

Radical Views...

Volume 7, Number 6 JANUARY 2015

from the Department of Radiology





HARVARD MEDICAL SCHOOL



FROM THE CHIEF Jonathan B. Kruskal, MD PhD

Of note ...

This month also marks the one year anniversary of the passing of Sven Paulin. See **February Radical** Views for updates on Sven's legacy!

2014 Departmental Bibliography total: 179 publications (including 24 **Epubs which will** be in print in 2015), see page 11.

Check out the achievements of our Breast Imagers!



IR Tech Assistant Jefferson Roach spreads holiday cheer on the West Clinical Center

Congratulations



I am very pleased to announce that BIDMC interventional radiology members have won the SIR/JVIR Editor's Award for Distinguished Laboratory Investigation two years in a row!

Moussa M, Goldberg SN, Kumar G, Sawant RR, Levchenko T, Torchilin V, **Ahmed M**. Radiofrequency ablation-induced upregulation of hypoxia-inducible factor-1α can be suppressed with adjuvant bortezomib or liposomal chemotherapy. J Vasc Interv Radiol. 2014 Dec;25(12):1972-82. PMID: 25439675.

This award is supported by the Society of Interventional Radiology Foundation as acknowledgment of the essential, best-in-class research that is conducted in interventional radiology and published within JVIR. This paper was chosen by a review of all manuscripts published in 2014, voted by the editorial board members, and selected by the editor-in-chief. The award will be presented at the SIR 2015 Annual Scientific Meeting in Atlanta March 3, 2015.

In 2013, Dr. Ahmed and his team won the same award for: Moussa M, Goldberg SN, Tasawwar B, Sawant RR, Levchenko T, Kumar G, Torchilin VP, **Ahmed M**. Adjuvant liposomal doxorubicin markedly affects radiofrequency ablation-induced effects on periablational microvasculature. J Vasc Interv Radiol. 2013 Jul;24(7):1021-33. PMID: 23664809; PMCID: PMC3782857.



Congratulations also to our new physicist, Dr. Da **Zhang** who joined BIDMC in September, for coauthoring the education exhibit "Radiation Dose and Image Quality for Low Dose Fecal-tagging CT Colonography: A Comparison of Electronic Cleansing between Single-energy and Dual-energy

CTC" which received a certificate of merit award; and a scientific talk, "Effect of Patient Centering Technique on In-Vitro Human Organ Doses for Abdominal CT" which was awarded a Trainee Research Prize in Chicago at at RSNA 2014.



Please welcome Dr. Salil Soman, our newest

faculty member in Neuroradiology.

Dr. Soman comes to BIDMC following completion of a radiology fellowship at the Radiological Sciences Laboratory (RSL) of Stanford University and which also included a research fellowship in clinical neuroscience at the War Related Illness and Injury Study Center, Dept. of Veterans Affairs (RSL).

Dr. Soman earned his MD and radiology residency training from the Robert Wood Johnson Medical School in New Brunswick, an MS in computer science at MIT, and a BA in Chemistry and public health at Johns Hopkins University, Baltimore.

In addition to his clinical work in emerging neuroimaging techniques to evaluate traumatic brain injury and clinical data system development, he has also served as webmaster in medical school and at MIT.

Currently he is a member of the Society for Imaging Informatics in Medicine and an ad hoc reviewer for Medical Imaging Analysis.

We look forward to taking advanatage of his skills and experience at BIDMC!

