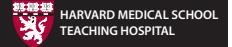




Radical Views...

from the Department of Radiology

Volume 10, Number 8
MARCH 2018



FROM THE CHIEF
Jonathan B. Kruskal, MD PhD

What a great start for the New Year. Congratulations Drs. Jeff Weinstein and the IR division; and Bettina Siewert and her co-authors for the following stellar achievements:

BIDMC Interventional Radiology Team Honored with Douglas K. Richardson How Can I Help You Award

The late Doug Richardson was the associate chief for research in the BIDMC Department of Neonatology.

The Douglas K. Richardson "How Can I Help You" Award is given annually to BIDMC employees who go "above and beyond" their basic responsibilities to provide support benefiting the clinical, teaching, research, and/or community service missions of the Department of Neonatology. We are proud to announce that the BIDMC Interventional Radiology Team has been chosen to receive the 16th annual award.

Our NICU had an unusually difficult case of congenital chylothorax this winter involving the need for multiple indwelling chest tubes. As it became clear that the infant would require long-term drainage and the chest tubes started to need periodic replacement, we consulted the team from Interventional Radiology (IR) for assistance. With ultrasound guidance, they quickly and effectively placed, and replaced, many catheters over the course of several months. The IR team was often needed emergently, and at all hours of day and night, as the patient developed significant respiratory compromise when drainage from the tubes was blocked. Dr. Jeff Weinstein was the initial interventional radiologist who willingly became involved, and subsequently many of his colleagues and IR staff came to offer their assistance when called. We would like to thank Dr. Weinstein and the entire IR team for going to such great lengths to care for our patient.

<https://portal.bidmc.org/~media/Files/Intranets/Neonatology/Newsletters/NeonatologyNewsWinter2018.ashx>

From RSNA Weekly: Feb 6, 2018

Follow-up Imaging Unnecessary for Incidental Splenic Mass Findings

A study published in Radiology suggests additional imaging is not needed for patients who demonstrate an incidental splenic mass during computed tomography (CT) scans, with further work-up only required depending on a patient's medical history. The researchers examined CT scans in 379 patients with splenic masses at CT exams of the abdomen and chest from 2002 to 2008. Patients were split into a cohort of 145 subjects with a history of malignancy, a group of 205 patients with incidental findings, and a group of 29 with symptoms such as weight loss, fever or pain related to the left upper quadrant, and epigastrium. Incidence of malignant splenic masses was 33.8 percent in the malignancy group, 27.6 percent in the symptomatic group, and 1 percent in the incidental group. The incidental group included new diagnoses of lymphoma in one patient and metastases from ovarian carcinoma in one patient.

From "Follow-up Imaging Unnecessary for Incidental Splenic Mass Findings" Health Imaging (01/30/18) Matt O'Connor [See pg. 2]

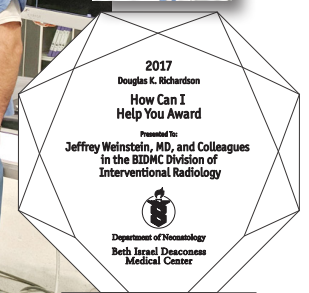
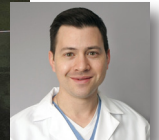


Neonatology News

A quarterly publication of the Department of Neonatology

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Robert Kane

Siewert B, Millo NZ, Sahi K, Sheiman RG, Brook OR, Sun MRM, Kane RA. The Incidental Splenic Mass at CT: Does It Need Further Work-up? An Observational Study. Radiology. 2018 Jan 24;170293. doi: 10.1148/radiol.2017170293. PMID: 29369753.

¹From the Department of Radiology, Beth Israel Deaconess Medical Center, 330 Brookline Ave, Boston, MA 02115. From the 2015 RSNA Annual Meeting. Received February 5, 2017; revision requested March 31; revision received September 6; accepted September 25; final version accepted November 14. **Address correspondence to** B.S. (e-mail: bsiewert@bidmc.harvard.edu).

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The Incidental Splenic Mass at CT: Does It Need Further Work-up? An Observational Study¹

Purpose:

To evaluate whether an incidentally noted splenic mass at abdominal computed tomography (CT) requires further imaging work-up.

