

Bulletin

Summer, 2021

The Pennsylvania Radiological Society



A Chapter of the American College of Radiology

www.paradsoc.org

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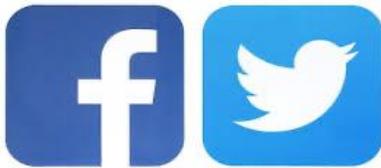
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Editor's Note:

I want to thank Drs. Terry York, Tom Chang and Josh Tice for their kind contributions to this summer edition.

In this edition, we take a proverbial "Deep dive" into the content of the speaker presentations for the recent ACR 2021 Annual Meeting. This meeting differed from past meetings in so far that the focus was on the theme of **Health Care Equity** in medicine and how we, as Interventional and Diagnostic Radiologists can help to decrease inequities and provide better care for all our patients.

For this reason, some of our other regular features, such as the Legislative Report will be temporarily postponed until the Fall edition.

In Dr. York's President's Address, you will read about a new initiative voted into existence at this meeting, the creation of a Foundation. I will provide in depth discussion of this in the upcoming Fall Bulletin.

PRESIDENT'S REPORT Dr. Terry York, FACR

First and foremost, I want to thank you all for your dedication and work as board members of the Pennsylvania Radiological Society. In spite of a pandemic that has perhaps changed our lives forever, your service has kept the PRS healthy and vibrant through these troubled times.

Our annual Meeting and President's Dinner is scheduled for September 25, 2021, in Valley Forge, PA. As of this date, plans are still on, and we hope to see you then. Special thanks to Dr. Bev Hershey, who is working to organize another top-notch CME session.

After assuming duties as President, I convened an ad hoc committee to explore and provide a suggestion to the board for our Society to participate in a non-profit foundation. This foundation will allow members, both active and retired, to contribute to the fund. It will also make it easier for us to provide financial support for resident and member education and to

help fund charitable works in the Commonwealth. I ask for your support during this meeting when a motion is made.

The PRS is well represented at the American College of Radiology with Dr. Beverly Coleman, past President of the PRS, now serving as the President of the ACR. Drs. Eric Rubin, our President-elect, and Bob Pyatt, past President, are both serving as members of the Board of Chancellors. In addition, our own Dr. Todd Hertzberg serves as the Vice Speaker of the House of Delegates for the Pennsylvania Medical Society. These are just a few examples of our members engaging in these important organizations while representing our state.

For the FOURTH year in a row, the PRS has been the recipient of an American College of Radiology Chapter Recognition award. This past year we won for Safety & Quality. This is no small task as we compete against the largest societies in the country. Special thanks to Dr. Ryan Lee, Chair of the Safety and Quality Committee, for leading this effort.

Our Societies' newly formed "Gold Medallion Committee" had its first charge in selecting the winner(s) for 2021. I am happy to announce that they selected two recipients. The first is Dr. Tom Chang of Pittsburgh. Dr. Chang is a PRS past president, has served as an ACR Councilor and many other positions. Dr. Chang's leadership skills and work ethic in support of our Society and the College have no rival. I am proud to call Tom my friend and colleague, and on behalf of the Society, we congratulate him.

The medallion will also be awarded posthumously to Dr. Harvey Nisenbaum. Dr. Nisenbaum was a visionary who held various leadership posts in the College and PRS. Harvey's vision and work have resulted in the PRS Legislative Affairs Committee, as well as other structural assets that serve us to this day. These awards will be presented at the annual President's Dinner scheduled for September 2021.

I thank our Executive Director John Kline for guiding the Society and assisting in many important matters. Under John's tenure, PRS has grown, received many ACR awards, become financially healthy, and moved into the 21st century. Incidentally, John was just named to serve another term as a member of the ACR State Government Affairs Committee representing Pennsylvania. Finally, I would like to thank Sharon Johnson, PRS Administrative Assistant, for doing excellent work supporting our organization.

Hope to see you all in person in September. Stay Safe.

Terry York
President

Member News!

Congratulations to our own Dr. Beverly Coleman on being elected President of the ACR!



Dr. Coleman has been a member of the PRS since 1979, and has held every major leadership position in our organization. She was awarded our highest honor, the Gold Medallion in 2013. She subsequently served as our President in 2016.

In addition, Dr. Coleman has been part of the executive leadership of the ACR, having served on the ACR Board of Chancellors from 2014 to 2020 as the chair of the ACR Commission on Ultrasound. She was also previously the ACR

liaison to the American Institute of Ultrasound in Medicine (AIUM) Board of Governors.

