting cases via e-mail, asking for my opinion; mostly they were varied presentations of tuberculosis (TB), endemic in this area of Botswana. The hospital was equipped with x-ray equipment, but no radiologist. Medical officers (essentially interns) were responsible for the interpretation of their imaging. This blossomed into a full-time teleradiology link between the US-trained physicians who were spending extended periods of time at the hospital and a few of the residents and faculty members back in Boston.

Our limited, but functional, teleradiology link proved successful for the physicians on the ground and their patients, as well as for our own education. Because there is no PACS capability at SLH (in fact, only a few computers are seen anywhere in the hospital, in stark contrast to hospital floors in the United States), images were transmitted crudely, via smartphones and a wireless connection that

could be accessed only in the main city of Gaborone, many hours after leaving the hospital. The incredible pathology was foreign to us, quite literally. I had never seen a real-life case of military TB, or most other manifestations of TB for that matter. There were other problems that had the physicians in Botswana—never formally trained to read radiographs or CT images—perplexed, that we were quickly able to help with. A patient presented with symptoms of stroke and a CT printout from the main government hospital with no interpretation (a very common occurrence), and the physicians were wondering if there was a bleed in the frontal lobe. But this was quickly identified via the teleradiology link as simply volume averaging, allowing the patient to be treated appropriately (or as appropriately as possible given the limited resources). Although there is no CT scanner at SLH, an hour away at the main government hospital of the region, Princess Marina Hospital in Gaborone, CT is available. The wait time, predictably, for even urgent studies, can be many weeks to months.

Buoyed by the success of the teleradiology program, I was able to travel to Botswana myself to try to serve the patients and local physicians. Working in collaboration with the Beth Israel Deaconess Medical Center physicians on the ground at SLH, we wanted to see if a radiologist’s presence could truly help in caring for the patients, as well as in



In June 2015, graduating resident Sahil Mehta’s photos of his adventure in Botswana’s Chobe National Park were featured in the West Campus Conference room gallery (WCC-304A) and it is great to see this published account of his efforts in education and patient care at the Scottish Livingstone Hospital in Molepolole, Botswana.

educating the local physicians. An internist well trained in human immunodeficiency virus infection could easily walk in and make a difference from the first patient he or she saw, but honestly, everyone involved, myself included, was skeptical of what impact a radiologist could have on day-to-day care in such a setting. As I walked into the hospital on my first day as the first radiologist the hospital had seen, I brought with me a tube of K-Y Jelly obtained from the pharmacy the day before. Although there were ultrasound machines on site (and an ultrasonographer, who was also responsible for interpretation of his images), no ultrasound examinations had been conducted for the past two weeks at the hospital, because gel had been backordered. The lack of maintenance (most sinks in the hospital were nonfunctional), basic resources (paper towels were a true luxury), and the things we take for granted practicing in a well-developed country (the electricity went out regularly, and one of the biggest obstacles to performing portable ultrasound studies was finding an outlet that worked) all proved to be challenges that were not always easy to overcome during my time there. Nonetheless, it was obvious from the first minute that a radiologist, even a trainee, could have a huge impact.

My most important task was education. The hospital was staffed by attending physicians who were mostly physicians who had trained globally, medical officers, and medical students (the batch will be the first graduating class from the University of

Botswana). These physicians had varying knowledge of radiology, but most had trained in resource-poor environments, and their skills didn't go much further than basic chest radiography. The intensive care unit was actually equipped with an ultrasound machine that had never been turned on, as they did not know how to use it. I conducted daily workshops on radiology for the hospital staff as well as the district physicians (doctors who work throughout the rural expanse of Botswana). These quickly proved to be enlightening and entertaining. Instantly, word spread throughout the hospital, and by the end of my visit, the lecture room was overflowing. A large portion of the education was devoted to ultrasound training, particularly its use to search for extrapulmonary TB (focused assessment with sonography for human immunodeficiency virus and TB, a method developed by Tom Heller). The medical students in particular were enthralled with the ability to perform scans themselves, a skill they never thought possible and perhaps a skill that will be incredibly useful in their careers as they spread across Africa in their own practices one day. The ability to quickly evaluate for cholecystitis, hydronephrosis, or a deep vein thrombosis, for example, truly changes the way medicine can be practiced in a setting where it could take a week or more to obtain a formal ultrasound study.