Materials and Methods:

In this institutional review board–approved HIPAA-compliant retrospective study, a search of a CT database was performed for patients with splenic masses at CT examinations of the abdomen and chest from 2002 to 2008. Patients were divided into three groups: group 1, patients with a history of malignancy; group 2, patients with symptoms such as weight loss, fever, or pain related to the left upper quadrant and epigastrium; and group 3, patients with incidental findings. Patients' CT scans, follow-up examinations, and electronic medical records were reviewed. Final diagnoses of the causes of the masses were confirmed with imaging follow-up (83.9%), clinical follow-up (13.7%), and pathologic examination (2.4%).

Results:

This study included 379 patients, 214 (56.5%) women and 165 (43.5%) men, with a mean age \pm standard deviation of 59.3 years \pm 15.3 (range, 21–97 years). There were 145 (38.3%) patients in the malignancy group, 29 (7.6%) patients in the symptomatic group, and 205 (54.1%) patients in the incidental group. The incidence of malignant splenic masses was 49 of 145 (33.8%) in the malignancy group, eight of 29 (27.6%) in the symptomatic group, and two of 205 (1.0%) in the incidental group ($P < .0001$). The incidental group consisted of new diagnoses of lymphoma in one (50%) patient and metastases from ovarian carcinoma in one (50%) patient. Malignant splenic masses in the incidental group were not indeterminate, because synchronous tumors in other organs were diagnostic of malignancy.

Conclusion:

In an incidental splenic mass, the likelihood of malignancy is very low (1.0%). Therefore, follow-up of incidental splenic masses may not be indicated.

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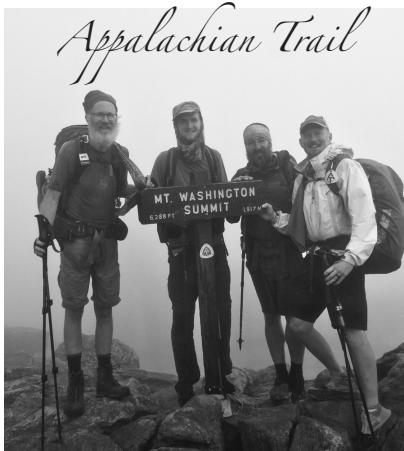
Radiology Calendar MARCH 2018

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 | *Note that as our 12 noon Friday Grand Rounds are held in the Rabkin Board Room , Shapiro-10, East Campus (except when noted otherwise, i.e., Sherman Auditorium) |
| | | | 1 7:30 - 8:15 ED: Spine Infection (Pritesh Mehta) 8:15 - 9:00 ED: Abdominal vascular emergencies (Karina Illescas) 4:00-5:00 West Med Rads - Senior Resident on West Body CT [Clouse]s | 2 7:30 - 8:15 NIS: Communication Skills (Priscilla Slanetz) 12:00 - 1:00 No Grand Rounds |
| 5 8:00 - 9:00 CT Physics III (Da Zhang) | 6 8:00 - 9:00 Ultrasound Physics (Bruno Madore (BWH)) 10:30-11:30 NMMI meeting [GZ-103] | 7 8:00 -9:00 MRI Physics I (Aaron Grant) | 8 8:00 - 9:00 MRI Physics II *In Resident Lounge* (Aaron Grant) | 9 7:30 - 8:15 Near Mis 12:00 - 1:00 Grand Rounds: Peer Learning with Cases (Bettina Siewert) |
| 12 12:00-1:00 MRI meeting [Ansin 2] | 13 7:30 - 8:15 ED Lecture (Robin Levenson) 10:30-11:30 NMMI meeting [GZ-103] | 14 7:15-8:00 Ultrasound meeting [West Campus Gallery 304A] 7:30 - 9:00 Neuro Lecture TBD (Neuro Dept) | 15 | 16 7:30 - 8:15 Values & Empowerment (Michael Fishman) 12:00 - 1:00 Chief Rounds: Brad Hastings, Mike Subrize, Jim Smith, Trevor Lewis |
| 19 | 20 8:00-9:00 IR Meeting [West Recovery] | 21 | 22 | 23 7:30 - 8:30 Town Hall: Self-Study Prep (Program Directors) 12:00 - 1:00 Grand Rounds: Happiness at Work (Vandana Dialani) |
| 26 7:30 - 9:00 ENT/Neuro (Anthony Mancuso - Univ of Florida) | 27 10:30-11:30 NMMI meeting [GZ-103] | 28 7:30 - 9:00 Neuro Lecture (TBD) | 29 | 30 7:30 - 8:30 Town Hall: Self-Study Prep (Program Directors) 12:00 - 1:00 No Grand Rounds |

