message from the PRESIDENT

Society Optimism, Membership Growth and Participation, InterSociety Reflections Pertinent to the ASHNR, and Emphasizing CT Radiation Concerns

Edward E. Kassel, MD, President

The ASHNR has not only weathered the deepest aspects of the current economic downturn but, in fact, has been able to take some advantage of the circumstance. Laurie Loevner has not only put together a blockbuster, absolutely outstanding program (see page 2) with an humanitarian bonding component but has spent considerable time and energy to significantly reduce the room rates for the upcoming ASHNR 43rd Annual Meeting. Similar circumstance has allowed Larry Ginsberg and Suresh Mukherji to respectively achieve reduced room rates that would otherwise not have been possible for future ASHNR Annual Meetings in Houston (2010) and San Diego (2011). Our investments have started turning out profits and our financial situation is positive.

The Society continues to show significant continued growth, a reflection on the strength of the Society and its Annual Meetings. Total membership is now at 543 members, with 18 new members this past quarter. Membership currently includes 55 In-Training members, an enormous statement for the future of this Society. Many members have requested greater participation in the Society. We had more requests for committee participation than we could accommodate this year. The Society has asked the Rules Committee to draft Bylaws amendments to expand the numbers allowed on the various standing committees (Membership, Nomination, Publications, and Rules), and we expanded the committee numbers where possible for this year (Corporate Relations, Education, International Relations, and Website). We also created a new Ad Hoc New/Young Ideas Committee to get more involvement and feedback from the newer members and future of this Society, and an Ad Hoc Research Committee with the intention to have this latter committee become a standing committee within the next year, to better address research support, direction, profile, and endeavours of this Society.

The ASHNR is continuing to expand its relationships with other imaging societies. I will represent the ASHNR at the 2009 ACR-sponsored Intersociety Summer Conference, to be chaired by Gerald D. Dodd III, (University of Colorado, Denver) and held July 31–August 2, 2009. The program selected for this Conference, “Financing Research and Education in Radiology: Current Challenges and Future Solutions” will focus on exploring new funding paradigms to bolster our struggling research and educational missions. “The Conference will draw upon the knowledge and insight of representatives from five key

Message From the President continued on page 3
Please join us for the ASHNR 43rd Annual Meeting, which will be held in New Orleans, Louisiana, Wednesday, October 7 through Sunday October 11, 2009. The Sheraton New Orleans is a property located in the heart of the “Big Easy,” on Canal Street, just steps away from the French quarter … everything is in walking distance. New Orleans is a bustling city, known for its old-world charm and elegance. There is intoxicating live music, jazz and dance, not to mention the unforgettable dining. Also feel free to enjoy the local culture and history, and the proud and caring community of people that live there. The weather in October is often the best that New Orleans has to offer. I recently just returned from a visit there, and the city was bustling, busy and beautiful! The meeting should not only be a good time for all, but an engaging and informative clinical and academic educational experience geared for the beginner through the expert. There is something for everyone.

The program should be dynamic, informative, innovative and fun. The program offers 34 hours of Category 1 CME credit, and will be presented by leading national clinical and academic experts in the field of head and neck radiology. The program also includes selected presentations from other nationally and internationally recognized physicians and scientists in the fields of Radiology, Otorhinolaryngology: Head and Neck Surgery, and Radiation Oncology. The broad didactic program will cover inflammatory, neoplastic, traumatic, developmental, and vascular pathology affecting the neck using a problem-oriented approach. There will be an emphasis on disease processes affecting the base of skull. The cranial nerves, as well as the anterior, central, and posterior skull base will be discussed in detail. Some new hot topics will include transoral robotic surgery of the skull base and head and neck, fondly referred to as “TORS,” endoscopic resection of sinonasal and skull base neoplasms, HPV and oropharyngeal cancer, image-guided therapy and the role of the radiologist, imaging interventions for diagnosis and treatment, and radiation safety. Clinical applications of advances in head and neck imaging techniques will be addressed. This year we have introduced “Expert Review of the Evidence,” This will entail three separate sessions in which leading experts will highlight and discuss important high-impact published papers that have affected the way we interpret images, apply technical advances in imaging to our daily practices, and address the importance of performing our jobs with patient safety always in mind. Stay tuned for “Stump the Stars 2009,” which should prove to be double jeopardy!

