



STR Newsletter

Fall 2004

2005 World Congress registration now available on-line!

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2005 World Congress

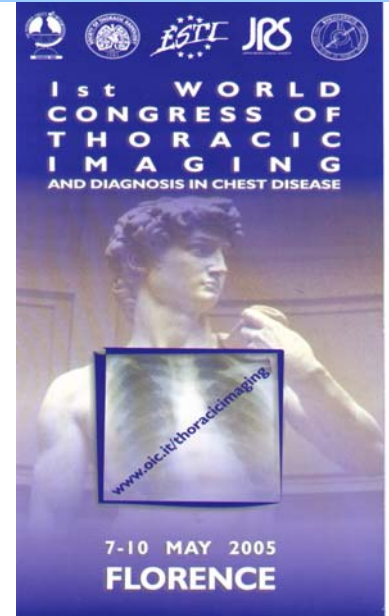
The first World Congress of Thoracic Imaging will be held May 7 – 10, 2005 in Florence Italy. This meeting is the combined effort of five thoracic imaging societies: the STR, the Fleischner Society, and the Japanese, Korean and European societies of thoracic imaging. Further, a significant participation from several international pulmonary societies is expected. This meeting will feature a world class faculty drawn from the memberships of the respective societies and will focus on topics of current interest to both thoracic imagers and pulmonary physicians alike. There will be separate radiology and pulmonary refresher course and scientific session tracks in addition to plenary and poster sessions. Up-to-date meeting information is now on-line at the World Congress website

www.oic.it/thoracicimaging. Information includes the scientific program, on-line registration, hotel information, list of speakers, call for abstracts, optional excursion packages, and more.

Information on discounted Northwest Airlines airfares to Rome and Milan, pre- and post-congress tours, and hotel accommodations will be available for members on the STR website, www.thoracicrad.org, beginning September 20.

Call for Abstracts

The program committee of the World Congress has allotted up to 10.5 hours of the meeting for oral presentations of scientific research. There will be both separate and combined radiology and pulmonary tracks. Every effort will be made to accommodate as many oral presentations as possible. In addition, there will be extensive space for poster presentations of both scientific and educational material. All abstracts (oral presentation and poster) must be submitted electronically. The abstract forms are available for download at the World Congress website (www.oic.it/thoracicimaging), as well as instructions for submission. The deadline for abstract submission is **January 10, 2005**. Every effort will be made to notify the presenters of accepted material by **January 31, 2005**. All STR members are encouraged to submit their material; please encourage your pulmonary or thoracic surgery colleagues to do so as well. Let's make this the premier site for presentation of new and exciting cardiothoracic imaging research in 2005!



Chair, Nominations
Committee -
Thomas Hartman,
MD

Reginald Munden,
MD, President

Call for Nominations

The STR is currently accepting nominations for the position of Secretary of the Society. The Nominating Committee will review the submissions and present one nominee for consideration at the business meeting of the STR. This individual will serve a two-year term and then move to the position of President-elect.

The success of the STR depends on the dedication and volunteer efforts of the officers, executive committee, and its members. Nominations for this position should reflect a member who has demonstrated expertise in Thoracic Radiology, shown his/her dedication to the STR, and has the leadership skills to continue the success of our Society.

Your participation in the nomination process is important to guide the nomination committee. You may submit your nomination by mail (c/o Matrix Meetings) or email (str@thoracicrad.org) by September 15, 2004. Please address correspondence to Chair, Nominating Committee, Society of Thoracic Radiology.