In addition, members of the PRS are well-represented in other executive leadership positions within the ACR.

Drs. **Eric Rubin** and **Bob Pyatt** continue to serve on the Board of Chancellors. Dr. Rubin is Chair of Commission on Human Resources. Dr. Pyatt is Chair of Commission on General, Small, Emergency and/or Rural Practice

Dr. **Jamaal Benjamin** currently serves on the Council Steering Committee.

ACR 2021

Moreton Lecture:

Reshma Jagsi, MD, D.Phil

“Promoting Equity for Women in Radiology and Radiation Oncology: An Evidence-Based Approach”

Summary by Dr. Joshua Tice

Dr. Reshma Jagsi gave the annual Moreton Lecture this year and presented one of the best lectures on gender equity in medicine and, more specifically, radiology that I have heard.

Dr. Jagsi began by discussing the historic increased number of women in medicine following the passage of Title IX legislation. Women now represent more than 50% of medical school graduates. Despite the high percentage of female medical school graduates, gender equality has not been achieved within several subspecialties, including diagnostic radiology. The percentage of women entering our profession remained flat from 2005 to 2018 (27% vs 26%). More generally, in academic medicine, the gender gap has not come close to approaching parity, with women only representing 22% of full professors and less than 20% of academic chairs. Women also remain relatively underrepresented in the leadership positions within our professional organizations and on editorial boards. Dr. Jagsi's research has shown that women continue to lag behind men in publication success and obtaining prestigious research grants.

Dr. Jagsi highlighted several contributing factors for the ongoing gender inequality, with data showing that, even allowing for consideration of unavoidable differences between the careers of women and men, there are still unexplained inequities. In her opinion, these are rooted in an unconscious gender bias that is deeply ingrained in our society. Specifically, within academic medicine, the playing field is imbalanced by gender-biased leave policies, work hour expectations, tenure clocks, and grant eligibility – all forcing a collision of biological, societal and professional demands that favor the careers of men.

Dr. Jagsi concluded with the idea that “equity is essential”, calling for the employment of more women, the promotion of more women, and the integration of women into every level of our organizations. This integration will require “fixing the system, not the women.” Solutions included: mentorship/sponsorship programs, implicit bias training, workplace cultural transformation, work-life integration programs, and transparent and consistent criterion-based evaluation and promotion processes.

Again, if you have time, please watch her lecture, which can be accessed on the ACR 2021 On-Demand Videos: <https://www.acr.org/Lifelong-Learning-and-CME/Meetings-and-Course-Calendar/ACR-Annual-Meeting/Meeting-Materials>.

Joshua G. Tice, MD
West Reading

Dr. McGinty Presidential Address
ACR 2021
Summary by Dr. Jonathan A. Morgan

Dr. McGinty focused her Presidential Address on the creation of the new Radiology Health Equity Coalition.

She began by recalling last summer’s killing of George Floyd by a police officer, the subsequent protests, and the nationwide reckoning it prompted to look at racial injustice and inequity.

She admitted that in the past, she had felt that these social issues, while of paramount importance to our country as a whole, are not in Radiology's "lane."

She asked us to recognize that there are issues of health equity that directly affect and are affected by the practice of Radiology.

Some examples she offered are:

--Although data shows that early detection of lung cancer may be even more beneficial in blacks than in whites, blacks are less likely than whites to be offered lung cancer screening CT. When lung cancer screening CT is offered to black patients, they are less likely to take up the offer.

--Although having a lower overall incidence of breast cancer than white women, black women are far more likely to die from it. They are far less likely to obtain screening mammograms. For many, if MRI is indicated, travel distance to the nearest MRI center may pose a significant obstacle.

She also mentioned how, for many diabetics living in rural communities, limb salvage therapies, including those provided by Interventional Radiologists, may not be locally available due to these being "IR deserts". Lack of availability of better treatment options results in much higher rates of amputation for these patients.

This discussion led to her introducing a new ACR initiative, the Radiology Health Equity Coalition. She discussed broader efforts to promote health equity already initiated by the American Medical Association.

She stressed the need for the ACR to build coalitions with other health care organizations and practitioners to push for social justice and greater health equity.

She also discussed the evolving field of Artificial Intelligence and how we need to be wary of incorporating historical racial and ethnic biases into our emerging AI algorithms. These biases can create more inequity and unfairness. Analogous to the Jim Crow laws of the 1950's, a term for these biased assumptions has been coined "Jim Code."