Radiology Calendar JANUARY 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, Gl/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)
			7:30 - 9:00 No conference (New Year's Day)	7:30-8:30 No conference (New Year's Day) 12:00-1:00 pm No Grand Rounds
5 8:00 - 9:00 Pulmonary angiography and cases (Diana Litmanovich)	6 7:30 - 8:15 Management of pulmonary nodules (Alexander Bankier) 8:15 - 9:00 Chest cases (Alexander Bankier) 5:00-6:30 Mentoring Meeting How to Write a research manuscript: Part 2 (Alexander Bankier) [Kirstein Living Rm]	7 7:30 - 9:00 Physics - MRI - modules 6 and 7 (visiting professor Dr. Georgeta Mihai)	8 7:30 - 9:00 TBD - possible town hall meeting (cheif residents)	9 12:00-1:00 pm NERRS: NO Grand Rounds
7:30 - 8:15 MRI of the ovary (Karen Lee) 8:15 - 9:00 MRI of the ovary - cases (Karen Lee) 12:00-1:00 MRI Meeting [Ansin 2]	7:30 - 8:15 Fetal abnormalities (Colin Mcardle) 8:15 - 9:00 MDCT applications in the abdomen (Vassilios Raptopoulos) 10:30-11:30 NMMI meeting [GZ-103]	7:30 - 8:15 Aortic Interventions (Barry Sacks) 8:15 - 9:00 Renal angiography (Barry Sacks) 7:15-8:00 US meeting [WCC-304A]	7:30 - 8:15 Ultrasound imaging of TIPS (Robert Sheiman) 8:15 - 9:00 Renal masses (Maryellen Sun) 2:00-3:00 West MedRads - Body Senior	16 12:00-1:00 pm Grand Rounds: How to Do a PQI Project (Jonathan B. Kruskal, MD PhD)
19 7:30 - 9:00 No conference (Martin Luther King Day)	20 7:30 - 9:00 ED lecture series (TBD) 8:00-9:00 IR Meeting [West Recovery] 10:30-11:30 NMMI meeting [GZ-103]	21 7:30 - 9:00 ED lecture series (TBD)	22 7:30 - 9:00 ED lecture series (TBD)	23 12:00-1:00 pm Grand Rounds: Chiefs' Rounds
26 7:30 - 9:00 ED lecture series (TBD)	27 7:30 - 9:00 ED lecture series (TBD) 10:30-11:30 NMMI meeting [GZ-103]	7:30 - 9:00 ED lecture series (TBD)	7:30 - 9:00 ED lecture series (TBD) 2:00-3:00 West MedRads - Body Senior	30 12:00-1:00 pm Grand Rounds: The Value of Nonvascular Thoracic MRI (Jeanne Ackman, MD)





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The new Gallery show features Betsy Grady's mementos of her travels to Europe, including one she brought back for her own furry friend. (Thanks to Betsy Grady for allowing the rescheduling so that Kevin Donohoe could share a chronological history of his seasonal holiday cards!)

As always, please contact Donna Wolfe if you, too would like to share your photos, paintings or sculptures: dwolfe@bidmc.harvard.edu or 4-2515

DEPARTMENTAL NEWS - JANUARY GRAND ROUNDS

Friday, January 30th, 2015 12 noon - 1:00 PM • Sherman Auditorium

The Value of Nonvascular Thoracic MRI

Jeanne B. Ackman, MD - Director of Thoracic MRI, MGH; Assistant Professor of Radiology, HMS

Dr. Ackman earned her MD from Yale University School of Medicine and completed an internship in Internal Medicine at Greenwich Hospital in Connecticut before coming to Boston for her Radiology residency and Mini-fellowship training in Pediatric Radiology at Massachusetts General Hospital. Following a fellowship in Women's Imaging at Brigham & Women's Hospital, Dr. Ackman served as a Radiology Associate at Emerson Hospital in Concord, MA between 1998 and 2007 when she returned to Mass General as an Associate Radiologist (and as a Consultant Radiologist at Spaulading Rehab, Martha;s Vineyard and Nantucket Cottage Hospitals). In 2009, she was appointed Director of Thoracic MRI at Mass General and in 2014, she was promoted to Assistant professor of Radiology at HMS. In 2013, she served as Course Director and Moderator of the Thoracic Radiology and the Abdominal Radiology Programs of the New England Roentgen Ray Society (NERRS) and currently serves on the Harvard School of Public Health Leadrship Council. In 2014 her "How I Do It" JTI article, "A practical guide to non-vascular thoracic magnetic resonance imaging" was selected by Lippincott Williams & Wilkins, publisher of Journal of Thoracic Imaging (JTI), as a "Hot Topic" feature, enabling more marketing and Open Access of this article.

