

## The Pennsylvania Radiological Society

A Chapter of the American College of Radiology

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**Conserve resources and reduce expenses**  
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### PRESIDENT'S MESSAGE

**Eric N. Faerber, MD, FACR**  
St. Christopher's Hospital for Children  
Philadelphia, PA

I am extremely honored to serve as your new president, and also very humbled to walk in the footsteps of all the previous presidents who have brought luster and honor to the Pennsylvania Radiological Society, ensuring its continued success.

My journey in Radiology dates back to my high school days in South Africa when I observed my uncle, a radiologist who had trained in California, removing dripping radiographs from wet tanks. I know this dates me but I can really appreciate the term "wet reading", so loosely used by many clinicians and radiologists today!

My radiological education commenced in Johannesburg and continued in London, with two subsequent fellowships in Boston. Working on three different continents has given me some insight into issues facing radiology residents and radiologists.

As you read this you may be wondering if I have an agenda for the coming year.

I certainly do. It can be summed up in one word:

#### Involvement

#### Involvement occurs in many ways

##### 1. Involvement of residents in training and newly qualified radiologists

Radiologists in Pennsylvania are a "greying" group. It is imperative that we embrace residents and all newly qualified radiologists into this society. Resident education and teaching have been major interests of mine over the past three decades, leading me to take a major interest in the society's resident and fellow section.

The PRS has been very active in meetings for residents with dinner symposia both in Philadelphia and Pittsburgh, with local radiologists discussing a wide spectrum of topics including socio-economic and employment issues – all information that residents can't find in textbooks or on the internet. The panel of residents and attending radiologists held at the annual meeting of the PRS for the past two consecutive years is an example of resident involvement by the PRS. Hot topics facing residents in Pennsylvania were discussed in an open forum. We thank Bob Pyatt for including this in the meeting programs. The Philadelphia Roentgen Ray Society this year will include a resident and/or fellow on its executive board to ensure and encourage participation in the monthly meetings and involvement in the society.

##### 2. Involvement in regional societies

In five years' time we will be celebrating the centenary of the PRS. We need to maintain and increase our membership to offset both the aging membership numbers and also the flight of radiologists from Pennsylvania. How are we going to achieve this goal? We need to convince all radiologists that they are obtaining valued benefits from membership in the PRS and ACR. I am sure that this will be a major topic of discussion at board meetings this year. We need to continue being the major source of radiologic information and projects for Pennsylvania. At the behest of a former president, Richard Taxin, who from an early stage was cognizant of radiation dosages for the pediatric population, PRS members became

involved both regionally and nationally at the time of the launching of the *Image Gently* campaign.

### **3. Involvement in all the activities of the ACR, especially the accreditation processes, RADPAC and RADPEER**

RADPAC's growth in size and presence is very important as Congress will address many issues affecting radiology such as mammography reimbursement; Medicare reform; patient safety; medical liability; reauthorization of the Mammography Quality Standards Act (MQSA). It is critical for radiology as a profession to have its voice heard on Capitol Hill through a bipartisan political action committee that supports Members of Congress and candidates running for Congress who are helpful to the radiology community. Lack of involvement permits others to determine the political fate of our profession - a risk that radiologists cannot afford to take.

I look forward to frequent contact with you all throughout the coming year and anticipate all your suggestions and assistance so that we can aim for new highs for the PRS.

Our slogan should read: **"The Pennsylvania Radiology Society. Get to know us."**

Very best wishes to you and your families for a very happy, healthy and successful new year.

#### **EDITOR'S COLUMN**

**Anne P. Dunne, MD  
Geisinger Medical Center  
Danville PA**

We bid fond adieu to our out-going president, Melvin Deutsch, MD, FACR who led with a practical no-nonsense approach. He constantly urged us to be involved in the political process and to support candidates and legislators with clear thinking on important issues. We will solidify his imprint for the betterment of our profession by continuing in this work. Happily, Dr. Deutsch remains in our midst in the PRS community.

Heartily welcome to our in-coming president, Eric N. Faerber, MD, FACR. Long a vital member of PRS spearheading efforts to educate and involve residents, Dr. Faerber assumes his new role with experience and vision. He is wished a smooth and successful tenure. We look forward to a productive year working with this gentleman and scholar who leads by setting the best example.

