



# STR Newsletter

Fall/Winter 2005

Editor: Jannette Collins, MD, MEd, FCCP

## 2006 THORACIC and CARDIAC IMAGING

Exec. Committee  
Saturday  
March 11

STR Members' Reception  
Sunday  
March 12  
6:30 - 8:00 pm

Members' Business Meeting  
Monday  
March 13  
12:30 - 2:30 pm

General Reception  
Monday  
March 13  
6:30 - 8:00 pm

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## 2006 Annual Meeting and Postgraduate Course

The Royal Pacific Resort at Universal Orlando®, A Loews Hotel will host the 2006 Society of Thoracic Radiology Annual Meeting and Postgraduate Course, March 12-16, 2006.

This year's course is one of the largest ever and features presentations from 126 faculty members drawn from the membership of the Society of Thoracic Radiology. There are 84 plenary or concurrent session lectures, eleven case-of-the-day presentations, fifteen workshops and three scientific sessions. The expert film panel will again be moderated with style by Dr. Phil Boiselle. This year there will be a particular focus on the "hot topics" of cardiac and thoracic vascular imaging.

Two special lectures/symposia are included in the program. The Scanlon Memorial Symposium will provide new insights into the etiology, pathogenesis and treatment of pulmonary hypertension and includes a special guest lecture by Dr. Victor Tapson, an internationally recognized expert in pulmonary hypertension. The Benjamin Felson memorial lecture will be delivered by Dr. David C. Levin, a world-renowned expert on utilization of imaging services, on *The Role of the Radiologist in Cardiac CT and MR Imaging*.

The course will be held in Orlando, Florida; host to more visitors than any other city in Florida and home of Universal Studios, Walt Disney World, and Sea World. The resort complex was created around a South Pacific theme. The tropical paradise is located in the heart of the Universal Orlando theme park complex (Universal Studios® and Universal's Islands of Adventure® theme parks and the Universal CityWalk® entertainment complex). Royal Pacific Resort guests enjoy UNIVERSAL EXPRESS (SM) ride access, which allows you to bypass the regular attraction lines at both theme parks using your room key.

Because the Society of Thoracic Radiology is contractually obligated to fill our room block, we strongly encourage all members and attendees to stay at the Loews Resort. A limited number of rooms have been reserved for the 2006



*Torre d'Arnolfo of  
the Palazzo Vecchio  
– Florence, Italy*

*Interested in  
increasing your  
participation in the  
STR?*

*Interested in serving  
on one of the many  
STR committees that  
foster growth and  
excellence in the  
field of  
cardiothoracic  
imaging?*

*Let us know and join  
one of the STR  
committees who  
make a difference!!*

meeting at the group rate of \$205 plus tax. All reservations must be received by February 10, 2006. Rooms are available on a first-come, first-served basis. Please make your hotel reservations early to ensure room availability and special group rates.

## 2005 World Congress

*Summary of 2005 First World Congress of Thoracic Imaging  
By Jeffrey S. Klein, MD*

The First World Congress of Thoracic Imaging and Diagnosis in Chest Disease was held at the Palazzo dei Congressi in Florence, Italy from May 7-10, 2005. The meeting represented the combined efforts of the Society of Thoracic Radiology along with the European Society of Thoracic Imaging, the Japanese Society of Thoracic Radiology, the Korean Society of Thoracic Radiology, and the Fleischner Society. Lorenzo Bonomo and Massimo Pistolesi, Chairman and Co-Chairman of the Organizing Committee respectively, served as local hosts for the meeting. The program was organized by Theresa McLoud and began on Saturday evening with a welcoming session that featured lectures on lung anatomy, physiology, and radiology with presentations by Ewald Weibel, John West, Eric Milne, and Carlo Giuntini. Plenary sessions provided updates on pulmonary infections, lung cancer, diffuse infiltrative lung disease, and pulmonary vascular disease. Concurrent instructional courses included topics in pulmonary medicine and radiology, a new horizons session on molecular and functional lung imaging, and an update on cardiac imaging. The image interpretation session, moderated by Theresa McLoud, featured a panel of thoracic radiologists from around the world. The scientific sessions, organized by H. Page McAdams, featured 126 oral paper presentations and 282 posters, abstracts from which are published in the May 2005 issue of the Journal of Thoracic Imaging.