2015 MENTORING MEETINGS SCHEDULE

We wanted to make the meetings easier for people to attend and so, after our ballot last year, have moved them to Tuesday evenings from 5:00-6:30 pm. Given the after hours time, we will be serving wine (along with non-alcoholic beverages!) and cheese. This will give us about 15 minutes for socializing prior to each talk, and time at the end for discussion and informal mentoring/networking. Faculty, fellows, and residents are all invited to attend.



Debbie Levine, MD, Vice Chair of Academic Affairs

2014-2015 Mentoring Meeting Schedule:

Nov 4, 2014	How to write a research manuscript: Part 1	Dr. Alexander Bankier	Leventhal Conference Rm
Jan 6, 2015	How to write a research manuscript: Part 2	Dr. Alexander Bankier	Kirstein Living Room
Feb 3, 2015	Designing a research study	Dr. David Alsop	Kirstein Living Room
Mar 10, 2015	Promotions at HMS at the junior faculty level. What is new? What do faculty need to know?	Dr. Carol Bates, Assistant Dean for Faculty Affairs, HMS	Kirstein Living Room
Apr 7, 2015	Sources and strategies for funding your research study	Dr. David Alsop	Kirstein Living Room
May 5, 2015	Ethics in publication of scientific research	Dr. Herbert Kressel	Kirstein Living Room
Jun 2, 2015	How to optimize your CV	Dr. Deborah Levine	Kirstein Living Room

Body MRI celebrates Achievements of 2014

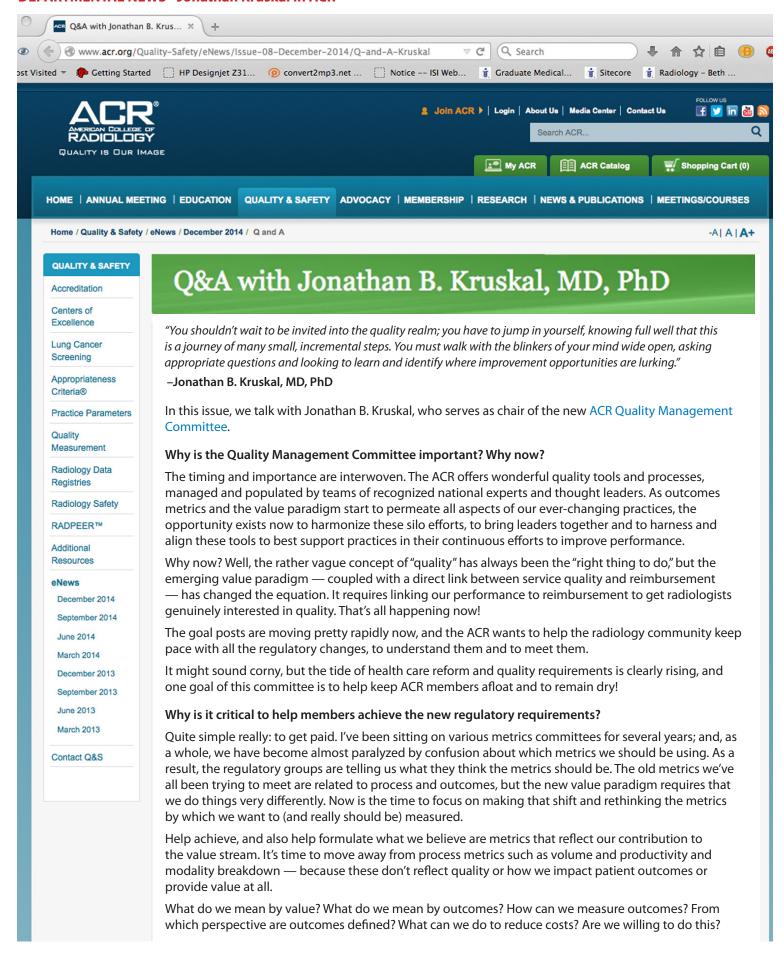
The Body MRI section had their annual Staff recognition/Holiday Party this year at the Dali Restaurant in Cambridge. It was an evening of joy, laughter, camaraderie, and great food.