Our second goal was to understand if a radiologist could help with the day-to-day care of patients, and the answer quickly became obvious. Rounding daily with the teams and

helping interpret radiographs was an obvious first step, but we found creative ways to use the available ultrasound machine to find answers to clinical questions. Quickly, patients were lined up. In total, more than 50 ultrasound examinations were performed, investigating basic to complex clinical situations. The students started thinking for the first time about how imaging could be used in real time to treat their patients, eliminating the "guess, treat, and wait for imaging" approach that, out of necessity, had been used previously. Perhaps most gratifying was the instance in which I taught an intern how to search for a pleural effusion, and a few days later, she used the skill to safely guide herself in performing a diagnostic thoracentesis. In another instance, the intensive care unit physician was repeatedly unable to insert a central line in a critically ill patient, another not uncommon occurrence at the hospital, but we were able to do it together under ultrasound guidance.

There is no doubt that a radiologist can have a significant impact on the care and education of physicians in rural settings, despite limited resources. For myself, the experience felt as if it allowed me to at least temporarily live up to the rhetoric I put down on my medical school application. Limitations on resources can be overcome with creativity and perseverance. As there are undoubtedly other radiologists across the country interested in such endeavors, I would encourage each to seek out an opportunity wherever it may present itself: the impact can truly be grand.

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**2015 BIDMC Radiology Publications** – A PubMed search for new BIDMC publications is made each month; however, if we miss your paper, please send the reference to [dwolfe@bidmc.harvard.edu](mailto:dwolfe@bidmc.harvard.edu). Note that 1) Epub dates are included only in publications where the Epub and paper publication dates occur in different years, i.e., Epub in 2014 and paper publication in 2015; and 2) doi addresses are only included until citations are updated with hard copy page citations.

**Acord M**, Shaikh R. Predictors of diagnostic success in image-guided pediatric soft-tissue biopsies. *Pediatr Radiol*. 2015 Sep;45(10):1529-34. PMID: 25958250.

**Agarwal MD, Levenson RB, Siewert B**, Camacho MA, **Raptopoulos V**. Limited added utility of performing follow-up contrast-enhanced CT in patients undergoing initial non-enhanced CT for evaluation of flank pain in the emergency department. *Emerg Radiol*. 2015 Apr;22(2):109-15. Epub 2014 Aug 1. PMID: 25082439.

**Ahmed M, Kumar G**, Navarro G, Wang Y, Gourevitch S, Moussa MH, Rozenblum N, Levchenko T, Galun E, Torchilin VP, **Goldberg SN**. Systemic siRNA Nanoparticle-Based Drugs Combined with Radiofrequency Ablation for Cancer Therapy. *PLoS One*. 2015 Jul 8;10(7):e0128910. doi: 10.1371/journal.pone.0128910. eCollection 2015. PMID: 26154425; PMCID: PMC4495977.

**Ahmed M, Kumar G, Moussa M**, Wang Y, Rozenblum N, Galun E, **Goldberg SN**. Hepatic Radiofrequency Ablation-induced Stimulation of Distant Tumor Growth Is Suppressed by c-Met Inhibition. *Radiology*. 2015 Sep 29;150080. PMID: 26418615.

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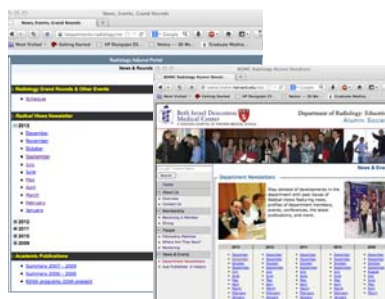
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