



SCBT-MR **Spotlight**

SCBT-MR Quarterly Newsletter

Editors: SCBT-MR Communications Committee

Winter | 2017

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President's Address

Dushyant V. Sahani, MD

Dear SCBT-MR Members, Faculty, Fellows, and Colleagues,

I hope everyone enjoyed the holidays. I would like to take this opportunity to extend well wishes to you and your families in the New Year.

With the challenging environment that has presented itself in this country as a result of the U.S. presidential election, we must remain focused on our mission. Although there is much anxiety and uncertainty regarding healthcare reform, irrespective of the outcome pertaining to the Affordable Care Act (ACA) modifications, I remain optimistic as healthcare is one of the priorities for the nation.

In terms of the controversial executive action that has recently been put in place, I do not anticipate it affecting attendance at the 2017 SCBT-MR Annual Meeting. However, we must strive to strengthen the Society's welcoming atmosphere, relevant to diversity, and inspire all members to serve in the Society wherever an opportunity exists. This society has the obligation to serve its members and we are responsible for shaping the future of our specialty and the quality of our trainees' education and research. It is therefore imperative to create a process for mentoring young trainees, faculty, and other members of the Society.

We are pleased with the success of last year's 2016 SCBT-MR Annual Meeting, attendance was great! It was a palpable sense of accomplishment with the new members, faculty, and trainees, who were engaged in the Society. Our members make the Society strong, in addition to driving our mission. Several active members also served as faculty at this meeting. I encourage the fellow members to continue to be engaged and to contribute in various capacities to make the Society even better.

I look forward to the 2017 SCBT-MR Annual Meeting, where Garry E. Gold, MD, FSCBTMR, Chairman of the Program Committee, is working hard to coordinate efforts in assembling a robust and varied program. It will not only speak to "hot topics" in Body CT-MR, but also politics in radiology, practice management, a half day workshop on DECT, as well as "artificial intelligence" offerings for radiology. We need to ask the question: How will the influence of "artificial intelligence" impact the field of medicine and radiology? Past experiences with IT and its adoption in medicine has taught us that it's prudent to stay ahead of the curve and lead the efforts with these initiatives. Radiologists and thought leaders in our field must embrace technology and IT solutions in order to set the "standards". The goal is to have a collective vision as to which direction the Society is gravitating toward.

It is an honor and a privilege serving as President of the SCBT-MR, and I look forward to working together to improve on the vision of our mission.

Thank you.



Society of Computed Body Tomography and Magnetic Resonance

2017 ANNUAL MEETING

September 9 – 13, 2017
Nashville, TN
Omni Nashville Hotel



Registration will be opening soon for the [SCBT-MR 2017 Annual Course](#), so be sure to take advantage of the Early Bird rates! [Add The meeting to your Outlook Calendar](#)

Meeting Highlights:

- Over 25 Hours of Lecture Time
- Small Group Discussion with Experts
- Image Interpretation Panel Team Competition
- Debates on Cutting Edge Topics
- Cases We'd Like to Do Over
- An Entire Afternoon of Scientific Research
- Network with Experts and Peers

Please visit the [SCBT-MR](#) website often for updates regarding registration and housing.

We hope to see you in Nashville this September!



Location:

The 2017 Annual Meeting will be held at the [Omni Nashville Hotel](#), in Nashville, TN.

Destination Info: Nashville is known the world over as Music

City. Music put Nashville on the map, but it's not the only claim to fame. From three professional sports teams, to an extensive park system, to world-renowned attractions such as the Parthenon and the Ryman Auditorium, the Nashville region has something to keep everyone entertained. [Make your hotel reservation with the SCBT-MR discount](#)

Call For Abstracts– Now Open!

How to Submit:

1. Visit the 2017 Abstract [Website](#).
2. [Become a member!](#) Free membership for In-Training Members!
3. Create an account on the [submission site](#) and begin your abstract submission.

Abstract Categories:

Oral Presentations: The first author of the selected abstracts will present in a moderated meeting room setting. Formal presentations are limited to six minutes followed by two minutes for discussion.