The Gallery presents photos by
Appalachian Trail
Tim Parritt
Senior Director, Radiology Operations

Dec 2017 - Jan 2018



March 2018 GRAND ROUNDS:



Friday, March 23, 2018
12 noon - 1:00 PM
Rabkin Board Room, SH-10
Happieness at Work

Vandana Dialani, MD - Director, Breast MRI Program, BIDMC and Assistant Professor of Radiology, HMS

Dr. Dialani completed fellowships in Obstetric MRI, Women's Imaging and Thoracic Imaging/Breast Imaging at BIDMC before joining our faculty in 2006. Consequently her experience in academic medicine and her interest in improving workplace environments has led her to research this issue, as a logical extension of her clinical innovations in improving patient satisfaction and process efficiency.

Her efforts are also in keeping with overall hospital-based initiatives such as the HPHC sponsored "Everyday Stress Management Seminar" held in Feb 2018 with the goal of helping staff learn "positive and appropriate coping skills to handle the stresses of everyday life."

Dr. Dialani's lecture will explore the psychological aspects of a meaningful, fulfilling, and thriving work life and introduce a new perspective on happiness in the workplace, with the aim of creating and maintaining a more positive organizational culture.



The Joint Commission is coming soon!



As many of you already know, the Joint Commission will be here on Thursday March 8th and Friday March 9th as the hospital moves towards becoming a designated stroke center. While here, they will be conducting a focused survey meaning we anticipate they will be surveying only areas related to the care of the stroke patient i.e., INR and CT.

During their stay the **Clouse Conference room** will serve as their home base and we expect they will be in and out of the conference room most of the days. This means that they will have plenty of opportunity to view our environment.



Please welcome our surveyors and answer any questions they may have

Remember:

- ✓ All staff should have their ID badges on and above the waist
- ✓ Be sure Protected Health Information is not visible nor is it overheard in public areas
- ✓ Emergency equipment, alarm pulls, fire extinguishers, gas shut off valves, halls and doorways are not blocked and doors are not propped open
- ✓ Masks and caps are not to be worn outside the procedure arena; masks are not worn around the neck. Non-scrubbed personnel's arms are covered with long-sleeved scrub tops or jackets, jewelry is removed or totally confined in scrub attire or head covering
- ✓ Hand Hygiene before and after patient encounter.



RADIOLOGY'S TALK TO ME

Introduced in the June 2017 issue of Radical Views, **Talk to Me** continues our department wide initiative encouraging staff to commit to speaking up if they have a safety concern and to commit to listening when a safety concern is raised. Each month we review all safety concerns called out as we want you all to know that we are seriously committed to this initiative. We will highlight the safety concern with the biggest



Suzanne Swedeen,
RN MSN CNIV, Quality
Improvement Specialist



Bettina Siewert, MD
Executive Vice Chair &
Vice Chair of Quality

impact and award the staff member a bonus.

How to report a Concern, i.e., any situation that has potential to cause harm to patient, staff or families.

An imminent concern for patient or staff safety needs to be called out in the moment. If no patients are present you should say "I have a safety concern".

To alert the team of a safety concern when a patient is present, say "Can we review the images on the larger screen outside the room."

Staff can also use the hospital-wide incident reporting system (call RL 6) or the Radiology online QA database which has been upgraded to include a near-miss category. Staff can also email Suzanne Swedeen with any questions or concerns.

Welcome New BIDMC Radiology Staff



*Donna Hallett, BSc
Chief Administration
Officer*

I am pleased to announce the hiring of our new Radiology Research manager, **Mary Addonizio** who joined us on Wednesday February 21st. Mary earned her MBA from Simmons and completed a U.S. Public Health Fellowship at the Minnesota School of Public Health; she also has a BS in biology from Fitchburg State. In addition, she brings many years of experience in various research entities, most recently as a freelance writer for Genetic Engineering News, project manager for Tufts Clinical and Translational Science Institute, and program manager at BIDMC's center for Virology and Vaccine Research.

