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I. PRESIDENT'S MESSAGE — Robert S. Pyatt, Jr., MD, FACR

It has been an interesting and exciting year since I became your President at the 2005 PRS Annual Meeting. I look forward to our next meeting on October 27-28 at the Four Seasons Hotel in Philadelphia and the installation of David Buck, MD, FACR, as your next President. The following is an update on issues that have affected the PRS:

Medicare: The 5.1% pay cut to take effect in 2007, as well as the severe payment reductions for physician office outpatient imaging involving CT/MRI/PET, has yet to be averted. Medicare pay reductions will total over 40% over the next nine years unless there is action to change current laws. Only a few weeks remain for Congress to act, as the Congressional calendar is shortened this year by the elections on November 7.

Utilization Management: Some Radiology Management Companies, such as MedSolutions, are performing CPT code-specific pre-certifications. This is creating many issues, which will be discussed at the PRS Board Meeting in Philadelphia. The ACR is working on this issue at a national level also.

Pay for Performance (P4P): See the excellent article in the September 2006 issue of *JACR*. It's coming soon. The ACR is working on measures with several groups, most notably the AQA/CMS. This may take effect in 2007.

ACR Accreditation in All Modalities: Some insurers are discussing this as a requirement nationwide. The PRS will keep you posted.

Telemedicine Bill S 838: This is due for a vote soon. Hopefully, this long-sought-after bill will finally be passed, after considerable effort by Tim Farrell, MD, FACR and the Klines (our lobbyists).

New PRS Website: Thanks to Tom Chang, MD, FACR, Bulletin Editor, for his efforts. This work-in-progress is moving along very well.

Loss of radiologists from PA: Ten years ago, 50% of physicians trained in PA stayed in PA. That number is now less than 5%. Unfortunately for the PRS, Rich Duszak, MD, FACR, RCC from Reading is yet another to leave, going to Memphis, TN. A personal thanks to Rich for all his contributions to our society. I wish him well in Tennessee. The loss of physicians from PA will be addressed as a special topic during the educational session on October 28 by Roger Mecum, Executive Director of the Pennsylvania Medical Society.

Coronary CTA/Cardiac Imaging: Although Highmark does not currently cover this procedure, their technical committee will be looking at this in March 2007. Many radiologists have heard the call and responded very well to this imaging need. CME continues this year on October 28 at the Annual Meeting, with an all afternoon session on Coronary/Cardiac Imaging.

I would like to express my thanks to the members of the Executive Committee for their assistance all year. Furthermore, our Executive Director, Mr. Robert Powell, also deserves accolades for his (and his staff's) constant superior service to our society – Thank You! I look forward to seeing you at the 91st Annual Meeting of the PRS at the Four Seasons Hotel in Philadelphia, October 27-28.

II. EDITOR'S COLUMN — Thomas S. Chang, MD

I was saddened to hear that our Coding Expert and regular contributor to the *Bulletin*, Rich Duszak, will be relocating to Tennessee soon.

For several years now, the medical community has been warning everyone that healthcare in Pennsylvania is in jeopardy because of a continual decline in the number of physicians in the state. Established doctors have been leaving and not enough trainees have been taking their places. It used to be commonplace for half or more of the residents and fellows trained in our state to stay here. There were four residents in my Class of 1990 at Thomas Jefferson University Hospital and two of us decided to practice in Pennsylvania. The numbers at the University of Pittsburgh in the early 90s were similar.

Lately, however, very few trainees stay in-state, even though many of them have families in Pennsylvania and would prefer to stay, all things being equal. But all things aren't equal. Reimbursements and therefore pay are better elsewhere. The likelihood of being sued in Pennsylvania is among the highest in the nation, which directly results in higher malpractice insurance premiums. It's a rare day when I don't get a mailing from a recruiter trying to lure me away. It's usually an envelope with a large see-through window practically shouting: **$600,000 GUARANTEED FIRST-YEAR INCOME** or **LAKESIDE DREAM HOME** or **VIBRANT DIVISION 1 UNIVERSITY TOWN** or **SCHOOLS IN THE TOP 1% IN THE NATION** or **TORT REFORM STATE**.