Educational Exhibits (Posters): Posters presented in backboard panel (hard-copy poster) format. Presenting authors will present in front of their poster to meeting attendees and members of the Research Committee.

Power Posters: A select number of posters will be chosen for Power Poster presentations. Presenters will be assigned a short time (2 min) in a moderated room setting and will also present in front of their hard-copy poster.

[Submit Your Abstract](#)



White Paper of the Society of Computed Body Tomography and Magnetic Resonance on Dual-Energy CT

Marilyn J. Siegel, MD,* Ravi K. Kaza, MD,† David N. Bolus, MD,‡ Daniel T. Boll, MD,§ Neil M. Rofsky, MD,|| Carlo N. De Cecco, MD, PhD,¶|| W. Dennis Foley, MD,# Desiree E. Morgan, MD,‡ U. Joseph Schoepf, MD,¶|| Dushyant V. Sahani, MD,** William P. Shuman, MD,†† Terri J. Vrtiska, MD,‡‡ Benjamin M. Yeh, MD,§§ and Lincoln L. Berland, MD‡

Part 1: Technology and Terminology

Abstract: This is the first of a series of 4 white papers that represent Expert Consensus Documents developed by the Society of Computed Body Tomography and Magnetic Resonance through its task force on dual-energy computed tomography (DECT). This article, part 1, describes the fundamentals of the physical basis for DECT and the technology of DECT and proposes uniform nomenclature to account for differences in proprietary terms among manufacturers. [Read More](#)

Part 2: Radiation Dose and Iodine Sensitivity

Abstract: This is the second of a series of 4 white papers that represent Expert Consensus Documents developed by the Society of Computed Body Tomography and Magnetic Resonance through its task force on dualenergy computed tomography. This paper, part 2, addresses radiation dose and iodine sensitivity in dual-energy computed tomography. [Read More](#)

Part 3: Vascular Cardiac, Pulmonary, and Musculoskeletal Applications

Abstract: This is the third of a series of 4 white papers that represent Expert Consensus Documents developed by the Society of Computed Body Tomography and Magnetic Resonance through its Task Force on dual-energy computed tomography. This paper, part 3, describes computed tomography angiography and thoracic, cardiac, vascular, and musculoskeletal clinical applications. At the end of the discussion of each application category (vascular, cardiac, pulmonary, and musculoskeletal), we present our consensus opinions on the current clinical utility of the application and opportunities for further research. [Read More](#)

Part 4: Abdominal and Pelvic Applications

Abstract: This is the fourth of a series of 4 white papers that represent expert consensus documents developed by the Society of Computed Body Tomography and Magnetic Resonance through its task force on dualenergy computed tomography. This article, part 4, discusses DECT for abdominal and pelvic applications and, at the end of each, will offer our consensus opinions on the current clinical utility of the application and opportunities for further research. [Read More](#)



SEE WHAT'S ON SCBTMR.ORG

Case of the Quarter
Fellowship Listings
Protocols

Annual Meeting Information
Job Listings
Quarterly Newsletter



GREAT OPPORTUNITIES FOR PUBLICATION

Ideal for trainees and junior faculty

JCAT and Case of the Quarter

- Approved case reports will be published in JCAT, Corresponding Powerpoint will be published on SCBT-MRs website
- Consideration will be given to publication of rare or uncommon disease entities. Images will be presented as an unknown case and should preferably focus on unusual or atypical presentations of common diseases of the abdomen or pelvis. .
- The primary modality of the case should be CT or MR; relevant other modalities (e.g. Ultrasound, nuclear medicine) may be included in the case presentation.
- The case should be image rich and include a number of multiple choice questions pertaining to the imaging findings, the disease entity, management or they may be modality or physics related. A brief discussion of key teaching points should be included.