Special thanks also to the clinical fellows Nadia Caplan (I) and Elena Resnick (r), and research fellow Francesco Allesandrino (middle).



DEPARTMENTAL NEWS - Jonathan Kruskal in ACR



Q&A with Jonathan B. Kruskal, MD, PhD (cont'd)

How can we get radiologists to understand that we have to shift from fee-for-service to impacting the entire health care system and each individual patient during his or her episode of care? These are relevant and timely questions; we have a big task ahead.

How does what you're doing on the Quality Management Committee relate to Imaging 3.0™ and the transformation from volume to value?

Transforming the value paradigm into practical and realistic radiologist performance metrics is one goal of our team and is a foundation of Imaging 3.0. We aim to define outcomes and value-reflecting metrics that will be the framework for radiology practices to know exactly what their targets are, and how these can be met. Together with the Informatics group, we aim to facilitate this through deployment of new point-of-care tools and easier access to currently available tools, such as registries. We aim to help practices market their excellence to their patients, local hospitals and referring physicians.

What are your top three goals for the committee for the coming year?

Number one is to harmonize the ACR's many quality domains. Part of that is to harness the expertise within the ACR to expand the education and training mission as well as utilization of current quality and safety tools that the ACR offers. For example, we want to transform the registries to become tools that reflect value rather than simply process metrics. We also need to look at new tools that can be used at the point of care to help radiologists provide value. A second goal is to define a process and metrics for illustrating the value that we contribute, both from diagnostic and interventional services. And we've got to be proactive, rather than reactive, in defining these metrics; or they will be defined for us. Third, we plan to build a framework to help practices develop their own quality infrastructures, for example, training the Radiology Quality Officers (RQOs) and their teams. I don't think that these are ambitious goals since we are all traveling down these paths already, albeit at different paces and in slightly different directions.

What are you most excited about for the Quality Management Committee and the opportunity that lies ahead?

We have a great group of true thought leaders on this team, and the opportunity to learn from them excites me. These are people with track records of being able to think outside the box and are devoted and committed to improving quality and outcomes, and to teaching others how to do this. The team consists not of talkers, but of walkers who want to and can make a difference now. Just think of that opportunity!

Why did you choose to focus on quality and safety in your career and why are you heading up this new committee?

My background spans many years of efforts to improve quality, safety and performance, and not all have been successful! I have led several radiology quality efforts at the section, modality and department level, and transitioned this experience up to various national societies. I truly enjoy sharing my experience with those

commencing this journey, and teaching and mentoring others already on the path. I have been able to marry this passion with an academic mission and share my project outcomes in our literature and in my role as the quality initiative section editor of RadioGraphics. The Quality Management Committee represents a natural progression in my commitment to help the radiology community strengthen its ability to enhance quality and safety and deliver better patient care.

What advice do you have for radiologists who want to follow your path and become more involved and engaged in quality initiatives?

Improving quality is not something one learns from lectures or reading books. You shouldn't wait to be invited into the quality realm; you have to jump in yourself, knowing full well that this is a journey of many small, incremental steps. You must walk with the blinkers of your mind wide open, asking appropriate questions and looking to learn and identify where improvement opportunities are lurking. We are literally surrounded by opportunities for improving what we do, and if you can engage your colleagues and your staff in a constructive and proactive way, that's an important step to inviting them on board. This involves teamwork, embracing a culture of seeking improvement, of willingness to admit mistakes and failures, but persisting and sharing the successes. As radiologists, we can always improve what we're doing to make it better for everybody. Along the way, we must keep our eye on the patient and remember that it's all about improving their care. A first step is to shift from the radiologist-centric model, and that's often quite a hurdle over which to help your colleagues.

Let me add that this Committee would like to facilitate the transformation of the ACR's Annual Quality Conference on Quality and Safety into a boot camp for practice and department RQOs. This will be an ideal training and mentoring ground for anybody interested in this field or who is given the responsibility for overseeing practice quality management.