2004 Meeting Wrap-up

The 2004 meeting of the Society of Thoracic Radiology was held at the Westin Mission Hills Resort in Rancho Mirage, California from March 28 - April 1. Attendance was great, with over 330 registrants. The meeting opened with an all-day session on cardiac anatomy and disease, aortic disease and trauma, pulmonary artery disease and emboli, and congenital heart disease. The always popular and entertaining film panel session was again led by Dr. Phillip Boiselle, with panelists representing NCAA teams from both the west and east coasts. The Scanlon symposium focused on lung cancer; the opening lecture was entitled "The New WHO Classification of Lung Cancer" and was delivered by Dr. William D. Travis. Dr. Travis is an internationally-recognized thoracic pathologist from the Armed Forces Institute of Pathology. Following the Scanlon symposium, the annual Benjamin Felson Memorial Lecture was delivered by Dr. Stephen G. Swisher, a cardiothoracic surgeon from the University of Texas M. D. Anderson Cancer Center. His lecture was entitled "Multidisciplinary Care of Thoracic Malignancies: A Thoracic Surgeon's Perspective of the Radiologist's Role".

The scientific sessions at the 2004 annual meeting consisted of oral paper presentations and scientific exhibits (posters). Presenters arrived from eleven different countries. The early morning scientific sessions were a great success: for the first time in recent memory, the meeting room was filled for the oral abstract presentations. From a total of 60 abstracts submitted for consideration, 15 were invited for oral presentation in one of three sessions: Interventional Chest Radiology and Computer-Aided Detection/Diagnosis; Pulmonary Embolism; and Pulmonary Parenchymal Disease and Perfusion. Thirty-six abstracts were chosen for scientific or educational poster presentation. Four awards were given for outstanding oral paper presentations, and 11 were given (four cum laude ribbons and seven certificates of merit) for posters.

Special thanks to Eric Stern, M.D. for capturing all of the wonderful pictures of the meeting for the website, www.thoracicrad.org.

Scientific Session Awards

Chair, Awards
Committee -
Gautham Reddy,
MD

Congratulations go to the winners of the following awards for scientific presentations and posters at the 2004 annual meeting:

Mayo Clinic

Oral Paper Presentation Awards

Best scientific paper:

Stephanie K. Carlson, MD. A Novel Breath-Hold Monitoring and Feedback System for CT Fluoroscopy (CTF)-guided Biopsies of the Lung or Upper Abdomen.

The Ottawa Hospital

Best scientific paper presented by a fellow:

Prachi P. Agarwal, MD. Image Guided Biopsies of Mesothelioma: Sensitivity and Incidence of Needle Tract Seeding Compared with Surgical Biopsies.

University of
Colorado Health
Sciences Center

Best scientific paper presented by a resident:

Troy A. Belle, MD. Use of Quantitative D-Dimer Assay Reduces Total Number of Exams and Increases Positive Exam Yield in Diagnosis of Pulmonary Embolism.

Medical College of
Wisconsin

Best scientific paper presented by a medical student:

Benjamin Eyer. Isolated Subsegmental Pulmonary Embolism (PE) or Indeterminate PE Discovered on Helical CT: Clinician Response and Patient Outcome.

University of
Michigan

Poster Awards

Cum Laude

Paul Cronin, MD. MDCT imaging of the left atrium and pulmonary veins in planning radiofrequency ablation for atrial fibrillation. A review.

Centro de
Diagnostico Dr.
Enrique Rossi

Santiago E. Rossi, MD. The tree-in-bud pattern on thin-section CT of the lungs: a radiologic-pathologic overview.

University of
California - SF

Matthew J. Sharp. Magnetic resonance imaging of hypertrophic cardiomyopathy.

Beth Israel
Deaconess Medical
Center

Karen Lee, MD. Multislice CT evaluation of airway stents.

Oregon Health and
Sciences University

Certificates of Merit

Ajiro P. Suzuki, MD. Pulmonary CTA in patients with pulmonary hypertension: correlation of mean pulmonary arterial pressures with dynamic contrast reflux into the IVC and hepatic veins.

Mayo Clinic

Rebecca M. Lindell, MD. Cryptococcal pneumonia - CT findings in immunocompetent patients.

University of Miami

Belinda M. D'Souza MD . Dimeric versus monomeric contrast media in visualization of peripheral pulmonary arteries.

The Ottawa Hospital

Prachi P. Agarwal, MD . "Look-alike" vascular anomalies in the chest.

