

Winter
2005



Texas Radiological Society
THE VIEW BOX

Texas Radiological Society

Texas Chapter of the American College of Radiology

President's Message



We have made considerable progress since the last issue of *The View Box*. All the agenda items I presented have been addressed either partially or completely. Among those initiatives in which we continue to exercise a high level of diligence are our fight against financially motivated, inappropriate utilization of medical imaging, and our efforts to strengthen the TRS PAC fund. In addition, the American College of Radiology has activated its task force on the creation of an Academic Private Practice Alliance, and we held a successful strategic planning retreat in August as planned in August.

On the inappropriate utilization front, we are working with state agencies and elected officials to curb financially motivated, inappropriate utilization of medical imaging. In October, a strategic delegation met with a key state agency to educate its staff on the magnitude and complexities of this unacceptable and abusive practice. Our presentation was well received, and we believe we made headway on several points including imaging standards, physician qualifications, and the insidious and deleterious behavioral modification that access and financial incentive induce. We will hold additional meetings with our state representatives in the near future.

Ray Kirk has been calling many of you to urge your participation in the TRS PAC. Ray chairs our PAC committee and is determined to build a solid financial base to support an aggressive lobby effort this year. In politics, we must have a strong voice, a clear message, and deep pockets. I urge each of you to contribute to both the ACR and TRS PAC funds. Consider them essential investments.

Thomas Fletcher and I continue to lead the ACR Task Force on the creation of an Academic Private Practice Alliance (APPA). The goal of APPA is to unite academic and private-practice radiology groups in the support of our specialty's critical academic, research, education, and leadership needs at both the local and national levels. A recent survey of the Society of Chairmen of Academic Radiology Departments that we conducted shows that one-third of all academic departments are financially unstable and that the academic missions of those departments are severely impaired. It was the unanimous opinion of those surveyed that private-practice radiologists must invest in their ailing specialty or run a real risk of losing it to competitive subspecialties. Without adequate resources, our academic departments will not be able to maintain a lead in image-based research, produce quality continuing medical education, or train the future leaders of radiology. It is my goal to make the Texas APPA the most successful in the country, and I invite all TRS members to join me in this vital initiative.

In August, many members of the TRS Board of Governors (BOG) and invited guests met in Austin for an excellent, one-day strategic planning retreat. (See "Retreat Led to Top-Notch Strategic Plan" on page 6, and "TRS Strategic Plan" on page 7 of this newsletter.) Among other accomplishments, the board expanded membership on the TRS education, legislative, and membership councils to strengthen institutional memory and help mentor newer committee members. Each council was expanded to comprise of at least six standing committee members, with each member serving a three-year term. Appointments are staggered so that two members rotate off annually, and are replaced by new appointees. One of the two senior members serves as the chair of the committee. Both the Executive Committee and the BOG approved these changes, which fall within the scope of our bylaws.

In summary, I am pleased with the progress we have made to date; however, we still have significant battles and work ahead. I look forward to seeing everyone this April in Austin at the 93rd Annual Scientific Meeting of our great society.

Gerald D. Dodd III, MD, FACR
Texas Radiological Society President

Hurricane Rita: One Radiation Oncologist's Experience

Sid Roberts, MD

After Hurricane Rita, many of you may have wondered how some of our fellow physicians fared during the storm. In Lufkin, I was without power for five days and housed evacuees from Clear Lake who drove 26 hours to travel all of 144 miles! Beaumont, however, was much more in the direct path of the storm. Following are excerpts of a conversation that Sid Roberts had with Lourdes Lee, wife of radiation oncologist Joe Kong in Beaumont, about Hurricane Rita and their experience. (Hurricane Rita came onshore as a category 3 storm near the Texas-Louisiana border in the early morning hours of Saturday, Sept. 24, 2005.)

Sid Roberts (SR): Did you evacuate in advance of the hurricane?

Lourdes Lee (LL): Joe and I made a decision to stay because of what we learned from the Katrina evacuees — that they felt “lost and abandoned” by their physicians because of their inability to reach them for either medical questions or continuity of care elsewhere.