Who wouldn't want to have their cake and eat it too? Who would turn down a job with high income, lots of vacation time, minimal call, low malpractice risk, great colleagues, beautiful homes in desirable neighborhoods with friendly neighbors, top schools for the kids, every imaginable cultural amenity, and proximity to professional sports, the beach, and the mountains? Although I've never investigated any of these positions, most of them must not be what they're cracked up to be. Otherwise, why would these recruiters have to try so hard and spend so much money looking for candidates?

As for me, I'm happy with my job (though it doesn't carry a $600,000 first-year or any-year income). I have three great colleagues who are easy to work with. I'm satisfied with our schools and our home (though we don't live by a lake or on a golf course). Pittsburgh is a great place to raise a family, just the right size for our family. It has all the cultural amenities we desire, not to mention a Division 1 university and pro sports (but no basketball, but then again, I've never been a basketball fan–except during March Madness). I've lived in Philadelphia and have traveled throughout the state. We really do have friendly people in Pennsylvania, more so than other states I've lived in and visited along the East Coast. My family feels comfortable right here in Pennsylvania; our quality of life is excellent. It's just a shame that the grass is financially greener on the other side of the fence, enough to entice some people over, since they're missing out on all the other things that Pennsylvania has to offer.

So, Rich, it's unfortunate for us that one of these out-of-state opportunities worked out for you. As Editor, I will miss your consistently excellent "Coding Q&A" articles. We on the Board of Directors of the Society will miss your insights and useful contributions. I have no doubt you would have risen to become our President in several years if you had stayed. We all wish you the best in Tennessee. I'm sure we'll see you at the ACR meetings in D.C. If things don't work out in your new job, we Pennsylvanians will welcome you back with open arms. Remember, we're a great state with great people. But if things do work out, I'd love to visit your lakeside dream home.

III. CODING Q & A — Richard Duszak, Jr., MD, RCC

CPT Code-Specific Pre-Authorization

We just heard that one of our payers' imaging pre-authorization programs has been changed so that radiologists no longer have discretion with regard to the administration of intravenous contrast. Are they allowed to do this?

Yes, but only if you let them. This insidious new payer trick (which I like to call "de-authorization") is being rapidly promulgated in the insurance community by one contracted imaging benefits management company. What this means is that pre-authorization for advanced imaging, such as CT, is for a specific CPT code defined service, and not for a service in general. Pre-authorization for CT means you have to do the CT their way, not yours. For example, the folks at the 1-800 number may give you approval to perform a contrast-enhanced CT scan of the abdomen and will refuse payment if you add pre-contrast images (for say the evaluation of a renal mass), because the service provided is now one with a different CPT code—and not the contrast-only study their clerks approved.

The most egregious example of this is one which was recently shared with me by another radiologist:

> *A patient with a questionable nodule on a chest x-ray is referred for a CT scan of the chest. A contrast-enhanced exam is pre-authorized by the insurance company. After offering a history of prior near-fatal contrast reaction, the patient undergoes a non-contrast study. Payment is later denied on the basis of "non-approved service," with a statement that the pre-authorization was specific for a contrast-enhanced exam.*

We all know that tailoring of individual imaging examinations is best done by radiologists and so too do the utilization management companies. They're banking on us wanting to do the best studies for our patients, so that they can deny payment when we do. One can choose to work within their draconian system by calling an 1-800 number, waiting on hold, and defending your protocol each and every time you need to tailor a study, but this is obviously an inefficient and frustrating practice, and one that legitimizes the corporate practice of medicine. I believe that the best method of dealing with these scan brokers is to just say "no." These types of programs lower the quality of imaging care, and radiology practices that don't vociferously object to this lower standard will soon find themselves subject to it by each and every payer.

If your practice is seeing an increase in denials for advanced imaging, you should look carefully at those cases to see if you're being victimized by this new scan broker trick.

For more information, refer to the September 2006 edition of the *Journal of the American College of Radiology* (at www.jacr.org).

Rotator Cuff Ultrasound

We occasionally perform ultrasound for the evaluation of rotator cuff injuries. How should this study be coded?

CPT code 76880 (Ultrasound, extremity, non-vascular, B-scan and/or real time with image documentation) should be reported when ultrasound of the rotator cuff is performed. This is a non-specific extremity ultrasound code and would be used as well for the evaluation of an extremity soft tissue mass or other non-vascular indication.

For more information, refer to the 2006 American College of Radiology *Ultrasound Coding User's Guide*.

Dialysis Graft Declotting Procedure
When performing dialysis graft declotting procedures, I usually need to obtain crossed catheter access into the graft. One local payer is denying payment for catheter access, stating that it is inclusive of the declotting procedure. Are they correct?