University of Pittsburgh

Orly Goitein, MD. Patent ductus arteriosus: "incidental" finding on MDCT - Use of CT and MRI to assess clinical importance.

Harborview Medical Center

Nisa Thoongsuwan, MD. Imaging spectrum of blunt chest injuries.

University of Maryland

Vineet R. Jain, MD. Imaging analysis of left ventricular assist devices (LVADs).

Chair, Research Committee - David Lynch, MD

Research & Education Grant

The Research Committee has reviewed several seed grant proposals this year. They recently awarded funds to the seed grant proposal by Drs. Daniel Moses and Jane Ko entitled "Quantification of perfusion in primary pulmonary neoplasms".

Submitted by Theresa McLoud, MD

News from the ABR...

Maintenance of Certification

The American Board of Radiology began issuing time-limited, 10-year certificates in diagnostic radiology in 2002. In March 2000, the American Board of Medical Specialty members including the American Board of Radiology voted unanimously to transition from recertification programs to maintenance of certification (MOC). ABR is developing plans for a comprehensive program (ABR-MOC) for radiologists with time-limited certificates. MOC programs are designed to encompass four components of which the cognitive examination will be only one element. Other important emphases will include the pursuit of lifelong learning through CME activities, self-assessment and practice performance assessment as part of a program of continuous quality improvement.

There are four basic requirements for MOC. In order to renew a certification when it expires the diagnostic radiologist will be required to present to the ABR evidence of:

- Professional standing, such as an unrestricted license to practice medicine.
- A commitment to lifelong learning including continuing medical education (CME) activities and involvement in a periodic self-assessment process to guide continuing learning.
- Cognitive expertise, measured by performance on an examination.
- An evaluation of the radiologist's performance in practice, including the quality of medical care he or she provides and the physician's professionalism and communication skills as they relate to patient care.

In January of 2004, the ABR met and proposed that radiology societies develop self-assessment programs for their members. Many of the major organizations such as the RSNA, the American College of Radiology and the American Roentgen Ray Society among others are working on programs to assess the individual radiologist's knowledge in certain areas. Tools such as self-assessment modules, which will include pre- and post-tests are being developed. Self-assessment activities are intended to help physicians identify areas where they may benefit from additional CME or other educational activities to fill in knowledge gaps or to expand their practices in directions identified by themselves in their personal "educational plans". Subspecialty societies such as the Society of Thoracic Radiology, which already provide very robust CME activities, can play an important role in the development of self-assessment tools. The members of the Society of Thoracic Radiology have the subspecialty expertise but may lack the infrastructure and technical resources necessary for producing self-assessment tools and modules. An opportunity exists for the small subspecialty societies such as STR to work cooperatively with some of the general major societies in the development of materials for lifelong learning.

News from the STR Committees



The Society officers wish to thank all of the STR committees for their hard work and dedication throughout the year. Your efforts are appreciated. Please see updates below from a few of the committees.

ACR Representative

The STR representative to the American College of Radiology acts as the official liaison for our society. The representative attends the annual ACR Council Meeting where he/she has a vote on all ACR Council deliberations. Between meetings, the STR representative responds to inquiries from the college and also communicates STR business items on behalf of the society. Following is a brief summary of items that might be of interest to STR members.

The ACR is currently undertaking a periodic review of the Practice Guideline for HRCT of the Lungs. This HRCT guideline was initiated and written by members of the STR Standards Committee. Suzanne Aquino, primary author of the guideline, and I were asked to make comments as part of the review. There were no substantial changes. The ACR will further review the document as part of the updating process and I expect that the guideline will be presented for final approval by the ACR Council at the 2005 Annual Meeting.