SR: What did you do to get ready for the storm?

LL: On Friday morning, Joe and I went to the Cancer Center and placed all the patient charts and films in plastic bags — double bagged, actually — and stored them in sealed garbage cans, etc. high on shelves. We were predicted to have eight feet of water. Around 3 in the afternoon, we headed to the Memorial Hermann Baptist Hospital to take refuge and ride out the storm.

SR: What happened next?

LL: We stayed in a patient room, moving the beds as far away from the window as we could while watching the television for updates on Hurricane Rita's most current path. At about 7 or 8 pm, the hospital lost power and went on emergency generator support. The wind and rain were getting increasingly stronger through the night, and we could see the trees and telephone poles sway. By 3 am (Saturday), the windows were making “cracking” noises,

and the building was shaking. Joe and I immediately vacated the room to seek shelter in the hallway.

The hospital security team went room to room, knocking loudly at everyone's door to get everyone into the hallways for fear of the window glass breaking. It was an eerie, strange feeling. ... By 4 or 5 am, the ceiling in our room was leaking badly, and the tiles fell, and we had water in our room, which we soaked up with blankets. Finally around 6 or 7 am, the wind started to slow down, and the rain, though still pouring, was letting up some. (Editor's note: Beaumont received more than eight inches of rain.)

SR: What did you do after the storm passed?

LL: At about 8:30 am, we helped serve breakfast to the staff and their families and then went to the ER to help set up for the FEMA people to come and take over. Then Joe went to check the Cancer Center. Surprisingly, everything was intact. The linear accelerator did not sustain any water damage. The only place that got wet was the front of the building where the reception area is located. Strong winds must have forced water in and onto the carpet and through the windows, and also rendered the walls wet. All charts and films were intact. Of course, there was no electricity.

SR: What did your patients do?

LL: We got several calls from physicians as far as Arkansas asking for information on patients who evacuated. We had thought ahead and given copies of their current treatment record to most patients. Joe was able to speak to many doctors as well as some patients of other cancer doctors, reassuring them and giving them some advice as to what they needed to do.

SR: How long was the Cancer Center without power?

LL: We resumed treating patients Wednesday, Oct. 5. Some patients continued their treatment at other facilities

during the interim, but many returned to finish in Beaumont.

SR: What about your house?

LL: Joe and I were initially not able to get back to our home due to all the trees down blocking the roads. Late Saturday afternoon, we found a way to park the car two blocks away and proceeded to walk to our home. A policewoman initially stopped us but recognized Joe, so she allowed us in the area. To our surprise, our home was completely missed by three huge, downed trees — two pines and one oak. One fell on our garden shed, and we sustained a minor leak in our roof over our kitchen area. Our power lines and meter were yanked off the house. The first thing that Joe uttered when we saw that our house was pretty much intact was “Lourdes, someone is watching over us.” Most of our neighbors had one or two trees on their roofs.

SR: What did you do in the meantime?

LL: The hospital was well-staffed, so we listened to the radio in the car to check what was needed in the community. One need was meal service for the police officers. We called our friends in Houston and arranged to have meals delivered to Port Arthur. On one day we fed 800 law enforcement staff, from sheriffs to troopers to policemen, and then fed 500 more the next day. (Editor's note: I imagine this was one of the largest Chinese food take-out services in history!)

SR: When did you get power back at your house?

LL: It took much longer to get electricity restored in residential neighborhoods. Joe and I did not have power for almost three weeks (until Thursday, Oct 13). But we consider this overall a rewarding experience. We felt so much love from friends all over. Joe and I are truly humbled by this experience. Thanks to all of you for your concerns and cares. God bless!

Just for Medical Physicists

Wayne Wiatrowski, PhD, FACR

Medical physicists will be able to earn Medical Physics Continuing Education Credits (MPCECs) again at the TRS annual meeting. The educational program of the 93rd TRS Annual Scientific Meeting, to be held in Austin April 21-23, 2006, will again be submitted for CAMPEP accreditation and the subsequent awarding of Category I MPCECs. Medical physicists attending last year's education program received 8.25 MPCECs.