COQ PowerPoint Submission Instructions:

1. All PPT submissions should be made on this template: [SCBT-MR Case of the Quarter PowerPoint Template](#)
2. Title slide with author information and contact information
3. Image presentation (CT or MR) with pertinent multiple choice question about the diagnosis or imaging findings. Please provide pertinent patient history and demographics e.g. 26 year old female with history of carcinoid presenting with right lower quadrant pain.
4. Duplicate of slide with correct answer identified
5. Multiple choice question related to the imaging findings e.g. what is the pertinent imaging finding, what is the structure (abnormality) indicated by the arrow etc
6. The remainder of the case presentation should include an additional 2-3 multiple choice questions which may be related to next appropriate imaging steps, medical knowledge questions about the disease or associated conditions/finding or clinically applied physics. A companion case or additional image relevant to the case may also be provided.
7. Up to 3 slides of teaching points should be included

JCAT Case Report Submission guidelines:

There are no strict limits for minimum or maximum size, but typically they are between 1000-1500 words and have 3-6 figure parts. This results in a published paper that is 2-3 print pages in the journal. The components include: Title, Author list, Abstract (undivided, < 100 words), Key words (3-5 typical), Case Report (clinical and radiologic findings), Discussion, Conclusion (optional) and, Tables and Figures

[Submit Today](#)



Lung Cancer HOPPS Letter

The SCBT-MR joined 192 screening sites and outside organizations in a coalition letter to CMS in opposition to the HOPPS reimbursement cuts to the low dose CT lung cancer screening G codes.



The Society
of Thoracic
Surgeons



MITA
MEDICAL IMAGING
& TECHNOLOGY ALLIANCE
A DIVISION OF RSNA

December 28, 2016

Mr. Andrew M. Slavitt
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1656-P and IFC
P.O. Box 8013
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare Program: Lung Cancer Screening Section of the [2017 Final Rule](#) – Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Nonexcepted Off-campus Provider-Based Department of a Hospital; Hospital Value-Based Purchasing (VBP) Program; Establishment of Payment Rates Under the Medicare Physician Fee Schedule for Nonexcepted Items and Services Furnished by an Off-Campus Provider-Based Department of a Hospital

Dear Acting Administrator Slavitt:

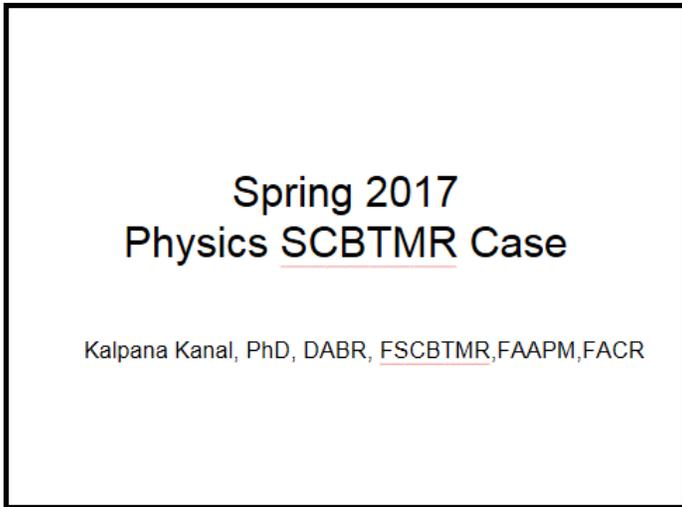
The undersigned organizations, convened by the Lung Cancer Alliance (LCA), American College of Radiology (ACR), The Society of Thoracic Surgeons, and Medical Imaging and Technology Alliance (MITA), are pleased to follow up with comments on reimbursement rates for lung cancer screening G codes within the Calendar Year (CY) 2017 Hospital Outpatient Prospective Payment System (HOPPS) Final Rule. We offer comments on specific areas of the Final Rule as follows:

Although we appreciate that the Agency provided a slight payment increase for G0296, low-dose CT lung cancer screening shared decision making session, in comparison to 2016 rates, we are deeply disappointed that CMS retained the steep reimbursement reductions for G0297, low-dose lung cancer screening. In addition, CMS primarily relied on limited data collected in 2015 when formulating these final reimbursement rates. This diverse coalition of patient advocacy organizations, hospitals, national medical specialty societies, and trade associations representing imaging manufacturers reiterates its underlying concern that reimbursement rates outlined in the Final Rule will negatively impact patient access to life-saving screening procedures, with a disproportionate impact on low income and rural areas, and undermine the overarching battle against lung cancer. The undersigned entities implore CMS to increase the reimbursement for the lung cancer screening G codes after utilizing more robust claims data in the CY 2018 HOPPS rulemaking cycle. In particular, we urge CMS to restore the 2016 reimbursement rates for G0297.