No, but they're not alone. Such bundling of dialysis graft puncture into the declotting procedure has been attempted by many payers over many years. This access is reported by CPT code 36145 (Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft)) and is a distinct and separate component from dialysis graft angioplasty (reported with CPT code 35476 [Transluminal balloon angioplasty, percutaneous; venous]) or thrombectomy (reported with CPT code 36870 [Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)]). Authoritative publications from the American Medical Association (the group which creates CPT) have made this position abundantly clear. When payers are confronted with such authoritative direction, they usually back down. If they don't, continue to appeal your claim and challenge them to produce an authoritative publication to support their incorrect coding recommendations.

For more information, refer to the Spring 2005 issues of *Clinical Examples in Radiology*.

The Coding Q&A column is a regular feature of the PRS Bulletin. Dr. Eric Rubin has graciously agreed to continue the column after I move from the state. While space constraints preclude us from answering all coding questions, issues of greatest interest will receive the highest priority in future columns. E-mail questions to the new author at ematrubin@gmail.com.

IV. LEGAL NEWS HIGHLIGHTS — Michael J. Beautyman, Esq.

Medicare shifting money from some specialties to increase funding for E&M services
In proposed changes to the Medicare physician fee schedule issued in late June, the Centers for Medicare & Medicaid Services (CMS) announced its intention, starting next year, to boost the amount paid to doctors for the evaluation and management of patients. By reimbursing more based on physicians' increased workload in this area, the agency hopes to better align the payment system with the changing face of modern health care, in which managing complex chronic conditions has become more time-consuming, *American Medical News* noted. With more than 400 rate changes outlined in the rule for E&M and non-E&M services, CMS estimates that more than $4 billion in reimbursements would be directed toward services that would not receive these dollars under the current system.

Primary care is one of the areas in which physicians would benefit under the regulation changes. CMS cannot spend any extra money to implement the changes and the billions of additional dollars that would go toward E&M services would need to be offset by reductions elsewhere in the physician fee schedule. Some doctors who don't prescribe many of these services may see overall reimbursements that are smaller than they would be under current law. The AMA estimates that average cuts to affected physicians will total roughly five percent and will hit specialties including anesthesiology, dermatology, interventional radiology, nuclear medicine, pathology, and radiology. Non-physicians who would also see significant reductions include chiropractors, nurse anesthetists, and physical therapists.

Physicians and their employees can now pay wholesale for their health insurance

Until now, physicians have tended to pay the same as everyone else for health insurance. Physicians and their employees are now able to pay wholesale or less for their health insurance. Physicians Health plans to formalize physicians' real-life behaviors of self-diagnosis, accessing in-office technology and samples, and giving and receiving formalized professional courtesies for services through a Physician Only health plan. It could allow physicians to cut their family's healthcare costs in half and increase their financial opportunity by earning profit share for participating in the anticipated network, Physicians Health Network, comprised exclusively of physicians, hospitals, and allied healthcare providers.

Physicians Health is a revolutionary high-deductible, self-directed health plan designed exclusively for physicians and their families. It is anticipated that the Physicians Health Plan will include:

- A-Rated Paper
- 100% Coinsurance
- Enhanced Benefits

- Any Doctor, Rx Plan
- Low Out-of-Pocket Costs
- Simplified Administration
- Customized Monthly Reports

How?

- Health services delivered through a network of physician policyholders in a courtesy physician network (50% of Medicare).
- The health insurance policy is also marketed to self-insured employers to enhance revenue to the provider network. Revenue opportunities will be derived from origination fees to IPAs for their help getting signed PPO contracts and insurance enrollments AND profit share from access fees for leasing the network to payers (self-funded employers/health plans).
- QA and efficiency can be displayed to physicians, employees, and patients through proprietary computer programs, through digests sent to physicians, and through the website (comparable to Cigna's Leapfrog or Web MD), as well as focus seminars and videos conducted through call-in numbers.

V. LEGISLATIVE UPDATE — Monica and John Kline, Kline Associates, Ltd.

Pennsylvania in the summer of 2006 has proven the adage that "all politics is local" in grand style. The Commonwealth's diverse population and blend of political cultures has made the campaign trail a lively one for statewide races such as Governor and U.S. Senator. Democratic Governor Ed Rendell and challenger Lynn Swann are on what's called the "fair circuit." The Governor has been traveling or, dare we say, dancing down the midways of county fairs across the state and Swann has been stumping the same ground either one day before or one day after his opponent. As hopeful as Republicans were in the early months of this year, Rendell's lead is widening.