The 95<sup>th</sup> Annual PRS Meeting in Pittsburgh at the Omni William Penn Hotel, October 8-10, 2010 was a huge success. The program and speakers organized by Robert S. Pyatt, Jr., MD, FACR were stellar with timely and thought provoking talks. Involvement by residents was ensured with the panel on "Hot Topics and Issues Facing Radiology Residents in Pennsylvania" moderated by Dr. Faerber. Pennsylvania residents and fellows participated significantly with submission of 12 educational/scientific posters under

the auspices of Rickhesvar Mahraj, MD. William R. Poller, MD, FACR was this year's Honored Radiologist. Dr. Poller is Director of Breast Imaging for the Western Pennsylvania Allegheny Health System and Associate Professor of Medicine at Drexel University College of Medicine. He is a past president of the PRS and Pittsburgh Roentgen Society and founding member of the Pittsburgh Mammography Society. There is extraordinary admiration and respect for Dr. Poller and his achievements. Bernard Fisher, MD was this year's Honored Lecturer. A distinguished surgeon and noted breast cancer researcher, Dr. Fisher is an honorary member of the ACR. Clearly, we would not be where we are today but for the efforts of physicians like Drs. Poller and Fisher.



*William R. Poller, MD, FACR: Honored Radiologist at the 2010 Annual Meeting*

Recognition and thanks go to Phyllis Smith and Robert Powell for their organizational expertise in making the annual meeting the success that it was and for their constant efforts throughout the year.

Representatives of the American Association of Physicists in Medicine presented their support for state licensure of medical physicists to the Executive Committee of the PRS at the annual meeting.

Terence L. O'Rourke, MD retired after over 40 years as a radiologist at Geisinger Medical Center. Goodspeed, Terry! You are missed.

Lastly, we have been identified as a "greying" group in Pennsylvania. Therefore, the following may have some interest for you. A few months ago, I heard about "elder texting" on the National Public Radio show "Car Talk". Some examples are: BTW=Bring The Wheelchair; LOL=Living On Lipitor; DWI=Driving While Incontinent; WTF=What's Today's Fish? ☺

I hope that everyone had a joyful end to 2010 and I wish all a happy and healthy 2011!

#### **Summary of RADPAC's Efforts & Impact in Pennsylvania**

**Robert S. Pyatt, Jr., MD, FACR, Chair  
Chambersburg Imaging Associates  
Chambersburg, PA**

In 2010, 114 of the 890 (13%) radiology members in Pennsylvania contributed \$48,400 to support RADPAC's efforts on Capitol Hill. By comparison, 142 (14%) Pennsylvania radiologists contributed \$53,429 in 2009. RADPAC utilized these funds to support the following Members of Congress and congressional candidates in Pennsylvania:

<u>Member of Congress</u>	<u>Primary Election</u>	<u>Result</u>	<u>General Election</u>	<u>Result</u>
Jason Altmire (PA-4)	Yes	Won	Yes	Won
Chris Carney (PA-10)			Yes	Lost
Kathy Dahlkemper (PA-3)	Yes	Won		
Charlie Dent (PA-15)	Yes	Won		Won
Jim Gerlach (PA-6)	Yes	Won		Won
Tim Holden (PA-17)	Yes	Won		Won
Patrick Murphy (PA-8)	Yes	Won		Lost
Tim Murphy (PA-18)	Yes	Won		Won
Joe Pitts (PA-16)	Yes	Won		Won
Allyson Schwartz (PA-13)	Yes	Won		Won
G.T. Thompson (PA-5)	Yes	Won		Won

<u>Candidates</u>	<u>Primary Election</u>	<u>Result</u>	<u>General Election</u>	<u>Result</u>
Tim Burns (PA-12) *			Yes	Lost
Mike Kelly (PA-3)			Yes	Won
Pat Meehan (PA-7)	Yes	Won	Yes	Won

\*RADPAC contributed to Tim Burns in his special general election race in May 2010 (this was the seat vacated by the passing of former Rep. John Murtha).

RADPAC supports Members of Congress and congressional candidates who hold favorable positions on legislative issues impacting the radiology community.