Dr. McGinty ended with a hopeful look to the future, with an interview with an African American 4th-year medical student, Dr. Joely Jean, who recently matched at Cornell-Weill Medical Center. They discussed how Dr. Jean was first exposed to Interventional Radiology when her mother was successfully treated for debilitating fibroids with uterine artery embolization. She remarked on the terrific care her mother received. When she showed interest in the procedures, the Interventional Radiology Attendings reciprocated, telling her about what they do and sparking her interest in the field, leading to her shadowing them. They discussed this student's goals to help address health care inequities and to enable more medical school exposure to radiology.

Leading the Way to Health Equity
2021 ACR Annual Meeting Symposium
Summary by Jonathan A Morgan, MD

The central symposium of the ACR May 2021 annual meeting was a series of presentations titled Leading the Way to Health Equity.

The content of these sessions served as an overall introduction to the concept of Health Equity and provided a justification for the formation of the new Health Equity Coalition.

Dr. Efren Flores, Thoracic Radiologist, and Officer for Radiology Community Health & Equity and at Massachusetts General Hospital, spoke on the health disparities of COVID 19 based on ethnic and socioeconomic backgrounds. In his talk, he offered examples of stark disparities in health outcomes that correlate directly with the patient's zip code. The zip code, in turn, correlates with patients' racial and ethnic background and income status.

The next speaker was **Ms. Zahra Kahn**, MPH, who critiqued current U.S. Preventive Services Task Force (USPSTF) recommendations for beginning screening mammography at age 50 rather than at age 40, as recommended by the ACR.

Her talk underscored differing rates and severity of breast cancer among women of diverse racial and genetic backgrounds. She presented persuasive evidence that the "one size fits all" approach to screening, used by the U. S. Preventive Services Task Force (USPSTF), rather than increasing equity, will instead exacerbate health care outcome disparities between white and non-white women.

She presented data on markedly higher death rates from breast cancer in African American women between 40 and 50 when compared to white women. She also showed data with substantially different rates of early breast cancer in Asian women and women of Middle Eastern and North African descent compared to Caucasian women. Much of this data also justifies starting screening mammography at age 40.

Ms. Khan concluded by sharing her own story as a woman who was diagnosed with breast cancer in her early 40's. She credited early detection with saving her life. She also underscored that the USPSTF's focus of comparing mortality rates, and failure to include morbidity, further contributed to the potential for exacerbating health care inequities.

Dr. Iris Gibbs, Radiation Oncologist, FACR, FASTRO of Standard University, gave a talk serving as an introduction to the concept of structural racism. She demonstrated the historical

underpinnings of structural racism, showing how much of the overt racism of the past has had a more subtle, lingering influence on attitudes of medical professionals to this day.

She discussed specific past laws that have contributed to many of the racial socioeconomic inequities that contribute to racial disparities in health care outcomes we currently see. Examples included the GI Bill, which gave white soldiers the means to obtain higher education but which were not offered to black soldiers. She discussed the practice of Red Lining, which created urban ghettos. Finally, she discussed immigration policies favoring immigrants from white countries.

She then discussed the legacy of scientific racism in medicine, with the example of Dr. Samuel Morton who, during the 1700's, used skull measurements to support a bogus claim of the intellectual inferiority of black people. She then showed how racist canards with no basis in truth persist to this day, such as that black people have thicker skin than whites and that black people are impervious to pain. Polling data has shown this canard persists among today's medical students. It correlates with inequities in pain management between white and black patients.

Dr. Lucy Spalluto, Vice-Chair of Health Equity and Associate Director of the Office of Diversity and Inclusion for Radiology at Vanderbilt University School of Medicine, gave a talk introducing three concepts to help frame our thinking about improving health equity.

- 1) Diversity--understanding differences between people, both collectively and individually.
- 2) Inclusion--actively encouraging contribution from people of diverse backgrounds and
- 3) Health Equity--alleviating avoidable and unfair differences between groups.

She discussed a method for addressing these problems with a three-word phrase-Community, Collaboration and Cooperation. She offered an example of a Vanderbilt University Hospital outreach program to increase the number of screening mammograms among African American women. This was accomplished via community seminars, with help from known community leaders. The goals were to educate women about the need for breast cancer screening so that they fully understand the reason for getting mammograms.

PART II of the seminar was focused on how we, as diagnostic radiologists, and interventional radiologists can help.