It seems no one can work a crowd like Ed Rendell. Monica Kline was at the Lebanon County Fair when Rendell's reelection bus rolled in with great fanfare. Rendell seemed undaunted by the fact that this county's registration is almost 3:1 Republican. He also seemed oblivious to the fact that Lynn Swann, football legend and Republican candidate for his job, just appeared at the same venue the previous day (but we'll get to that in a moment). No, it was just classic Ed. He glided through the exhibit halls with ease, smiling the entire time, stopping to take pictures with any parent's child who asked, "Governor, can I get a picture with my son?" "Sure," he'd answer without hesitation.

After the exhibits, the county fair queen escorted the Governor off to the midway and the food vendors. The dairy farmers at the milk shake stand just shook their heads and chuckled as Rendell told them he'd better stop there first so he didn't miss it. Then it was off to the chicken farmers, potato farmers, and so on until he'd sampled something from every booth. He pulled out his cash at every stand and the "stubborn Dutchmen" of Lebanon County let him pay.

As the oldies band took to the stage and began to play, Rendell couldn't help himself. So he broke into his Chubby Checkers routine and did the Twist! It was at that moment that two staunch Republican farmers and friends of Monica leaned over to her and said, "We gotta hand it to the guy. He had the guts to come down here knowing we're almost all Republican." Then he shook his head and laughed at the site of Ed twistin' in the midway and said, "You know I can't vote for him because of his politics. But I won't vote for Swann either. He just hasn't said what he'd do." And that statement pretty much summed up one of the core tenets of campaigning – if you can't get the voter to cast a ballot for you, then get him to stay home and not vote at all. Rendell's work in Lebanon County was done.

As mentioned earlier, Lynn Swann appeared at the same Lebanon County fair just one day prior to the Governor. But unlike the Governor's free wheeling adventure, the GOP had Swann's every movement calculated and it went off without a hitch – at least from their standpoint. Mr. Swann gave an "impromptu" speech to a crowd of Republican faithfuls in front of perfectly stacked hay bales bearing his campaign signs. He gripped and grinned his way through the crowd, apologizing for not being able to stop and take pictures because he "had to keep moving" on to the next event.

Swann and his entourage entered the goat arena and that's where the trouble (or as the PA Dutch say "gretzing") began. It seems many of the parents in the stands were not too pleased that they missed seeing their children show their goats because they couldn't see over the heads and television cameras of the Swann campaign crew. They were equally miffed that the ribbon ceremony was taken over by the campaign and what should have been an exciting opportunity for the kids to meet the Hall of Fame Steeler / would-be-Governor turned into an angry crowd upset that their kids were upstaged by a candidate. And unfortunately for Swann, many of those parents wrote letters to the local paper and called the local radio show to voice their dismay.

But the contrast of candidates seemed most obvious as they entered the large stadium at the fair. On the day Mr. Swann attended, the crowd was there to see the tractor pulls. When the emcee announced that Lynn Swann was at the event and Swann walked onto the field to wave at the crowd, he was met with half-hearted applause. Governor Rendell entered the stadium on the evening of the

"Monster Truck Rally." (Please don't ask for an explanation of that event – there is none.) The emcee at the stadium was prepared to announce the Governor's arrival and the Governor himself put an immediate stop to it. "These people didn't come here to see me," he said. "They came to see trucks! Let them alone." And with that, he turned and exited the stadium and headed back to the midway and the crowds. Campaign Lesson #2: Know your audience.

In stark contrast to the Governor's race, the U.S. Senate race is shaping up to be just that – a race. State Treasurer Bob Casey's challenge to two-term incumbent Sen. Rick Santorum has been strong and Pennsylvanians who associate Santorum with President Bush are likely to vote for the Democrat. Even though Santorum has pumped a lot of money into recent summer-break television ads and is outspending his opponent 5:1, he can't seem to narrow Casey's lead to any less than 9-10 points.

But we will never underestimate the campaign and debate strength of Sen. Santorum. That was proven during a lively debate between the two candidates aired nationally this Labor Day weekend, moderated by Tim Russert. The candidates have two more debates scheduled before the November election.