In addition, please join us for a day of community service planned for Tuesday, October 6, 2009. The ASHNR, working together with Habitat For Humanity, will help restore some of the vibrant historic communities of New Orleans. Wear your favorite old jeans and tees and help clean, paint, and build! This should prove to be a rewarding and unifying experience. We are blessed to have jobs that not only allow us to earn a good living, but equally important, stimulate us intellectually every day. The Sheraton New Orleans in the spirit of community service and giving back has generously given us markedly reduced hotel room rates of $109 per night for Monday October 5 and Tuesday October 6.

From my home in Philadelphia to each of yours, the ASHNR and New Orleans look forward to hosting you! While we work and learn together, the ASHNR is an intimate society, really a large extended family. Please join us as we take on the tri-partite mission of clinical imaging excellence, education, and research development. The advancement of head and neck radiology is dependent upon your continued support of the ASHNR. I look forward to seeing you there!
groups (academic radiologists, private practice radiologists, radiological societies, radiological equipment companies, and medical insurance companies) who share a common interest in the educational and research productivity of our specialty. Presentations will review the current funding mechanisms supporting radiological education and research, explore the relationship and responsibility of the five key groups to the academic missions, and analyze the impact of a weak academic mission on the future of our specialty. Breakout groups will brainstorm possible new funding paradigms or changes in existing revenue streams that could be marshalled to reinvigorate our academic engine to ensure the continued relevance and value of radiology in patient care.” I invite your input on this topic including your concerns, experience, or ideas. I can be reached either through the ASHNR office through Ken Cammarata at kcammarata@asnr.org or directly to me at ekassel@rogers.com. I hope to offer feedback on this activity in the summer or fall newsletter.

As a representative of the ASHNR, I attended the American Society of Neuroradiology (ASNR) weekend Winter Retreat January 30-31, 2009. Issues of common interest to the subspecialties included procedural competencies, and the role of simulators in developing and maintaining proficiency; and “Best Procedure/Practice For Structured Reporting,” the latter discussion in association with the RSNA Reporting Committee. New standards for reporting will include specific comments on modality and technique, area of coverage, controlled vocabularies, completeness, critical results with flagged level of criticality, person and manner notified at date/time, and acknowledgement that the report has been received. Any discrepancy from the preliminary report or error in interpretation needs to be documented. Notation regarding adequacy for indication of study or, if urgent, was the critical nature of the study readily apparent, need to be included in the report. Specific anatomic areas not included in the report were to be judged as not assessed, with clinical, legal and reduced payment implications for that report. (see ASHNR

Welcome New Society Members!

The following members joined the Society since November 1, 2008.

Active

Delilah M. Burrowes, MD
University of Chicago
Chicago, IL

Sharad Chopra, MD
Center for Diagnostic Imaging
St. Louis Park, MN

Mary E. Cunnane, MD
Massachusetts Eye and Ear Infirmary
Boston, MA

Girish M. Fatterpekar, MBBS, DNB, MD
Mt. Sinai Medical Center
New York, NY

David J. Feldman, MD
Austin Radiological Association
Austin, TX

Donna Hoghooghi, MD
California Advanced Medical Imaging
Novato, CA

Chong Hwan Kim, MD
Advocate Christ Medical Center
Oak Lawn, IL

John T. Lysack, MD
Foothills Medical Centre
Calgary, Alberta, Canada

Philip T. Minshew, MD
National Naval Medical Center
Bethesda, MD

Gaurang V. Shah, MD
University of Michigan Health System
Ann Arbor, MI

Manohar M. Shroff, MD
Hospital for Sick Children
Toronto, Ontario, Canada

Brian C. Tryon MD
Medford Radiology Associates
Medford, OR

Jordan I. Ziegler, MD
Naval Medical Center San Diego
San Diego, CA

In-Training

James Y. Chen, MD
Hospital of the University of Pennsylvania
Philadelphia, PA

Troy Hutchins, MD
Cedars-Sinai Medical Center
Los Angeles, CA

Sapna K. Jain, MD
University of California
San Francisco, CA

Sumit Singh, MD
Froedtert Memorial Lutheran Hospital
Milwaukee, WI

Kiran Talekar, MD
Froedtert/Medical College of Wisconsin
Milwaukee, WI

Edward Yang, MD
Hospital of the University of Pennsylvania
Philadelphia, PA
Website for Dr. C. Douglas Phillips’ Winter Retreat presentation, “The Standardized Radiology Report”). Radiation dose for studies utilizing ionizing radiation should be included in the documentation of that study and able to be incorporated into that patient’s radiation exposure history. (See following section). Four Head and Neck (ENT) structured reports were developed at the Retreat: Paranasal Sinuses (Basic), Temporal Bone, Orbit, and Neck (courtesy of Pat Hudgins, Douglas Phillips, Larry Tanenbaum, Edmond Knopp, and Edward Kassel), based on an outline of the “Anatomic components to be included in the specific report” and “Reporting elements essential for outcome.” These four structured reports have been submitted to the RSNA Reporting Committee for further discussion.