Speaking of Quality ...

At the Dec. 19th Grand Rounds, Gold Humanism Society Representatatives (and 3rd yr residents) Chip Watts and Pritesh



Mehta present the Humanism Award to the Department of Radiology's first recipient **Priscilla Slanetz** on behalf of the Gold Humanism Honor Society (GHHS). The Gold Humanism Honor Society is a national honor society that honors senior medical students, residents, role-model physician teachers and other exemplars recognized for demonstrated excellence in clinical care, leadership, compassion and dedication to service. The purpose of GHHS is to recognize the importance of humanistic care and to honor physicians who achieve this excellence.

BREAST IMAGING ACCOMPLISHMENTS: PRISCILLA J. SLANETZ & VALERIE FEIN-ZACHARY IN THE ACR/MRS -

We are pleased to acknowledge the tremendous amount of effort and commitment by Drs. Slanetz and Fein-Zachary to assist in the success of this legislation!



Dear MRS Member,

Earlier this year, the Massachusetts Radiological Society (MRS) became aware that the legislature in this state was working on a breast density notification bill, as has been done in many other states. The MRS, with the assistance of Drs. Alan Semine, Robyn Birdwell, Phoebe Freer, Priscilla Slanetz, and Valerie Fein-Zachary, was proactive in engaging the legislature and assisting in the wording of this bill. The major issue from the perspective of the MRS was the onus of responsibility for discussion with the patient should rest with the referring physician and not the interpreting physician. There was some opposition to this concept, but this was ultimately accepted and is within the new law, Chapter 150. In addition, as the science of medicine evolves, we felt that the actual letter of notification may need to be altered as time passes. This was incorporated into the law as well and the onus for creating the text for notification rests with the Department of Public Health (DPH), and may be altered as time passes without legislative intervention. The DPH is therefore charged with promulgating regulations to implement the new law. This new law is attached and goes into effect on 1 January, 2015 - assuming that DPH has created a regulatory or guidance process at that time.

The MRS has worked with the Massachusetts Hospital Association (MHA) over the last few months and has created a template letter of notification that we believe meets the intent of this law. As the majority of mammography services in Massachusetts are hospital based, we want to ensure that the notification is acceptable to the institutions responsible for these services. The template letter has been given to DPH. [See right]

Over the last few days, we have received indications from DPH that, as a letter of notification to the patient for mammography results is already required, they will not, at least at this point in time, be issuing any regulations for breast density notification. This therefore can be interpreted to mean that breast density notification requirement will go into effect as planned. We, following consultation with the MHA, feel that as of 1 January, providers of mammography services will be required to notify patients of their breast density.

The committee of breast imagers above believe that although breast density notification is only required for those patients with heterogeneously dense breasts and extremely dense breasts, the recommendation is to notify all patients of their breast density to ensure that no one slips through the cracks. This can be done by adding language referable to breast density to the BI-RADS result letter that is already being sent to every patient. The general template described above adds useful information for the patient and should be given to the patient along with the result and breast density notification letter.

Please note that the website referenced in the general template is a works in progress that we hope to have operational in the near future.

The MHA is also sending an advisory with respect to this turn of events to its membership. We will keep you informed of any additional information as it becomes available.

Sincerely.

Philip Rogoff, MD, FACR, FSIR. President, Massachusetts Radiological Society

Template Letter:

Dear	
Dear	

Massachusetts law now requires any patient whose recent mammogram shows dense breast tissue to receive more information about what this means and where to find answers to additional questions.

The appearance of breast tissue on mammograms ranges on a continuum from fatty to dense. If your mammogram report describes your breasts as being dense, this means that there is more fibrous and glandular tissue in your breasts than there is fatty tissue. This is a normal pattern that is seen in 40 to 50% of women. If you would like to learn more about breast density and screening, useful information is available at the following website: www.breast.massrad.org.

While dense breast tissue is a common and normal finding on a mammogram, it may limit our ability to detect breast cancer and may indicate an increased risk of breast cancer. However, it is important to know that having dense breasts is not abnormal.