The meeting was by all accounts an educational, social, and financial success. Given the success of the meeting, the organizing committee, which remains intact, has initiated discussions for a Second World Congress, perhaps in 2008 or 2009.

## News from the STR Committees



STR committees do a considerable amount of work throughout the year. The Society is very thankful for their efforts. Below are updates from a few of the committees.

### Education Committee

Members: *Gerald F. Abbott (Chair), Suhny Abbara, Todd Hazelton, Laura Heyneman, Michael Holbert, Joan Lacomis, Brian Mullan, Steven Primack, Kitt Shaffer, Shawn Teague, John Worrell, Jeffrey Klein (ex-officio)*

### ACCME Accreditation

The STR has received provisional accreditation by the Accreditation Council for Continuing Medical Education (ACCME), allowing the society to grant CME credits for its educational activities and accredit its own 2006 and 2007 Annual Meetings. Final accreditation is anticipated in July 2007.



**Pool** - Royal Pacific  
Resort at Universal  
Orlando®, A Loews  
Hotel

#### *STR Officers*

##### *President*

Jeffrey S. Klein,  
MD

##### *President-Elect*

H. Page  
McAdams, MD

##### *Secretary*

Jannette Collins,  
MD, MEd

##### *Treasurer*

Jud Gurney, MD

As a requirement of that accreditation, the STR is now expected to be in compliance with ACCME revised standards for commercial support in the conduct of its 2006 meeting. Those standards require CME providers to 1) identify all relevant financial relationships with any commercial interests, 2) have a mechanism to determine whether these relationships create any conflict of interest with the individual's control of content, and 3) have a mechanism to resolve all conflicts before the educational activity occurs. An ad hoc subcommittee of the STR has been formed to monitor and evaluate all STR educational programs on an ongoing basis, review all disclosures of possible conflicts of interest and resolve them prior to presentation of the CME activity. That subcommittee includes the chairs of the program and education committees. The evaluation and resolution of possible conflicts of interest pertaining to the 2006 annual meeting is nearing completion.

#### **Self-Assessment Modules**

All diplomates of The American Board of Radiology (ABR) with time-limited certificates are required to participate in the ABR Maintenance of Certification (ABR-MOC) program to maintain the status of board certification in the disciplines of diagnostic radiology and the subspecialties, radiation oncology, and radiologic physics. The ABR-MOC program is based on the principles of lifelong learning, self-assessment, and continuous quality improvement. Self-assessment modules (SAMs) are an important component of lifelong learning; the ABR-MOC program requires participants to complete 20 SAMs over a ten-year period to meet the criteria for self-assessment. The ABR will require that diplomates distribute their completion of SAMs evenly over that 20-year period, completing at least 3 or 4 SAMs every two years, and completing at least half of their required SAMs in the first half of their MOC cycles. The SAMs may be in the form of live presentations at the STR's annual meeting, presentations on the STR website, or content from the Journal of Thoracic Imaging, for example.

To assist in the implementation of these requirements, the ABR conducted a SAM Summit on August 27<sup>th</sup>, attended by representatives of 28 radiological societies. Dr. Gerald Abbott, chairman of the Education Committee, attended the summit on behalf of the STR. Attendees learned the requirements for creating a SAM, including appropriate content, the application process and timeline, and the requirements for providing data to the participant and ABR after the offering. The ABR encouraged societies to work in collaboration with larger societies (ACR, ARRS, RSNA) for data management and other aspects of SAM creation and implementation. Since all radiologists now being certified are required to participate in the ABR-MOC program, the demand for SAMs is expected to grow rapidly. The possibility of incorporating a selection of SAMs in the STR 2007 Annual Meeting is being explored.