I attended the annual meeting of the ACR as STR Councilor May 8-13, 2004. Dr. Phillip Boisselle attended one day of the meeting as Alternate Councilor. There were a few items of interest related specifically to STR members. Policy establishing new criteria for society representation on the ACR Council was passed. The criteria for representation are met in general by the STR. We are an independent organization, we are national in scope, we have been in existence for 5 years, we are primarily oriented in a subspecialty of radiology, and we have more than 300 members who are eligible for the ACR. I'm not sure at this time if we meet the last criterion of having 60% of our members who actually belong to the ACR. Unfortunately (? fortunately) the ACR doesn't know either. Two practice guidelines were passed that pertain to thoracic radiology. The *Practice Guideline*

STR ACR
Representative -
Philip Cascade, MD

*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!!

Chair, Education
Committee –
Jannette Collins,
MD, MEd, FCCP

for Percutaneous Drainage of Abscesses and Fluid collections in Adults and the *Practice Guideline for Image-Guided Percutaneous Needle Biopsy in Adults* were written in collaboration between the Society of Interventional Radiology and the ACR. Interested STR members can read the full guidelines at the ACR web site.

This was my last year in my role as STR Councilor to the ACR. Phillip Boiselle will be the new Councilor effective in 2005. It takes a considerable amount of time to become familiar with the workings of the ACR, and in order to have a smooth transition I will attend as Alternate Councilor in 2005.

I encourage all STR members to become members of the ACR and local state chapters as these organizations are the most important advocates for our specialty. I also recommend that the STR maintain a strong alliance with the ACR in order to advance the sub-specialty of thoracic radiology.

Education Committee

Dr. Munden and I recently reviewed a draft of the formal application that Matrix Meetings will be submitting to the Accreditation Council for Continuing Medical Education (ACCME). The next step toward STR accreditation is a site visit by the ACCME. The accreditation process requires a lot of effort by many individuals and a big thanks goes to Matrix Meetings for their dedication and hard work.

Members of the STR were sent a letter of solicitation and instructions from Andi Hunsaker and Mike Holbert asking them to submit cases for the STR Resident Curriculum Web Resource. This Resource will accompany and expand on the STR curriculum document for radiology residents that was developed by the STR Education Committee. I hope many of you will be sending cases to Andi. This is a great project for fellows! You can contact Andi with any questions at: ahunsaker@partners.org.

This year, speakers at the 2004 STR Annual Thoracic Imaging Course were evaluated by the general audience, and many were also evaluated by a member of the STR Education Committee. Each speaker was sent his/her evaluations. In general, the evaluations were very positive, reflecting the excellent quality of the program. Any comments or questions related to the evaluations or evaluation process can be sent to me at: j.collins@hosp.wisc.edu.

The Accreditation Council for Graduate Medical Education (ACGME) website currently lists two accredited Cardiothoracic Radiology programs. They are Brigham and Women's Hospital and University of Pennsylvania [<http://www.acgme.org>. Accessed 7/23/04].

The Radiology Fellowship Match for appointment year 2005 is over. Match Day was July 7, 2004. The National Residency Matching Plan website showed that 139 (43%) of 320 active programs filled through the match. It also showed that 427 (87%) of 489 active applicants matched. Among all radiology fellowship programs, the fill rate varied from 16 (22%) of 73 active programs in Interventional Radiology to 30 (94%) of 32 active programs in Musculoskeletal Radiology. This doesn't include Pediatric Radiology or Ultrasound, programs with a 0% fill rate, but only 5 and 2 active programs, respectively. Six (40%) of 15 active Thoracic Radiology programs filled with a total of 9 matched applicants. The names of the 15 participating Thoracic Radiology programs and additional information regarding the match results can be found on the NRMP [<http://www.nrmp.org>. Accessed 7/23/04] and ACGME [<http://www.acgme.org>. Accessed 7/23/04] websites.