This year's program should be of interest to physicists working in both radiation oncology and diagnostic radiology. The theme of the Radiation Oncology Section Program is image-guided radiotherapy, with both clinicians and medical physicists making presentations. The joint session with the Diagnostic Radiology Section program will also include presentations on image-guided radiotherapy. See the sneak preview of the meeting in this newsletter for details.

Over the last several years, TRS has encouraged medical physicists' participation in the society. We now have about 80 medical physicist members. One TRS councilor and one alternate councilor position is reserved for medical physicists. This gives Texas physicists an avenue for direct participation in American College of Radiology activities as voting members at the annual ACR meeting. TRS remains the only state chapter to do this. The other five physicist councilors attending the ACR annual meeting are appointed at-large through the American Association of Physicists in Medicine and the American College of Medical Physics and do not represent a state chapter.

Two years ago, TRS changed its bylaws to establish a Medical Physics Section that replaced the older Medical Physics Committee. The Medical Physics Section joins our well-established Diagnostic Radiology, Radiation Oncology, and Resident sections.

The TRS wishes its members and their families

Happy Holidays!



Upcoming Meetings

Feb. 10-12, 2006
ASTRO IMRT Practicum
Irving

Mar. 30-Apr. 4, 2006
SIR Annual Meeting
Toronto, Ontario

Apr. 21-23, 2006
TRS Annual Scientific Meeting
Austin

Apr. 27-30, 2006
SCAR Annual Meeting
Austin

Apr. 28-30, 2006
ACR National Conference on Breast
Cancer
San Diego, Calif.

Apr. 29-May 5, 2006
American Society of Neuroradiology
Annual Meeting
San Diego, Calif.

Apr. 30-May 5, 2006
American Roentgen Ray Society
Vancouver, BC

May 6-10, 2006
American Radium Society Annual
Meeting
Maui, Hawaii

May 20-25, 2006
ACR Annual Meeting
Washington, DC

Jun. 3-7, 2006
Society of Nuclear Medicine
San Diego, Calif.

Jul. 30-August 3, 2006
AAPM Annual Meeting
Orlando, Fla.

Oct. 5-8, 2006
ACR Imaging Network
Arlington, Va.



Thank You!

Thanks to the following groups and individuals for their contributions in 2005
(Partial listing as of Nov. 22, 2005)

Group Contributions:

Radiology Associates of Tarrant County (\$5,700)
 Medical imaging of Dallas, LLP (\$2,500)
 Texarkana Radiology Associates, PA (\$1,500)
 Consultants in Radiology, PA (\$1,000)
 Humble Radiology Associates (\$1,000)
 Beeville Radiology Associates (\$500)
 Oregon Imaging, LP (\$100)

Individual Contributions:

\$2,000

Barry J. Menick, MD
 John T. Thomas, MD

\$1,000

Richard A. Benedikt, MD
 John T. Borowski, MD
 David W. Bynum, MD
 James S. Gilley, MD
 David A. Golden, MD
 Harvey M. Goldstein, MD
 John H. Gurian, MD
 Carl W. Hardin, MD
 Joseph R. McColley, MD
 John F. Stoll, MD

\$500

Carlos Bazan III, MD
 Keith A. Crow, MD
 David Lance Donaldson, MD
 Michael Granato, MD
 Lawrence W. Greif, MD
 Pamela M. Otto, MD
 Frank M. Rembert, MD
 Ezequiel Silva III, MD
 Henry T. Uhrig, MD

\$200-\$250

Robert T. Brown, MD
 James A. Corwin, MD
 Polly B Hansen, MD
 Michael T. Harper, MD
 Anthony N. Hein, MD
 John M. Holbert, MD
 Susan D. John, MD
 I. Ray Kirk, MD
 Robert G. McCandless, MD
 Marry Ann Mullican, MD
 Joe L. Niehus, MD
 Dennis L. Parks, MD
 Alvaro J. Ramos, MD
 Sidney Roberts, MD
 Phillip W. Voltz Jr., MD
 Brad Wysong, MD
 Vivek C. Yagnik, MD