#### **Speaker Evaluation**

The STR's excellent speaker evaluation activities, developed under the leadership of Dr. Janni Collins, were a very significant factor in the recent granting of provisional accreditation by the ACCME. Those activities will continue and the results incorporated into the planning of future programs and the selection of speakers. Other activities being explored include pre- and post-presentation tests, aimed at measuring changes in radiologist practice patterns based on the materials presented. Such efforts are highly regarded by the ACCME and would enhance the STR's qualifications to maintain its accreditation by the ACCME.





**Orchid Court** - Royal Pacific Resort at Universal Orlando®, A Loews Hotel



**Wantilan Luau** - Royal Pacific Resort at Universal Orlando®, A Loews Hotel

## Membership Committee

Members: *Caroline Chiles, (Chair), Thomas Hartman, Jean Chalaoui, Greg Gladish*

Current STR membership, as of October 2005, is 601 individuals. This represents a 23% increase since 2000. This number includes 14 members-in-training. If you have fellows or residents interested in thoracic imaging, please direct them to the STR web site for information about joining the STR.

## Research Committee

Members: *David Lynch (Chair), Ed Donnelly, Jeremy Erasmus, Kavita Garg, Jonathan Goldin, James Gruden, Hiroto Hatabu, Geoffrey Rubin, Jeffrey Klein (ex-officio)*

- The committee reviewed one proposal submitted for the June 15 deadline, and funding was not recommended. Two proposals were submitted for the October 15 deadline, and reviews of these are pending.
- The discussion forum web page created by Dr Ed Donnelly is up on the website, but needs a group to run it.
- Upcoming deadlines for the STR research and education foundation seed grants: February 15, June 15. Please see website for details: [http://www.thoracicrad.org/str99/seed\\_grant\\_guide.htm](http://www.thoracicrad.org/str99/seed_grant_guide.htm)

## Scientific Session Committee

Members: *Joel Fishman (Chair), Sanjeev Bhalla, Paul Cronin, Sujal Desai, Cris Meyer, Smita Patel, and Gauthum Reddy (ad hoc)*

As of this writing (October 2005), the Scientific Sessions Committee awaits the electronic receipt of scientific paper and poster abstracts for the Thoracic Imaging 2006 meeting to be held in Orlando, Florida (no hurricanes at the meeting, guaranteed!). Committee members will review the abstracts during November and early December, and will meet at RSNA. Final decisions will be sent out by mid-December. At the 2006 meeting, we will continue the very successful morning format of 7-8 AM sessions to be held on Monday, Tuesday, and Thursday as we did at the 2004 meeting. We hope to dedicate at least one of the sessions to cardiovascular topics. There will in addition be numerous exhibits available for viewing throughout the meeting. We look forward to everyone's participation in what should be excellent Scientific Sessions in 2006.

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## Member News and Notes

- Jannette Collins, MD, MEd, was named the 2005 RSNA Outstanding Educator for her commitment to education. She has been actively and enthusiastically involved with radiology education for more than a decade. She has developed curricula, innovative evaluation methods, and is a leader in the development of self-assessment materials for radiologists.
- Dr. David C. Levin, the Benjamin Felson lecturer at the upcoming 2006 Annual Meeting, was acknowledged recently during RSNA for his research study involving the radiology/cardiology controversy regarding vascular ultrasound.
- Christian H. Herold, MD was among the panelists during the innovative, live Webcast of the RSNA 2005 Image Interpretation Session.