RADPAC's legislative successes over the past year include:

- **Reducing proposed cuts to technical component reimbursement in outpatient setting from 45% to 25%. The White House and the Senate wanted to increase the equipment utilization rate from 50% to 95% but the lobbying efforts of the ACR got the final utilization rate set at 75%.**

- **Enactment of Medicare bill in 2008 that included two imaging utilization provisions: mandatory accreditation for providers of advanced diagnostic imaging as well as an appropriateness criteria pilot program.**

- **Introduction of Self-Referral legislation H.R. 2962 - to amend title XVIII of the Social Security Act to exclude certain advanced diagnostic imaging services from the in-office ancillary services exception to the prohibition on physician self-referral.**

- **Pushing for passage of Mammography Bill H.R. 4794 in the House which would prevent coverage decisions on mammography screening being based on USPSTF recommendations.**

- **Testified before House Energy & Commerce Health Subcommittee on radiation safety issues on February 26, 2010.**

There are more than 4,000 political committees in the United States working to lobby lawmakers on Capitol Hill on a wide spectrum of issues. More than 200 of the 4,000 political committees represent healthcare interests. With the support of more than 2,500 radiologists nationally, RADPAC has established itself as the 5<sup>th</sup> ranked political committee in the U.S. To learn more information about RADPAC, including ways you can get involved, visit [www.radpac.org](http://www.radpac.org).

### 2011 PRS Annual Meeting Educational Program Proposals

**Robert S. Pyatt, Jr., MD, FACR**  
**Chambersburg Imaging Associates**  
**Chambersburg, PA**

A number of ideas have emerged from the 2010 Annual Meeting in Pittsburgh. Here is the first draft of ideas for the Annual Meeting of 2011, to be held in Philadelphia, Sept. 10-11, 2011:

- (Two talks) The Changing Relationship between Radiologists and Hospitals: Cynthia Sherry, MD, FACR, Chair, ACR Task Force of Hospital-Radiology Relations. This talk will discuss the new ACOs concepts, bundled payments, and other issues possibly resulting in radiologists becoming hospital employees. What are the reasons? What are the Pros and Cons?

- Billing Abuses: Coding and other major issues – keeping you out of jails and fines! Rich Duszak, MD, FACR, Vice Chair, Economics Commission, ACR

- Contracting issues for Residents. Rich Duszak, MD, FACR

- Hot Topics affecting Radiologists and Radiation Oncologists across the US. Speaker: 2011 ACR President or BOC Chair.

- Issues Affecting Radiology Residents and Fellows Across PA. Eric Faerber, MD, FACR, Chair

- Radiation Doses and the ACR Dose Registry. ACR Speaker.

- Imaging Quality Measures for 2012, and linkage with reimbursements, including PQRI, PQI, etc. (Dr. Pyatt)

## QUALITY AND PATIENT SAFETY COMMITTEE REPORT

**Robert S. Pyatt, Jr., MD, FACR, Chair**  
Chambersburg Imaging Associates  
Chambersburg, PA

### Incentive Payment Update for 2009 Physician Quality Reporting Initiative (PQRI)

Incentive payments for the 2009 Physician Quality Reporting Initiative (PQRI) are available this fall for eligible professionals who met the criteria for successful reporting. Carriers and Medicare Administrative Contractors (MACs) will begin processing and distributing 2009 PQRI incentive payments on October 25, 2010. Distribution of 2009 PQRI incentive payments is scheduled to be completed by November 12, 2010.

Remember that PQRI incentives earned by individual participating physicians and other eligible professionals are paid as a lump-sum to the Taxpayer Identification Number (TIN) under which the professional's claims were submitted. It is then up to the TIN to decide how to distribute the incentive within the practice.

Effective January 2010, CMS revised the manner in which incentive payment information is communicated to eligible professionals receiving electronic remittance advices. CMS has instructed Medicare contractors to use a new indicator of LE to indicate incentive payments instead of LS. LE will appear on the electronic remit. In an effort to further clarify the type of incentive payment issued (either PQRI or eRx incentive), CMS created a 4-digit code to indicate the type of incentive and reporting year. For the 2009 PQRI incentive payments, the 4-digit code is PQ09. This code will be displayed on the electronic remittance advice along with the LE indicator. For example, eligible professionals will see LE to indicate an incentive payment, along with PQ09 to identify that payment as the 2009 PQRI incentive payment. Additionally, the paper remittance advice will read, "This is a PQRI incentive payment." The year will not be included in the paper remittance.

2009 PQRI feedback reports will be available on the Physician and Other Health Care Professionals Quality Reporting Portal (<http://www.qualitynet.org/pqri>) starting the second week of November. TIN-level reports on the Portal require an Individuals Authorized Access to CMS Computer Services (IACS) account. Participants may also contact their Carrier/MAC to request individual NPI-level reports via an alternate feedback report fulfillment process (see <http://www.cms.gov/MLN Matters Articles/downloads/S E0922.pdf>). Watch for additional feedback report information from CMS.