Following our regular procedures, a copy of your mammogram report has been sent to your primary care provider to be included in your medical record. Included in this report is a description of the density of your breast tissue. You may want to make an appointment with your primary care provider to discuss your test results. It is possible that an additional screening examination such as breast ultrasound or breast MRI may be appropriate even if your breasts are not dense. Your provider considers several risk factors such as family history and results of prior breast biopsies before determining if additional screening should occur. You may also contact your radiologist with any questions. Please be aware that any additional screening examinations are subject to the coverage and notice rules required by your health insurance plan, so we also urge you to check with your insurance carrier before scheduling any additional screening.

Regardless of breast density, mammography remains the most important examination to screen for breast cancer so please ensure that you continue having an annual mammography.

Sincerely, Your radiologist

BREAST IMAGING ACCOMPLISHMENTS: PRISCILLA J. SLANETZ & VALERIE FEIN-ZACHARY IN THE ACR/MRS - [cont'd]

Chapter 150 AN ACT RELATIVE TO BREAST CANCER EARLY DETECTION

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:

SECTION 1. Subsection (b) of <u>section 5Q of chapter 111 of the General Laws</u>, as appearing in the 2012 Official Edition, is hereby amended by adding the following paragraph:-

Every provider of mammography services shall, if a patient's mammogram reveals dense breast tissue, as determined by the interpreting physician based on standards promulgated by the American College of Radiology, provide written notification to the patient, in terms easily understood by a lay person. The notification shall include, at minimum, the following information:

- (1) that the patient's mammogram shows dense breast tissue;
- (2) that the degree of density apparent and an explanation of that degree of density;
- (3) that dense breast tissue is common and not abnormal but that dense breast tissue may increase the risk of breast cancer;
- (4) that dense breast tissue can make it more difficult to find cancer on a mammogram and that additional testing may be needed for reliable breast cancer screening;
- (5) that additional screening may be advisable and that the patient should discuss the results of the mammogram with the patient's referring physician or primary care physician;
- (6) that the patient has the right to discuss the results of the patient's mammogram with the interpreting radiologist or the referring physician;
- (7) that a report of the patient's mammogram has been sent to the referring physician and will become part of the patient's medical record; and
- (8) where the patient can find additional information about dense breast tissue.

SECTION 2. The department of public health shall promulgate regulations to implement the second paragraph of subsection (b) of <u>section 5Q of chapter 111 of the General Laws</u> by January 1, 2015.

Approved, June 26, 2014.



HUMAN

"At the heart of everything we do at Beth Israel Deaconess Medical Center is a fervent belief that before patients are patients, they are people. We don't see MRI number 137. We don't see a label on a test tube. We don't see a case of the flu. We see a mother who's planning her son's graduation party, a teacher with a classroom full of kids waiting for her return, a grandpa who never misses his granddaughter's piano recitals.

What we do every day at BIDMC makes a difference in people's lives. That's why we are passionate about caring for our patients like they are family, finding new cures, using the finest and the latest technologies, and teaching and inspiring caregivers of tomorrow.

We put people at the center of everything we do. Because we believe in medicine that puts people first."

- http://www.bidmc.org/About-BIDMC/BIDMC-Campaign.aspx

We were pleased to see that **Tejas Mehta**, our Chief of Breast Imaging was chosen by the hospital to illustrate our commitment to patient care in the large Human First philosophy campaign. Her image is mounted in the Shapiro Clinical Center first floor staircase and she joins a group of employees honored to represent BIDMC.

BREAST IMAGING ACCOMPLISHMENTS: JORDANA PHILLIPS' CESM PROGRAM

On December 18, 2014, with Dr. Jordana Phillips as principal investigator, our IRB approved, dual-energy contrast-enhanced digital spectral mammography (CESM) program at BIDMC came to fruition. We are excited to be the only site in New England offering this relatively new technology.