With respect to the shared decision making visit, the coalition agrees with and applauds the Agency's decision to place G0296 in Ambulatory Payment Classification (APC) 5822 (Level 2 Health and Behavior Services) because it leads to a slight increase in reimbursement in comparison to 2016 payment rates, however, we disagree with CMS' underlying methodology. In fact, we believe that the 2017 reimbursement rate for the shared decision making visit outlined in the Final Rule is not reflective of the service's actual geometric mean cost or clinical similarity.



Winter 2017
Physics SCBTMR Case



Physics Tip of the Day!

In multidetector CT, using the smallest available detector element size during acquisition improves the z-axis resolution. Decreasing the reconstruction slice thickness will reduce the partial volume averaging but at the cost of increased dose. It is important to balance image quality with dose for the clinical indication.

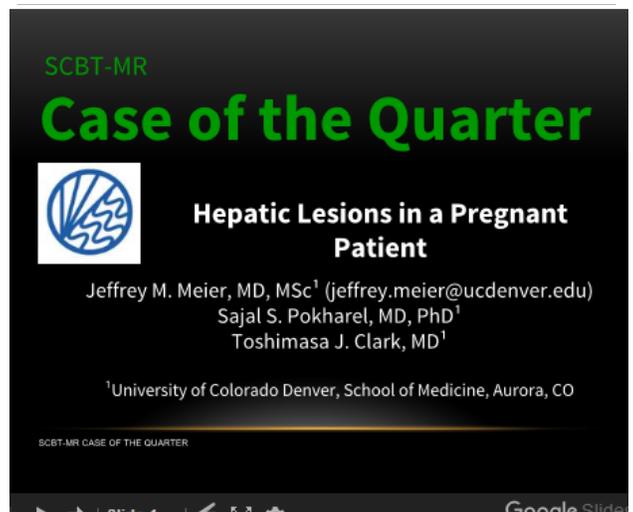
References:

- CT modules – RSNA-AAPM physics modules http://www.rsna.org/RSNA/AAPM_Online_Physics_Modules.aspx
- The Essential Physics of Medical Imaging, 3rd Edition, Bushberg et al, 2012.
- AAPM RSNA physics tutorial - - [Search for Isotropic Resolution in CT from Conventional to MDCT](#)

Case of the Quarter:
Winter 2017



The above case was also approved for [JCAT](#)



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MEMBER NEWS

SCBT-MR FELLOW PHILLIP M. BOISELLE, MD, FSCBTMR

Florida Atlantic University has named Phillip M. Boisselle, M.D., as the new dean of the Charles E. Schmidt College of Medicine. Boisselle, Dr Boisselle will assume his role as dean effective in January 2017. We wish him well.

SCBT-MR President, Dushyant Sahani, MD, FSCBTMR

The ACR Board of Chancellors established an "Innovation Fund" intended to support meritorious grant proposals initiated or supported by ACR Commissions and Committees. SCBT-MR President, Dushyant Sahani, MD, FSCBTMR was awarded a grant for *Assessing the Value of Virtual Radiology Consultations with Patients and Referring Providers*. His submission was endorsed by the Commission on Informatics: In line with the ACR Imaging 3.0 strategy and the establishment of the Commission on Patient and Family Centered Care (PFCC), this grant will fund a pilot project "implementing synchronous video-based virtual radiology consultations" between radiologists and referring physicians and patients during the patient's office visit. This is consistent with the progressive acceptance of "virtual visits" throughout medicine and will raise the visibility and impact of the radiologist in the expanding team based healthcare environment.

Send us your member news!!

SCBT-MR members are invited to share news and update their fellow members or themselves. This is a great opportunity to share awards, achievements, promotions, or praise a fellow member. Member News will be published in the SCBT-MR quarterly newsletter. Please send the information you wish to share to info@scbtmr.org with the subject line "Member News".