#### Who to Contact for Questions?

If you have questions about the status of your PQRI incentive payment (during the distribution timeframe), please contact your Provider Contact Center. The Contact Center Directory is available on the CMS website at <http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>.

Contact the **QualityNet Help Desk** with any of the following:

- PQRI Portal password issues
- PQRI/eRx feedback report availability and access
- PQRI-IACS registration questions
- PQRI-IACS login issues

The QualityNet Help Desk is available Monday through Friday from 7:00 a.m. – 7:00 p.m. CST at **1-866-288-8912** or via [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org). They can also assist with program and measure-specific questions.

## INTRAVENOUS CONTRAST EXTRAVASATION, OR ICE

**Thomas M. Dykes, M.D.**  
Penn State Milton S. Hershey Medical Center  
Hershey, PA

The American College of Radiology and Society of Uroradiology co-sponsor a quality improvement project, Intravenous Contrast Extravasation, or ICE. One of seven registries in the ACR National Radiology Data Registry (NRDR), ICE is open to enrollment for both individual radiologists and group practices.

Why should a radiologist or group participate in ICE?

1. The American Board of Radiology qualifies ICE as meeting the criteria for an individual's Practice Quality Improvement (PQI) requirement for the Maintenance of Certification (MOC). PQI is one of four components required in MOC. For more information on the ABR-MOC requirements go to: [http://www.theabr.org/moc/moc\\_dr\\_landing.html](http://www.theabr.org/moc/moc_dr_landing.html)
2. ICE collects data from multiple institutions across the United States to provide a meaningful comparison of your practice performance with national benchmarks in this area of quality and safety.

The project time-line for ICE participation is one year. For more information go to:

<https://nrdr.acr.org/Portal/ICE/Main/page.aspx>  
Thomas M. Dykes, M.D. [tdykes@hmc.psu.edu](mailto:tdykes@hmc.psu.edu)  
ph: 717-531-7948

**RESIDENT AND FELLOW SECTION  
2010 ACTIVITIES**

**Eric N. Faerber, MD, FACR  
St. Christopher's Hospital for Children  
Philadelphia, PA**

The considerable interest and enthusiasm of residents and fellows in activities of the PRS and the local radiologic societies in Pittsburgh and Philadelphia continues to be maintained.

A panel discussion of residents and attending radiologists, initiated at the 2009 PRS meeting, was held during the recent 95<sup>th</sup> annual meeting of the PRS held in Pittsburgh on October 9, 2010. The panelists consisted of Melany Atkins and Philip Orons from Pittsburgh; Franco Verde and Anne Dunne representing Central Pennsylvania; Jason Itri and Mary Scanlon from Philadelphia. A wide variety of top issues facing radiology residents in Pennsylvania were discussed, including the new format of the ABR examination, the 80 hour work rule, over-regulation of the radiology residency, the implications of the flight of radiologists from Pennsylvania, and malpractice woes .

The annual resident dinner symposium, sponsored by the PRS, was held in Philadelphia on October 14, 2010 with featured radiologists R. Nick Bryan, Larry Spitzer, and David Mayer addressing a wide variety of issues within the theme of "What employers are looking for- all you need to know." Forty five residents and fellows attended.

Todd Hertzberg has been active in organization of the Pittsburgh Roentgen Ray Society to encourage resident attendance.

Naish Shah will be joining the executive board of the Philadelphia Roentgen Ray Society, in keeping with the board's decision to have fellow and resident representation on the board.

Melany Atkins and Jason Itri and Michael Jubang will be the three PRS Radiology residents representing Western, Eastern and Central Pennsylvania, respectively, at the annual meeting of the ACR in Washington D.C. in May 2011.

**PENNSYLVANIA RADIATION  
PROTECTION ADVISORY COMMITTEE**

**Joseph G. Och, MS  
PRS Representative to PRPAC  
Medical Health Physics  
Geisinger Medical Center  
Danville, PA**

There has always been a regulatory requirement that operators of radiation producing equipment be 'trained' in radiation safety. However, there is uncertainty as to the amount of training required for specific applications, such as interventional radiography or orthopedics. This guidance is intended to answer some of these questions. The key provisions are the establishment of initial and continuing education requirements for all IR operators and operators who are not ABR certified. The DEP will be focusing on training programs beginning with inspections in 2011.