Our research study is being done to test how well CESM compares to MRI in screening for breast cancer in high risk women. In the preliminary studies performed in women already diagnosed with breast cancer, CESM was shown to have a similar sensitivity for finding breast cancer but detected fewer of the benign findings which would result in fewer unnecessary biopsies. It is also a faster and less expensive exam compared to MRI. CESM was FDA approved in 2011 to be used as a tool to help work-up abnormalities seen on standard mammography and ultrasound. We believe that CESM will also be a beneficial tool to screen high risk patients for breast cancer and possibly replace MRI in the future.

Jordana and I would like to personally thank the research group and Radiology department for supporting this project, and thank all of the many individuals in the section, department and institution who helped make this project a reality. We look forward to updating you on our progress and results.

Sincerely,

Tejas S. Mehta, MD MPH Chief, Breast Imaging Co-Director, BreastCare Center



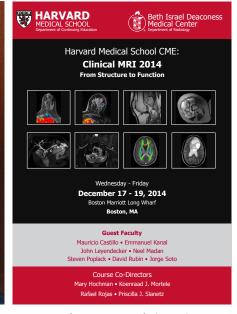
Jordana Phillips with mammogram and CESM.



CESM nursing and research team: Rita Monahan-Early, research coordinator; Jordana Phillips, PI; and research nurses Audrey Nathanson, RN and Wendy Hori, RN.

BREAST IMAGERS ENJOY TEACHING AT THE HMS CME CLINICAL MRI 2014, MARRIOTT LONG WHARF HOTEL





Guest faculty Steven Poplack (Dartmouth-Hitchcock Medical Center), Vandana Dialani, Valerie Fein-Zachary, Eren Yeh (BWH), Tejas Mehta and Priscilla Slanetz (course co-director) at the Boston Marriott Long Wharf Hotel December 17-19, 2014.

RADIOLOGY IN THE COMMUNITY -

Dec 9, 2014 - First of all, I would like to sincerely thank all of you who have already made donations to my BIDMC fundraising account with regards to the 2015 Boston Marathon. Because of you, I have currently reached 27% of my fundraising goal which is fantastic! Needless to say, I would love to raise more money for the annual BIDMC fund and truly hope I can count on your contributions. Here is the link again: https://www.crowdrise.com/TeamBIDMC2015/fundraiser/koenraadmortele

This week, my 20-week prep schedule kicked off and today we have our first "team" meeting. Let's say that I am currently already very comfortable running 27% of the distance....and as the contributions go up my confidence level will go up too...)!

Thanks again for all the support,

- Koenraad



BENEFITING: BIDMC
ORGANIZER: BIDMC
EVENT: 2015 Boston
Marathon
EVENT DATE: Apr 20, 2015
THE STORY:

Hi all,

I am very excited to be accepted to the BIDMC Boston Marathon Team in 2015 and will be fundraising for the Beth

Israel Deaconess Medical Center Annual Fund! For the past 3 years, I have been working as the Clinical Director of MRI in the Department of Radiology at BIDMC and have been truly amazed by the quality of care that is being offered here. Every day, patients are being evaluated, diagnosed, and treated with the highest standards and I am proud to be a member of this incredible Institution and Department. By partaking in the Boston Marathon as a member of the BIDMC Team, I feel comforted that all of the money I raise will go directly to the support of the patients at BIDMC.

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In addition to being motivated to run for the patients at

BIDMC, I am personally very excited to be running the marathon for two specific reasons. Firstly, although running has always been one of my favorite "outlets" I never have found the time and courage to sign up for such an endeavor. I know now, however, that finishing the Boston Marathon in 2015 will make me a healthier and stronger person and hopefully inspire people around me. Secondly, during my recent time at BIDMC, I have had the unfortunate experience to see my dad pass away and some of my friends and colleagues fall ill, unexpectedly. I want to complete the Boston Marathon in 2015 in their honor and support and they will be in my thoughts all the way, 26.2 miles long.

I hope that you will consider supporting my fundraising efforts and help me reach my fundraising goal of \$7,500. The quality of the care that is occurring at BIDMC is truly outstanding, and with your support, it can continue benefitting the patients we all care about so much.

Thank you so much!!