## New Guidelines for the Management of Pulmonary Nodules

By Jannette Collins, MD, MEd, FCCP



*Water Taxi - Royal Pacific Resort at Universal Orlando®, A Loews Hotel*

**Society of Thoracic Radiology**  
c/o Matrix Meetings  
P.O. Box 1026  
Rochester, MN  
55903-1026

**Phone:**  
(507) 288-5620

**Fax:**  
(507) 288-0014

**E-mail:**  
[str@thoracicrad.org](mailto:str@thoracicrad.org)

**Website:**  
[www.thoracicrad.org](http://www.thoracicrad.org)

There is no clear consensus regarding the definition of a pulmonary nodule. Yet, “nodule” is one of the most common words found in chest CT reports. A committee of the Fleischner Society on CT nomenclature defined a pulmonary nodule as “a round opacity, at least moderately well margined and no greater than 3 cm in maximum diameter” [1]. Using this definition, what should we call a 1.5 cm spiculated lesion of soft tissue attenuation in the lung? Or a lesion that is lobulated or oval? Here I am using the term “lesion”, which according to Random House Webster’s Dictionary [2] is “any localized area of diseased or injured tissue or of abnormal structural change.” This probably isn’t a good replacement term as there are some “lesions” in the lung that we don’t refer to as nodules. An example is the linear subpleural scar.

Dorland’s Illustrated Medical Dictionary [3] defines a nodule as “a small boss or node, which is solid and can be detected by touch.” It defines a “node” as “a small mass of tissue in the form of a swelling, knot, or protuberance, either normal or pathological.” This would imply that a nodule could be normal. I think that’s true, because many of the circumscribed oval or triangular subpleural “nodules” that are seen on CT represent normal, benign intrapulmonary lymph nodes. Dorland’s goes on to define numerous specific types of nodules. “Surfer’s nodules” are hyperplastic, fibrosing, rarely ulcerated granulomas 1 to 3 cm in diameter, occurring over bony prominences of the feet and legs of surfers, occurring as a result of repeated trauma from kneeling on surfboards.”

How to manage pulmonary nodules found incidentally on CT is another issue, and one that is difficult to address when there is no uniformly accepted definition of what a nodule is. Nevertheless, there is a great need for guidelines on management of pulmonary nodules (whatever they are) incidentally detected on CT. A recently published statement from the Fleischner Society provides practical guidelines for the management of small pulmonary nodules that are detected during the course of CT examination performed for purposes other than lung cancer screening. The authors admit “the definition of a pulmonary nodule is itself elusive, and that not all focal opacities qualify as nodules” [4]. The Fleischner Society recommendations apply only to adult patients with nodules that are incidentally found and unrelated to a patient’s known underlying disease. Furthermore, the recommendations apply only to nodules smaller than 8 mm. Anyone planning to follow the newly published guidelines will likely need to post them near the CT reading area. I find that I can’t remember them without referring to the Table. The recommendation of “no follow-up needed” for nodules less than or equal to 4 mm in size in low risk patients is likely to be very popular among those who follow the guidelines. One of the problems I foresee in using the guidelines is determining whether a patient is low risk or high risk. High risk is defined as “history of smoking or other known risk factors.” Yet, in many cases of incidentally discovered pulmonary nodules, the smoking status of the patient is unknown to the radiologist. Perhaps smoking history will become a standard query on all chest radiograph and CT requisitions.

### References

1. Austin JH, Müller NL, Friedman PJ, et al. Glossary of terms for CT of the lungs: recommendations of the nomenclature committee of the Fleischner Society. *Radiology* 1996; 200:327-331
2. Steinmetz S, Braham CG, Eds. *Random House Webster’s Dictionary*. Random House, Inc. New York, NY 1993
3. *Dorland’s Illustrated Medical Dictionary*. W.B. Saunders Co., Philadelphia, PA. 28<sup>th</sup> ed., 1994
4. MacMahon H, Austin JHM, Gamsu G, Herold CJ, Jett JR, Naidich DP, Patz EF, Swensen SJ. Guidelines for management of small pulmonary nodules detected on CT scans: a statement from the Fleischner Society. *Radiology* 2005; 237:395-400