**Department of Health Inspections:**

In several instances, discrepancies have been noted between the inspections of the DEP and the DOH. Often the regulations of these agencies are contradictory. The DOH has indicated that their intent is to focus on the information provided in the license application rather than the regulations.

**CT Doses:**

The DEP has increased its concern with patient doses from CT exams. Current emphasis is on monitoring doses from brain perfusion studies. Radiology Departments should be able to demonstrate that CT protocols in their facilities are properly monitored for compliance with ALARA philosophy.

**Medical Physicist Licensure:**

There is continuing activity regarding the licensure of medical physicists. A bill which was introduced last year will be reintroduced in this year's session of the legislature. The intent of the bill is to ensure that only qualified individuals be permitted to practice medical physics.

**Final Rule on the 2011 Hospital Outpatient  
Prospective Payment System**

**Robert S. Pyatt, Jr., MD, FACR  
Chambersburg Imaging Associates  
Chambersburg, PA**

The Centers for Medicare and Medicaid Services (CMS) released the final rule on the 2011 Hospital Outpatient Prospective Payment System (HOPPS) for public viewing on November 2, 2010. There is a 60 day comment period ending on January 3, 2011. This official version of this regulation will be published in the Nov. 24, 2010 *Federal Register*. Below are brief highlights of the final decisions that were made affecting this payment system for 2011 that may be of interest to radiology and radiation oncology.

**Conversion Factor**

The 2011 conversion factor for hospital outpatient services will be \$68.876 which includes a 2.6 market basket increase minus a .25 percentage point reduction as required under the Affordable Care Act – which was enacted as the Patient Protection and, as amended by the Health Care and Education Reconciliation Act of 2010. For those hospitals that do not meet the requirements to report quality measures, their reduced conversion factor will be \$67.530.

## **Myocardial Positron Emission Tomography (PET) Imaging (APC 0307)**

The payment rates myocardial positron emission tomography (PET) will change from the 2010 rate \$1,433 to \$1,096 in 2011. This affects CPT codes 78459 (Myocardial imaging, positron emission tomography (PET), metabolic evaluation), 78491 (Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress), and 78492 (Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress) under Ambulatory Payment Category (APC) of 0307 (Myocardial Position Emission Tomography (PET) Imaging). The ACR expressed their concern in their comments on the proposed rule that hospital costs for PET should not have dropped by almost 25% in one year. CMS responded that they did look at the hospital cost data and that costs for bundled radiopharmaceuticals and other reported costs did show a decrease and therefore they are standing behind the data being used. Because of the Deficit Reduction Act which mandates that CMS pay the hospital outpatient rate or the Medicare physician fee schedule rate, whichever is the lowest, this payment rate reduction will affect payments for the technical component of myocardial PET in the office setting.

## **Changes Relating to Payments to Hospitals for Direct Graduate Medical Education and Indirect Medical Education Costs**

The final rule with comment period also implements the direct and indirect graduate medical education (GME/IME) provisions of the Affordable Care Act. The law requires CMS to:

1. Identify unused residency slots and redistribute them to certain hospitals with qualified residency programs, with a special emphasis on increasing the number of primary care physicians.
2. Redistribute residency slots from certain closed hospitals and hospitals that close down to other teaching hospitals, giving preference to hospitals in the same or a contiguous area as the closed hospital.
3. Specify how hospitals should count hours a resident spends in certain training and research activities, and in patient care activities in a nonhospital setting, such as a physician's office.

## **Physician-Owned Hospitals**

The final rule implements a provision in the Affordable Care Act prohibiting the development of new physician-owned hospitals and the expansion of existing physician-owned hospitals.

## **Supervision Rules**

CMS makes further modifications to the requirements for

supervision which provide more flexibility for hospitals and physicians. These include:

For outpatient therapeutic services the final rule:

- Requires direct physician supervision for only the initiation of certain services and allowing general supervision once the treating practitioner deems the patient medically stable. This two-tiered approach to supervision applies to a limited set of non-surgical extended duration services, including observation services.
- Extends through CY 2011 the notice of non-enforcement regarding the direct supervision requirements for outpatient therapeutic services furnished in critical access hospitals (CAHs) and expanding the scope of the notice to include small rural hospitals with 100 or fewer beds.
- Redefines direct supervision for all hospital outpatient services to require "immediate availability" without reference to the boundaries of a physical location.