Sincerely,

- Koenraad

Where in the world is ... Verena Stinshoff, MD



Verena Stinshoff, MD - former interventional radiology research fellow

AMORPHOMETES:

AND PROMETERS

AND PROMETERS

AND PROMETERS

at BIDMC under Dr. Elvira Lang, now part of Doctors Without Borders and stationed in Papua, New Guinea.

From the bits and pieces you read on facebook you know that I have been working in Papua New Guinea for the last four years. I started working there with Doctors without Borders at a small bush hospital as the only doctor for 300,000 people. We see a lot of trauma due to the high level of violence, domestic and tribal fighting, with spear, arrow and axt wounds.

On avarage we conduct 8-9 amputations due to fighting wounds a day at the hospital. It is a very different place. I am also taking care of the national HIV program, travelling throughout the country by boat, helicopter and trecking to very remote places deep in the bush. It is a very adventures life and I love it!



Delicious fresh organic veggies at Goroka market





Out and about in Hela, a province of Papua, New Guinea

Left: Walindi resort, new Britain, Papua, New Guinea - definitely ranking quite high on my top ten best bamboo huts in the world...

KOMMUNITY KORNER: Harrington to Open Urgent Care in Charlton, MA



Jeffrey Bernard, RT Manager, Community Radiology Network Services

Harrington HealthCare System is extending "Total Local Care" beyond its emergency rooms and primary care offices and into urgent care. Following the recent approval of a plan presented to its Board of Directors, Harrington is planning to convert its space in Charlton into an Urgent Care Center that is expected to open in the spring of 2015. Harrington will relocate its Wound Care program at the Charlton location and we will capitalize on its existing radiology and lab services that will remain at the site.

"We performed careful due diligence, and our research found that Charlton is an ideal location for urgent care given its demographics of residents and employers and its close proximity to towns like Oxford, Dudley, and Spencer," says Ed Moore.

He adds, "There are many reasons why urgent care is such a vital, emerging trend. The benefits of urgent care include walk-in service, especially after-hours and on weekends; lower co-pays compared to emergency departments; and integration with primary care physicians through electronic medical records. By opening a new center, we also have an opportunity to create more jobs and add a direct new source of hospital revenue." Moore projects that the new center will treat more than 8,000 patients its first year and then increase volume to 10,000 in the following year. The center, he says, will provide access for acute illness and injuries that are beyond the scope and availability of primary care providers and retail clinics.

Jim Waddick, the Board Chair of Harrington HealthCare System, said, the Urgent Care Center will fill a void in the community and build on Harrington's continuum of care.

"As Harrington expands its role as a major regional healthcare system, we are always looking for ways to bring quality, accessible, and affordable care to patients close to where they live and work," says Waddick. "Urgent care is another example of how we are furthering our mission of bringing Total Local Care, or TLC, to more and more patients."



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.

Note that Epub dates are included only in publications where the Epub and paper publication dates occur in different years, i.e., Epub in 2013 and paper publication in 2014.

Boiselle PM, Reddy GP. Reviewer awards and acknowledgements editors' recognition awards for distinction in reviewing in 2014. J Thorac Imaging. 2015 Jan;30(1):14. doi: 10.1097/RTI.00000000000126. PMID: 25525779.

Boiselle PM. Celebrating 30 years of the journal of thoracic imaging. J Thorac Imaging. 2015 Jan;30(1):1. doi: 10.1097/RTI.000000000000129. PMID: 25525776.

Brook OR, Romero J, Brook A, Kruskal JB, Yam CS, Levine D.

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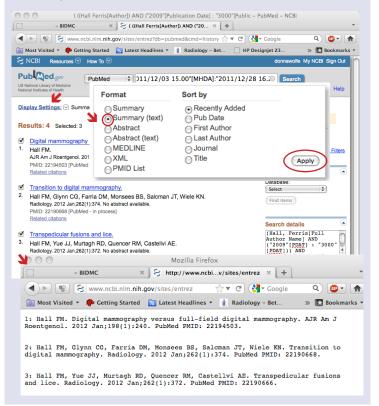
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