The first talk was from **Dr Karthih Sivashanker**, MD, MPH, Psychiatrist at Brigham Health, who serves as Vice President of Equitable Health Systems and Innovation of the American Medical Association. He discussed the organization he created

called Quality and Safety For Impact Racial Justice and Equality (acronym: FIRE) and the AMA efforts to address health care inequity. He discussed systems change and measurable outcomes.

Dr. Frank Lexa discussed how to turn our goals for achieving greater health care equity into concrete, effective quality improvement projects.

He stressed choosing projects likely to have a high impact and not wasting time on ones with only minor impact.

He also noted that many projects fail because those who initiate them don't spend enough time creating clear, well-defined goals. He mentioned the SMART acronym for creating goals:

S—Specific

M—Measurable

A—Attainable

R—Realistic

T—Timely

**Military Radiology's Battlelines:
Field Hospitals, Cybersecurity and the Crusade for Women's Health
2021 ACR Annual Meeting
Thomas S. Chang, M.D., FACR**

In the ACR session on military radiology, three topics were covered: field radiology in disaster situations, cybersecurity, and breast cancer among service members.

Dr. Eric Roberge spoke about the challenges of providing radiology services in disasters, whether in war zones or during the COVID pandemic. In facilities in the field, they've had to deal with oppressive heat, excessive dust, and electrical power fluctuations. Sandstorms have even occasionally prevented cases from being sent for remote interpretations. They have also had workstations with computer mice that lacked a middle mouse button, making it hard to window and level their images.

The military has been called upon to staff COVID treatment facilities in university dorms and hotels and non-COVID treatment facilities in sports arenas and convention centers. Dr. Roberge's experience has been that the latter facilities were set up as overflow facilities but were usually quickly shut down from lack of use. Some of the lessons they've learned are to anticipate personnel problems in these difficult situations and to be flexible.

Dr. Neris Nieves-Robbins reported that cybersecurity is a huge issue in healthcare, both in the military and in the private sector. 29 million health records were breached just last year. The

most common cyber threats were direct attacks on hospitals' computer systems via phishing and social engineering means and data loss, which could be intentional or accidental.

She discussed a four-pronged strategy to enhance security. In her words, the solution has to be strategically focused, people-centered, ongoing, and effectively resourced and structured. Her suggestions for individuals are to enhance personal cyber-awareness (e.g., know how to suspect phishing attacks), identify "best fit," and commit to continuous improvement. Her suggestions for an enterprise are to promote communication and collaboration about cybersecurity at all levels, plan for worst-case scenarios, and educate all stakeholders. She also suggested that we all keep pushing medical equipment vendors to enhance security for all their equipment.

Dr. Jennifer Nathan finished up by discussing breast cancer among women in the military. According to a 2009 article by Zhu, active-duty military personnel had a 20-40% higher rate of breast cancer in all age groups compared with 1990-2004 SEER non-military data. Although the cause for this discrepancy was not evident, possible causes included: proximity to powerful radiofrequency emissions, exposure to solar radiation among air crew who work outdoors, less healthy diets, higher smoking and alcohol rates, and increased oral contraceptive use. Exposure to volatile organic compounds (VOC) was another possibility. A 2005 article in the American Journal of Industrial Medicine found that moderate to high levels of exposure to VOCs were associated with a 48% higher chance of breast cancer. She said not to forget about breast cancer among men since about 2000 military men get breast cancer every year.

Her solutions for improving breast cancer outcomes in the military were to:

- 1) offer mammograms at facilities without breast imagers and have them interpreted remotely
- 2) send mobile breast centers to areas without mammographic services nearby
- 3) provide more educational materials about the benefits of mammography throughout the military system
- 4) make mammograms more convenient by allowing walk-ins
- 5) improve mammographic equipment (they are currently focused on getting tomosynthesis on all their mammogram units and hope to obtain more MR units in the near future)
- 6) improve interpretation quality by having specialized breast imagers at a centralized location reading mammograms from outlying facilities
- 7) get feedback for mammographers by reviewing biopsy cases regularly

FALL MEETING

**For those who wish to attend, the upcoming
Fall Meeting of the PRS will be LIVE!**

Date: September 25, 2021

**Location: Valley Forge Casino, Valley Forge,
PA***

Registration URL: <https://paradsoc.wildapricot.org/event-4368849/Registration>

*A block of hotel rooms with a special rate have been set aside at the venue for attendees. Please call the hotel directly to reserve at **610-354-8118**. Advise the operator that the code is: **A923PRS**, or just mention 'Pennsylvania Radiological Society'.

This special rate is only in effect until Tuesday August 24, 2021.