Mary will report up through the Radiology Research Committee (Drs. Kruskal, Alsop, Ahmed and myself). She will also be partnering with Bridget Russo, Jennifer Sabbagh and Meghan Fox to develop an encompassing support for Radiology research. As part of her orientation she will be reaching out to all of you to get an understanding of your current work needs. Please join me in welcoming her. Mary can be reached at 7-2975, in Ansin-240.



*Mary Addonizio, MBA
Radiology Research
Manager
7-2975 • Ansin-240*



Bridget Russo
Research Administrator
Ansin 249 / P: 617-667-7427
bkrusso@bidmc.harvard.edu

Radiology RESEARCH

If you are interested in submitting an application for either internal/external research funding or hiring a student, fellow, or other, please contact **Bridget Russo** for assistance.



*Tabitha Fineberg, MHA
Education Program
Manager, Radiology*

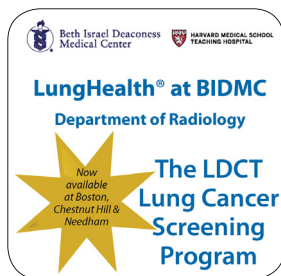
I am delighted to introduce **Juel Zhang**, the newest member of our Medical Education Programs. Juel will be managing our new visiting physician observership exchange program with physicians and hospital administrators from China; she will also be managing observerships for the department of radiology. Juel earned a degree in English from the Beijing Second Foreign Language Institute and has years of experience in management as well as extensive computer/IT skills. She has also served as a Chinese/Mandarin teacher at the Reebok Co. in Canton, MA and a Chinese/Mandarin interpreter for Bay State Interpreters, Inc. Juel also brings her experience working in government and non-profit organizations such as the Australian Embassy and the World Bank in Beijing, China as well the International Labor Organization at the United Nations, NYC. In her spare time, she enjoys Chinese folk dancing, singing and travelling and making friends with different cultural backgrounds. We are incredibly pleased to have her here to help us launch this observership exchange program, a new and exciting endeavor which starts in April.



*Juel Zhang
Administrative Assistant
Medical Education
Programs
7-3537 • Sh-231*



*Lauren Taylor
Program Manager
CT Lung Cancer
Screening Program*



Please welcome **Martita Nieves** to our expanding LungHealth® - CT Lung Cancer Screening Program. BIDMC is a pioneer in CT lung cancer screening, serving as a study site for the National Lung Cancer Screening Trial (NLST) which resulted in a breakthrough for the use of CT for early detection. Martita comes to us from the division of urology at BIDMC where her strong background in office management and patient relations as well as her fluency in Spanish will be a wonderful addition to our team.



*Martita Nieves
Administrative Assistant
CT Lung Cancer
Screening Program*



Aideen Snell, MSW, CPXP
Manager, Service Excellence
Program x72570
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AIDEEN SNELL: SERVICE EXCELLENCE & ACTION PLANNING (SEAP) COMMITTEE

Radiology Action Planning Committee on Patient Engagement

MARCH TIP of the Month:

Optimize care delivery to reduce patient stress

When patients are stressed about access to care, wait times for studies or test results, lost belongings or not knowing what to expect, this is avoidable suffering. It is up to us to alleviate any avoidable suffering to create a more positive patient experience.



Reducing suffering is one of the most important challenges in healthcare.

–Tom Lee, MD, Chief Medical Officer, Press Ganey, Associates for Hospital Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Inherent Suffering
Experienced even if care is delivered perfectly

OUR GOAL:
Alleviate this suffering by responding to Inherent Patient Needs



Avoidable Suffering
Caused by defects in the approach to deliver care

OUR GOAL:
Prevent this suffering by optimizing care delivery



Speaking of patient satisfaction, please note that bulk quantities of **Patient Survey Cards** are available for pick-up at 2 locations on the West Campus Clinical Center (RB-3): in Lauren Forbes's office (Rm 302 - Radiology Executive Office) and outside of Donna Wolfe's office (Rm 304B - next to the Radiology Conference Room/Gallery).