Chair, Membership
Committee –
Caroline Chiles, MD

Submitted by Ella
Kazerooni, MD,
Immediate Past
President

STR Officers

President
Reginald Munden,
DMD, MD

President-Elect
Jeffrey Klein, MD

Secretary
H. Page McAdams,
MD

Treasurer
Jud Gurney, MD

Membership Committee

The STR membership committee welcomes its newest member, Greg Gladish, MD, of MD Anderson Cancer Center in Houston, TX. Since January 1, 2004, the STR membership committee has approved 35 new membership applications. The STR receives a small number of applications each year from individuals who do not meet the current membership criteria. These applicants are non-radiologists, including pulmonologists, and cardiovascular surgeons, as well as radiologists who devote less than 50% effort to thoracic imaging. The current membership criteria are under review. Currently, these individuals would require recommendation by the Executive Committee to the Membership Committee. One proposal is that these individuals be able to apply directly to the Membership Committee, in the same manner as Senior Members. Feedback from the STR membership regarding the membership criteria is welcomed. These criteria can be reviewed at the STR website, www.thoracicrad.org. For further information, please contact Caroline Chiles, MD at cchiles@wfubmc.edu.

Strategic Planning Summary

The STR Executive Committee recently participated in the Society's first strategic planning session from 8 AM to 5 PM on the day preceding our annual meeting. The session was facilitated by James Melton of the Melton Corporation, Palm Springs, CA. Mr. Melton has held strategic planning sessions for many organizations across the United States. We were able to take advantage of his location in Palm Springs to reduce his fee and avoid travel expenses. Additional travel expenses incurred by your STR Executive Committee Members to enable them to attend this day were borne by these individuals, allowing us to remain fiscally responsible to the organization at a time when many societies are struggling financially.

This strategic planning session was followed by a marathon 4 hour Executive Committee meeting the next day, so that action could be taken on the many items that emerged from the strategic planning session. The full report is on file at the STR office. I want to personally thank the members of the STR Executive Committee and Matrix Meetings who attended the strategic planning session for their time, thought, and effort volunteered to the Society of Thoracic Radiology. This is only a first pass, a starting place, and looked mostly at the short term, the next few years. As we move forward as a Society, long term planning into the next 5-10 years will be necessary. Strategic planning is not something done once, but an ongoing process. I encourage the STR leadership of the future to strongly consider holding a strategic planning session in another 3-5 years, using what was accomplished here as spring board into the future.

Overview

The session began with a presentation and discussion of leadership and elements to consider in generating a strategic plan. This was followed by small groups developing ideas for goals in small group brainstorming sessions. Each group presented their ideas to the full group. The top four areas were identified for further development. Small groups then tackled these four areas, further describing the issue, identifying challenges to accomplish the desired goals, the consequences of not reaching the goals, what the desired outcome is, and what steps need to be taken to reach the goal. The four areas discussed were 1) Intersociety Relationships, 2) Membership, 3) Leadership succession,

Other committee chairs:

Electronic Media -
Eric Stern, MD

Publications –
H. Page McAdams,
MD

R & E Fund –
R. C. Gilkeson, MD

Rules -
Charles White, MD

Scientific Sessions –
Joel Fishman, MD

Standards –
Phillip Boiselle, MD

development and communication and 4) Being the premiere provider of educational content in thoracic radiology. A brief summary is provided below for each of these areas.

Intersociety Relationships

There are several groups of societies the STR could work closely with or have involvement in. Based on the strategic planning session and executive committee meeting, the STR will begin to explore collaborations and outreach to the Fleischner Society. There are other Thoracic radiology societies, including the Korean Society of Thoracic Radiology, the European Society of Thoracic Radiology, the Japanese Society of Thoracic Radiology, as well as societies in China and Australia. Some of these relationships already exist through the Journal of Thoracic Radiology, and will be further explored as part of the first World Congress of Thoracic Radiology in 2005, in which many of these groups are participating. Secondly, the relationships to U.S. national broad based radiology societies (such as ACR, ABR, RSNA and ARRS) were discussed, with the need for leveraging the contributions our members already make and will make in the future to these societies with STR branding to increase visibility and awareness of the STR as the leading voice of thoracic radiology in the United States; i.e., STR members working on RadLex thoracic radiology lexicon as STR designees, not as individuals. Thirdly, there are societies with overlapping interests, such as the American Thoracic Society, American College of Chest Physicians, American Heart Association and American College of Cardiologists; these ideas were tabled for future exploration.