Casey has great statewide name recognition and a solid record in two of the Commonwealth's highest elected offices. But the Santorum campaign has successfully used Casey's elected positions against him in ads suggesting that Casey will run for any office available. It appears that the negative ads have not had much impact on the polling numbers but ads like those are meant to drive down voter turnout so no one can be sure of their impact until Election Day. This is a definite horse race that will end in a photo finish that may be too close to call the night of the election. The voters of Pennsylvania should realize that this is the most watched race nationwide.

VI. ANNUAL MEETING REPORT — Robert S. Pyatt, Jr., MD, FACR Chair

This year's Annual Meeting will be offering 7.25 hours of Category 1 CME, with all the hours designated as Risk Management/Patient Safety credits. This will help you meet the new state license requirements for special CME in Risk Management/Patient Safety. These credits are also free, courtesy of The Chambersburg Hospital. Highlights of the meeting include the following presentations:

"The State of Radiology" by R. Nick Bryan, MD, FACR, ACR Board of Chancellors
"CSI Radiology: Case Studies in Fraud and Abuse" by Richard L. Duszak, Jr., MD, FACR, RCC
"Expert Panel: RA and RPA – How Can They Help Your Practice?" by Elaine Lewis, MD, and Sharon Brunner, RT
"Teleradiology Issues: Panel Discussion" by Doug Johnson (Marketing Director, Nighthawk Radiology), Richard Taxin, MD, FACR, and Timothy Farrell, MD, FACR
"The State of Medicine and Radiology in Pennsylvania" by Roger Mecum, Executive Vice President, Pennsylvania Medical Society.
"Contrast Media: Why It Matters in Managing Risks" by Stanley Goldfarb, MD
"Cardiac and Coronary Imaging" by Sridhar Charagundla, MD
"Recent Trends in CCTA" by Frederick Barnett, MD
"Cardiac MRI: The Future is Now" by Michael Atalay, MD, PhD
"Cardiac CT: The Next Revolution" by Michael Atalay, MD, PhD

At the President's Banquet, the Honored Lecturer will be Gordon Perlmutter, MD, FACR. His topic will be "The Role of Politics in the Practice of Radiology." This presentation is for this year's Honored Radiologist, Timothy Farrell, MD, FACR. (CME credit is not available for this presentation.)

We look forward to next year's program in Pittsburgh. Topics under consideration include Pay for Performance (P4P) measures, as well as some of the regular morning topics, such as The State of Radiology (by the ACR). If you have any program ideas, please contact Robert S. Pyatt, Jr., MD, FACR, at his email address: bobpyatt@comcast.net.

VII. QUALITY AND PATIENT SAFETY COMMITTEE — Robert S. Pyatt, Jr., MD, FACR

A number of issues are being addressed by this committee. If you are interested in serving on this committee, please contact Dr. David Buck, the incoming PRS President. Some highlights of this committee include:

Pay for Performance (P4P): The ACR has been very actively working on this issue. Some measures have tentatively been proposed to CMS. CMS has indicated that they may wish to start P4P in 2007, if legislation is passed in Congress this fall. As the final details are released, the ACR and the PRS will keep you posted. There might be future CME sessions at the PRS Annual Meeting related to the P4P measures. Committee Chair, Robert S. Pyatt, Jr., MD, FACR, is very involved with the ACR efforts. See the September 2006 issue of *JACR* for more information.

Contrast-Induced Nephropathy (CIN): This is the third most common cause of acute renal failure (ARF) among hospitalized patients. An insert was placed in a prior Bulletin issue with information from the Mayo Clinic regarding how they manage CIN. There will be a special educational session during lunchtime at the PRS Annual Meeting, with Dr. Stanley Goldfarb, an expert on this issue. What are you doing in your practice to manage CIN better?

Teleradiology: Many groups now use "Nighthawks" to cover their practice. How do you ensure quality when you are sleeping at night and the "Nighthawk Rad" is reading your cases? A variety of Teleradiology quality issues are to be discussed at the PRS Annual Meeting, including special guest, Doug Johnson, Marketing Director of Nighthawk Radiology and a panel with Drs. Richard Taxin and Timothy Farrell.