In the 2008 spring and summer ASHNR newsletters (see ASHNR website, Newsletters Volume 8, numbers 1 and 2), Tim Larson emphasized the concerns for patient safety at the 2008 ACR and ABR retreats which he attended on behalf of the ASHNR. Recording and minimizing radiation exposures have continued to have our full attention, especially in the pediatric population. In the fall of 2008, the ASHNR joined the “Alliance for Radiation Safety in Pediatric Imaging” (The Image Gently Alliance) as an Affiliate Member. The Alliance consists of 34 Organizations joining the four Founding Organizations (Society of Pediatric Radiology, American College of Radiology, American Association of Physicists in Medicine, and American Society of Radiologic Technologists) dedicated to providing safe, high-quality pediatric imaging, with a primary objective to raise awareness of the need to adjust radiation dose when imaging children. Within the USA in 2007, there were nearly 65 million CT scans per year, including 7 million (or 11% of all scans) in the pediatric age group, and with CT use estimated at 10-15% growth per year (700% in past 10 years), the urgent need for radiation dose recognition and reduction are understated. We need to learn "new" terminologies and standards, be aware of radiation dosages from our studies and ensure they are appropriate. In more scientific terms, we must understand CTDI (CT Dose Index) and Dose-Length-Product (DLP) as measures of CT radiation exposure, and monitor the actual dose delivered in practice compared to reference dose levels, with initiatives to keep the DLP below the average reference levels for that CT imaging study. Equally important, we must become more knowledgeable about our patients’ imaging histories and previous radiation exposures before considering further imaging tests. Data records of radiation-associated medical imaging exams/procedures (Radiation Passport) provide an estimate of risk of developing cancer because of this radiation. The associated risk numbers, related to the radiation exposure data, are estimates based on published scientific knowledge, taking into consideration the age and site(s) of exposure, and factors affecting background exposure. A dose of radiation in a child results in a 10-fold increase in neoplastic potential compared to an equivalent dose in an adult. Recent data estimate that up to 1.5-2% of all cancers within the United States are caused by radiation from CT scanners. (Google “Alliance for Radiation Safety” or “Image Gently” or visit www.imagegently.org to get more information about the Alliance, or for excellent educational material for physician or parent resources regarding radiation dose issues in CT. For “Radiation Passport” see http://www.tidalpool.ca/radiationpassport/index.html.

In more practical terms, consider the following 10 practice activities to reduce radiation exposure:

- Image only when necessary—require adequate indication (10-30% may be unnecessary)
- Consider non-radiation imaging techniques
- Limit extent of coverage to the indicated area only (focused or limited studies)
- Use child-size radiation dosage for child-sized patients (weight-based protocols)
- Scan once principle: avoid multiphase scanning (pre/post contrast, delayed imaging)
- Decrease scan resolution but maintain within diagnostic levels
- Make individual decisions for each patient, no preset standard protocols for convenience
- Maximize shielding to reduce radiation (thyroid/breast shields)
- Get the right area first time, patient-centered in gantry, dose modulation techniques
- Openly discuss these radiation concerns and initiatives with your referring medical colleagues.

Summary: Utilize all available dose reduction tools and confirm practice initiatives/ objectives to keep the DLP below the average reference levels.

I look forward to seeing you in New Orleans.
The following members have accepted invitations to serve on ASHNR committees for 2008–2009. Their terms will conclude at the end of the October 9, 2009 Annual Business Meeting in New Orleans during the 43rd Annual Meeting.