In addition, Medicare will establish an independent committee to consider on an annual basis industry requests for the assignment of supervision levels other than direct supervision for certain individual services and to make recommendations to the agency. These requests will be open to the public for comment through future rulemaking.

## **Savings for Beneficiaries**

The Affordable Care Act waives beneficiary cost-sharing for most Medicare-covered preventive services, such as screening mammograms and screening colonoscopies. This means that, for most preventive services, beneficiaries will not have to satisfy their Part B deductible before Medicare will pay. In addition, for these services, beneficiaries will not have to pay their co-payment (typically 20% of the Medicare payment amount) for the physician's or the facility's portion of the service.

## **Payment Rates for Separately Payable Drugs**

Medicare will provide a single payment of ASP+6 % for the hospital's acquisition cost for the drug or biological and all associated pharmacy overhead and handling costs.

## **Hospital Outpatient Quality Data Reporting Program**

Medicare expanded the set of quality measures that must be reported by hospital outpatient departments to qualify for the full annual payment update factor for the next few years. The final rule with comment period lists the measure set that will apply to the CY 2012, CY 2013, and CY 2014 payment updates. Medicare says that this new focus on a three year time period should assist hospitals in preparing for the changing reporting requirements and targeting their quality improvement efforts.

*To be continued in next bulletin.*

## Committee on Scientific Exhibits for Annual Meeting

Rickhesvar Mahraj MD, Chair  
Penn State Milton S. Hershey Medical Center  
Hershey, PA

We would like to thank everyone who participated in the annual scientific exhibits at the 95<sup>th</sup> Pennsylvania Radiological Society annual meeting on October 9, 2010. Here is a listing of all participants and the winners are:

**1<sup>st</sup> Place: Improving Resident Performance During Independent Call;** JN Itri and MH Scanlon; U. of Pennsylvania

**2<sup>nd</sup> Place: Stereotactic Body Radiosurgery is a Safe and Efficacious Treatment Modality Following RFA for Medically Inoperable NSCLC;** DA Clump, RE Wegner, DE Heron, G Abbas, MJ Schuchert, RJ Landreneau, JD Luketich, SA Burton; U. of Pittsburgh

**3<sup>rd</sup> Place: The Effect of Initial Presentation Time on Door-To-Therapy Time for Intra-Arterial Stroke Therapy: Our Institution's Experience;** G Vorona, M Wallace, A Tayal; West Penn Allegheny Health System

**Honorable Mention: Intracranial Hypotension Following Posterior Cranial Fossa Surgery;** F Alvi, JC Smith; Geisinger Medical Center

**Fluoroscopic Guided Removal of Renal Transplant Ureteral Stents: Technique of Choice;** S Shamimi-Noori, A Naji, P Ramchandani; U. of Pennsylvania

**Pelvic Fractures: In the CT Era, Is There a Role of Radiography?;** Z Ali, R Daffner; Allegheny General Hospital, Pittsburgh

**Radiance-Radiation Dose Intelligent Analytics for CT Examinations;** TS Cook, S Zimmerman, W Kim, WW Boonn; U. of Pennsylvania

**SPECT/CT and PET/CT: What Radiation Dose are Your Patients Getting and What Does It Mean to Them?;** YR Sheu, M Sheetz, J Joyce; U. of Pittsburgh

**Wilm's Tumor: An Incidental Finding In the Work-up of Ectopic Pregnancy;** S Chaudhary, AP Dunne; Geisinger Medical Center

**Rare Complication of Arachnoid Cyst Following Multiple Lumbar Spine Procedures;** F Alvi, J Lock; Geisinger Medical Center

**Developing an On-Line Procedure Log to Track Physician Performance;** JN Itri, S Hilton, HM Zafar; U. of Pennsylvania

**Stereotactic Radiosurgery for Patients with Brain Metastases from Small Cell Lung Cancer;** R. E. Wegner, A.C. Olson, D. Kondziolka, A. Niranjana, L. D. Lunsford, J C. Flickinger; U. of Pittsburgh

## Announcement

2011 Pittsburgh Chest Imaging Symposium

Saturday, July 9, 2011

Register online: <https://ccehs.upmc.com/formalCourses.jsp#2634>

Phone: 412.647.7050

Fax: 412.647.8222

CME credits: 7 hours

Pittsburgh Roentgen Society members receive a \$10 registration discount

Sponsored by the Department of Radiology, University of Pittsburgh and the Pittsburgh Roentgen Society

## EXECUTIVE OFFICERS 2010-2011

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