Radiology Advocacy Network

RAN Newsletter

January 2018

*The following documents another achievement by Breast Imagers Drs. **Priscilla Slanetz** and **Amy Patel** in their efforts to ensure the accessibility for affordable and improved care for women at the Massachusetts state legislator level:*



Massachusetts Radiological Society Testifies Before Legislature

Three radiologists in the Massachusetts Radiological Society; Roderick Williams, MD, Priscilla Slanetz, MD and Amy Patel, MD, testified in October 2017 in front of the Massachusetts Legislature (Joint Committee on Financial Services) regarding S. 544 and H. 2176, An Act Relative to Insurance Coverage for Mammograms and Breast Cancer Screening.

S. 544 and H. 2176, An Act Relative to Insurance Coverage for Mammograms and Breast Cancer Screening was introduced by State Senator Joan Lovely. This bill would require health insurers to provide coverage for 3D digital breast tomosynthesis and screening breast ultrasound and MRI when a mammogram is unable to detect cancer due to insufficient breast tissue or dense breast tissue, as ordered by the patient's physician. As with a screening mammogram under the ACA, a screening 3D mammogram, ultrasound, and breast MRI would not be subject to a co-pay or deductible with this bill. Drs. Williams, Slanetz and Patel testified regarding this proposed legislation, including benefits of 3D digital breast tomosynthesis, widespread access to care, and potential cost savings due to elimination of unnecessary additional evaluation including image-guided interventions.

MRS hopes to convince state officials to mandate insurance coverage for clinically indicated supplemental screening with tomosynthesis, ultrasound, or MRI for women with dense breast tissue or increased lifetime risk. Likewise, diagnostic imaging generated by an abnormal screening mammogram should be covered by insurance without a co-pay or deductible.



RAN Engage

RAN Twitter

RAN Website

RAN Facebook

For more information, contact:

Melody Ballesteros
mballesteros@acr.org

RAN

Established 2012

2018 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 1) Epub dates are included only in publications where the Epub and paper publication dates occur in different years, i.e., Epub in 2017 and paper publication in 2018; and 2) doi addresses are only included until citations are updated with print citations; and 3) Underlined names = relatively current trainees/alumni; **BOLD names** = Faculty/Staff

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Calling All Managers:

With more than 600 members in our department at numerous practice locations, it has become quite helpful to have posters of faculty and staff, technologists by modality, support and administration rosters. If you are a manager, please send your updates to dwolfe@bidmc.harvard.edu so these can be accurately maintained.



| | | |
|---|--------------------------------|---|
| Faculty | Breast Techns | 1101 Beacon Community |
| Residents & Fellows | CT Techns | Chelsea Community |
| Administrations | Dx Techns | Chestnut Hill Community |
| Informatics | IR/INR Techns | Lexington Community |
| Nursing | MRI Techns | Needham Community |
| Support Services | Nuc Techns | |
| | US/VASC Techns | |

Updated Radiology Staff, Trainee & Technologist Posters are available on InfoRadiology in pdf format for viewing, downloading, and printing.

Log in to the portal:

<https://inforad.bidmc.harvard.edu/Logon.asp>
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*New citations in blue...

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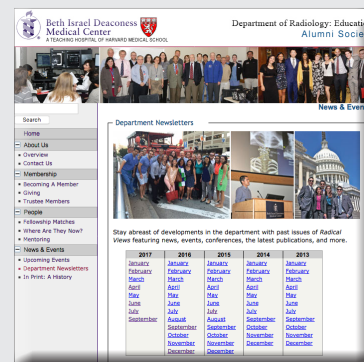
Zhou W, Baughman BD, **Soman S**, Wintermark M, Lazzeroni LC, Hitchner E, Bhat J, Rosen A. Volume of subclinical embolic infarct correlates to long-term cognitive changes after carotid revascularization. *J Vasc Surg*. doi: 10.1016/j.jvs.2016.09.057. Epub 2016 Dec 23. PMID: 28024850.

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Zhou W, Baughman BD, **Soman S**, Wintermark M, Lazzeroni LC, Hitchner E, Bhat J, Rosen A. Volume of subclinical embolic infarct correlates to long-term cognitive changes after carotid revascularization. *J Vasc Surg*. 2017 Mar;65(3):686-694. PMID: 28024850; PMCID: PMC5328795. [No need to include the doi once the print data is there]

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