Membership

The STR needs to maintain and grow membership for its continued vitality and success of STR. We are challenged for membership, as few radiologists go into thoracic radiology each year. The specialty is sometimes perceived as a chest x-ray only or academic only discipline. There are many societies for non dedicated thoracic radiologists to join. People have limited funds and limited time to participate in societies. Retention of existing members and recruitment of new members were discussed.

The Membership Committee, chaired by Caroline Chiles was charged to further brainstorm and develop ideas that could provide added value to membership for membership retention. The Education Committee, chaired by Jannette Collins, was charged to revise the curriculum document to be ready for the 2005 annual meeting for approval and distribution. The idea of an STR sponsored speaker outreach to programs without a dedicated thoracic radiologists and an STR slide set that promotes thoracic radiology were discussed, and set aside to be revisited in the future.

After much discussion, the Executive Committee approved several proposed changes to the bylaws. These included revising the membership rules to allow residents to join with no fee other than the Journal of Thoracic Imaging subscription fee (at the member rate). The editor, Dr. Klein, will discuss the possibility of free on-line access for in-training members with the publisher, once this is available. Further, the committee approved several other proposed bylaw changes to encourage membership of non radiologists with an interest in thoracic radiology (such as pulmonary medicine physicians, thoracic surgeons, pathologists, physicists, allied health professionals, etc) and radiologists with less than 50% time devoted to thoracic radiology (as is currently required for senior member category). All of these proposed changes to the bylaws will be prepared for a vote at the 2005 business meeting by the Rules Committee.

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str@thoracicrad.org

We're on the Web at
www.thoracicrad.org

Leadership succession, development and communication

There was concern raised about how the STR officers and committee chairs are selected and about the need for more input of the membership into the process. Procedures were established for the officer nomination process, to include annual solicitation of nominees from the membership, preparation of the names submitted by Matrix Meetings staff for the nomination committee to discuss, and for Matrix Meetings to provide lists of prior years' nominations and prior years' lists of STR committee members to the nomination committee each year for review.

Committee membership as well as the appropriate number of committee members to effectively carry out the charge of each committee was also discussed. Procedures to evaluate this regularly were developed. Annually, each new or continuing committee chair will review the composition of the committee and include in their report to the EC meeting held during either at RSNA or during the annual meeting if additional members are needed for the work the committee is currently charged with.

Executive Committee communication was discussed. The Executive Committee will continue to meet twice a year (annual meeting and during RSNA), supplemented by email discussions and 1 or 2 conference calls on as-needed basis. In addition, the Executive Committee meeting at STR annual meeting will be held from 5:00-8:00 PM on the Saturday evening preceding the start of the annual STR meeting, so as not to overlap the meeting program on Sunday.

The premiere provider of educational content in thoracic radiology

We discussed the STR annual meeting, on-line opportunities, and the Journal of Thoracic Imaging, as the three vehicles for education content and influence. Blending of junior and senior members as speakers both promote junior faculty and retain expertise and name recognition on program of senior faculty for the annual meeting will continue to be encouraged. Guidelines for the program planning committee to use each year in planning the annual meeting were developed. After much discussion that continued into the Executive Committee meeting, up to \$60,000 was approved to put the entire 2006 meeting on-line. Jud Gurney will oversee this project. In addition, the Executive Committee approved the STR on-line teaching file, edited by Andi Hunsaker and Mike Holbert, with technical assistance from Jud Gurney. The Journal of Thoracic Imaging will be reviewed to make sure that we are taking advantage of items in the current contract, and an ad-hoc committee chaired by Page McAdams will be involved in upcoming contract negotiations.

In closing, the spirit of volunteerism and collegiality among the STR members is impressive, as evidenced by time and expense borne by your Executive Committee members as participants in the strategic planning process. This spirit is what makes the STR such a wonderful organization to belong to, and the STR meeting an annual gathering place that so many people look forward to. It was a privilege to serve you as president last year.