## Standing

### Education
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C. Douglas Phillips, MD
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Gordon K. Sze, MD, ASNR Publications Committee Chair

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Laurie A. Loevner, MD
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Patrick A. Turski, MD
Laurie A. Loevner, MD
Suresh K. Mukherji, MD
Wendy R.K. Smoker, MD
Ellen K. Tabor, MD

### New/Young Ideas–NEW
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Eric S. Bartlett, DO
David R. DeLone, MD
Jonathan M. Gusdorff, MD
Joseph M. Hoxworth, MD
Ilona M. Schmalfuss, MD
Rajiv R. Shah, MD

(continued on page 6)
Members Demonstrate Support by Contributing to Core Curriculum Fund

The ASHNR wishes to acknowledge and thank the following members who have contributed to the ASHNR Core Curriculum Fund since December 22, 2008. The funds collected will be used by the Society to provide quality benefits and educational programs.

Frederick I. Akiya, M.D.  Lawrence E. Ginsberg, M.D.  Justo Rodriguez, M.D.
George F. Ascherl, Jr., M.D.  Roy A. Holliday, M.D.  Charles J. Schatz, M.D.
Hyo S. Ahn, M.D.  Reese J. James, M.D.  Bradley S. Strimling, M.D.
Robert W. Babbel, M.D.  Edward E. Kassel, M.D.  Lorna S. Williams, M.D.
Mario Campos Coy, M.D.  Timothy L. Larson, M.D.  
Fernando H. Duran, M.D.  Kristine M. Mosier, M.D.  

To make a tax deductible donation, send your check, made payable to the ASHNR Core Curriculum Fund, to: ASHNR Core Curriculum Fund, 2210 Midwest Road, Suite 207, Oak Brook, Illinois 60523-8205.
ASHNR 2009 Radiologist-in-Training Award

For the twelfth consecutive year, the ASHNR will sponsor the Radiologist-in-Training Award at the 43rd Annual Meeting in New Orleans. The award was established in 1998 to promote interest and research in head and neck imaging from among residents and fellows in radiology.

To be considered for the Award, an individual must:

2. Indicate on the form that the abstract is to be considered for the award. Only oral presentations are eligible.
3. Include a letter from the principal author's Program Director confirming the principal author is a current resident or fellow in radiology.

Following the submission of their award-winning manuscript to the American Journal of Neuroradiology (AJNR), the award recipient will receive a $1,000 honorarium and reimbursement of their ASHNR 43rd Annual Meeting registration payment.

The submission of the manuscript does not guarantee publication; the AJNR has first rights of publication of the winning paper.

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Past Award Recipients:

2008
Kevin (Ping-Sun) Chen, M.D., University of Wisconsin Hospital and Clinic, Madison, WI
Multipositional MR Imaging of the Extraocular Muscles for Evaluation of Strabismus

2007
Nila H. Alsheik, MD, University of Wisconsin Hospital and Clinic, Madison, WI
Maxillofacial Trauma Presenting to a Level 1 Trauma Center: Imaging Findings, Classification, and Complications in 1,000 Consecutive Patients

2006
Mai Russell, MD, Emory University Hospital- Dept. of Radiology, Atlanta, GA
Balancing Radiation Dose and Image Quality: Clinical Application of Volume CT of the Neck

2005
Aaron J. Zima, MD, University of Michigan Health System, Ann Arbor, MI
Can Pre-Treated CT Perfusion Predict Response of Advanced Squamous Cell Carcinoma of the Upper Aerodigestive Tract Treated With Induction Chemotherapy

2003
Ario Rezaei, MD, University of Michigan Health System, Ann Arbor, MI
CT Perfusion Studies of the Neck, ICA versus ECA as the Input Artery

2002
Chuong D. Bui, M.D., University of Michigan Health System, Ann Arbor, MI
Diagnostic Accuracy of FDG PET for Diagnosing Non Squamous Cancers of the Extracranial Head and Neck

2001
Ricardo M. Burgos, MD, Tripler Army Medical Center, Honolulu, HI
Pattern of Level V Adenopathy in Nasopharyngeal Carcinoma as an Aid to Diagnosis

2000
Heidi B. Eggesbo, MD, Aker Hospital, Oslo, Norway
CT Characterization Development Variations of the Paranasal Sinuses in Cystic Fibrosis

1999
Kerstin Slawek, MD, University of Pennsylvania Medical Center, Philadelphia, PA
Reinterpretation of Cross-Sectional Imaging in Patients with Head and Neck Cancer in the Setting of a Multidisciplinary Cancer Center

1998
Jeffrey A. Stone, MD, University of North Carolina at Chapel Hill, Chapel Hill, NC
Evaluation of CSF Leaks: High Resolution CT Compared to Contrast and Radionuclide Cisternography
ASHNR 2008–2009 Executive Committee

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