Radiology Quality Measures: How do you measure quality in your practice? How do you manage quality in your practice? What data do you have that demonstrate your group's quality in imaging? These issues are emerging and are more common topics in the *JACR*. These will be part of your "pay for performance" measures in the future. The ACR is developing an Imaging Provider Report Card (IPRC) that may be helpful to you in the future. Piloting of this report card will soon be in process. Efforts for national, comparative quality measures will increase in 2007. Someday, your practice's quality data will be on many publicly accessible web sites. Orthopedists' personal performance in Pennsylvania can already be seen on the Internet.

VIII. RESIDENTS' REPORT — Michael F. Goldberg, MD, MPH

After meeting radiology residents from across the country at both the ACR annual meeting in May and during the Armed Forces Institute of Pathology Radiology/Pathology course, I remain convinced that, with the generous support of the Pennsylvania Radiological Society, the Resident and Fellow Section of the PRS is one of the most active organizations of its kind.

While summer is generally a quiet time, we have been working hard to build on our success of last spring's dinner forum. In July, Dr. Peter Arger, several resident representatives from around Philadelphia, and I met to discuss possible "hot" topics in radiology that could serve as a basis for the next dinner forum, which will occur on November 16th at La Buca restaurant in Philadelphia.

Needless to say, there are many issues that face radiology at this critical time. We are still in the process of finalizing our list of speakers, but our goal is to have two panel discussions. One would involve individuals with different perspectives in radiology, representing academics, private practice, and business. Topics to be discussed include outsourcing, reimbursement cuts, and coping with increasing work volume.

The second panel will include a member of the American Board of Radiology and residency program directors. The topic of this panel will be to discuss ways in which training programs and the ABR can prepare radiology residents better for a changing medical landscape.

On another front, we will hopefully be continuing to have resident speakers at the monthly Philadelphia Roentgen Ray Society meeting to discuss issues that we feel are of importance for radiologists of the future.

Our goals for the coming year are to continue the initiatives discussed above. I would also like to help and encourage the non-Philadelphia training programs to set up similar events throughout the state.

Finally, I would like to thank the PRS and Dr. Peter Arger for their continued support of the Resident and Fellow Section.

X. ANNOUNCEMENTS

Free Online Access to the *AJR* for all Residents and Fellows
The American Roentgen Ray Society provides FREE online access to the *AJR* ("Yellow Journal") at www.ajronline.org to all residents and fellows. If you are a program director or teach residents in your practice, please encourage them to visit https://www.arrs.org/scriptcontent/Membership/memAppWizard.cfm and select the category for in-training membership. Online access to the *AJR* is free with a completed membership application. A free online subscription to *AJR Integrative Imaging*, our new quarterly educational journal, is included with membership.

August 2-5, 2007: 25th Annual Pittsburgh Breast Imaging Seminar to be held at the Pittsburgh Convention Center, with all events on one floor, Pittsburgh, PA. Featured speakers to include Gilda Cardenosa, M.D., Christopher Comstock, M.D., Laurie L. Fajardo, M.D., MBA, FACR, Stuart S. Kaplan, M.D., Louise Miller, RT, (R) (M), CRT, Dorothy McGrath, BHE., William Poller, M.D., FACR. Course Director: William R. Poller, M.D., FACR. For further information please call 412-359-4952, e-mail Cheri Jackel at cjackel@wpahs.org or visit www.aghcme.org.

Breast Imaging - Body Imaging Fellowship (Funded)
The Department of Human Oncology at Allegheny General Hospital has a Breast Imaging Fellowship position available July 1, 2007. Enjoy the comforts of a 10,000 square foot breast center that is fully digital. In addition, there are two stereotactic units, state-of-the-art ultrasound units, the hand-held Mammotome, the Intact biopsy device, MRI and CAD. Twenty-four thousand (24,000) total breast imaging studies are performed yearly. Flexible year to include dedicated time with surgery, pathology **and body imaging**, if desired. Research opportunities are also available, either with the NSABP (National Surgical Adjuvant Breast Project) or the ACRIN (American College of Radiology Imaging Network) trials associated with breast imaging. There is direct interaction with dedicated breast surgeons who are associated with the NSABP.

For further information, please contact and send a resume and two letters of reference to William R. Poller, M.D., FACR, Allegheny Cancer Center, 5th Floor, Allegheny General Hospital, 320 East North Avenue, Pittsburgh, PA 15212-4772. Telephone: 412-359-8366, FAX: 412-359-8685, Pager: 412-359-8220 ID 4544, E-mail: wpoller@wpahs.org.