\$101 - \$200

Stephen Agatston, MD
 Jerry Barker Jr., MD
 Patrick Barr, MD
 Ken Breedlove, MD, \$120
 Sudeep Burman, MD
 Errol Candy, MD
 Richard M. Coker, MD
 Paul H. Ellenbogen, MD
 Richard G. Fisher, MD
 David Heasley, MD
 Phan T. Huynh, MD
 Morris K. Jackson, MD
 Anthony J. Jennings, MD
 David Kilgore, MD
 Eric S. Longo, MD, \$105
 Joaquin G. Mira, MD
 Carolyn Moore, MD
 Mary Ann Mullican, MD
 Dacia Napier, MD
 Steven Nitke, MD
 Donald L. Risinger, MD
 Cynthia S. Sherry, MD
 Scott E. Sheward, MD
 Warren Whitlow, MD

\$100

Jorge Albin, MD
 Jose L. Arbona, MD
 Sally H. Bass, MD
 G. E. Blakely, MD
 Adam M. Borowski, MD
 Louis J. Bujnoch, MD
 Bradley J. Casolo, MD
 Tilden L. Childs III, MD
 Alex T. Chuang, MD
 Evan L. Cohn, MD
 Benjamin N. Conner, MD
 Theresa A. Crouch, MD
 Gerald Dodd III, MD
 L.M. Fahr, MD
 John C. Gillespie, MD
 Stanford M. Goldman, MD
 Larry A. Grissom, MD
 Milton J. Guiberteau, MD
 C. W. Hammond, MD
 Claire McKay Hart, DO
 James M. Hevezi, PhD
 Walter Kim Howard, MD
 Son Luke Huynh, MD
 Diane M. Icenogle, MD
 Nick M. Jackson, MD
 Gerald Jaffe, DO
 Jerry Jennings, MD
 Thomas G. Johnson, MD
 Linda O. Judge, MD

Greg Karnaze, MD
 Howard N. Klaskin, MD
 James Kogan, MD
 D. Wayne Laster, MD
 Zhongxing Liao, MD
 Rebecca Loreda, MD
 Lisa Martinez, MD
 Michael J. McCarthy, MD
 Ronald K. McCauley, MD
 Amy R. McCourt, MD
 John T. Melvin, MD
 Darlene F. Metter, MD
 James G. Miller, MD
 Mark L. Montgomery, MD
 Amy L. Mumbower, MD
 Dacia Napier, MD
 James F. Neumann, MD
 James E. Olmsted, MD
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 Dennis L. Parks, MD
 Stephen G. Parven, MD
 Adam V. Ratner, MD
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 Lawrence Robinson, MD
 Max Byerly Roeder, MD
 Kenneth Rugh, MD
 Alexander J. Sardina, MD
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 Carl M. Sandler, MD
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 Steven C. Schnicker, MD
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 Riley P. Scott, MD
 Michael Sher, MD
 R. Scott Staewen, MD
 Richard Strax, MD
 Rajeev Suri, MD
 D. Bruce Tharp, MD
 Stephen W. Tibbitts, MD
 Jorge A. Velez, MD
 Gustavo G. Villarreal, MD
 Dale C. Vincent, MD
 Lori Watumull, MD
 Wayne A. Wiatrowski, PhD
 Frank P. Wilson, Jr., DO
 David J. Wolk, MD
 Cynthia L. Woo, MD

\$25 - \$99

Noah B. Appel, MD
 Kristen Bishop, MD
 Lois C. Collins, MD
 John C. O'Leary, MD
 Jerry Allen Powell Jr., MD
 Curtis Studey, MD
 Gary J. Whitman, MD

Please Add Your Name to the List! Join the TRS PAC Today for 2005!

I. Ray Kirk, MD

Many thanks to all of you new ... and renewing ... TRS PAC members for 2005! To date, Texas radiologists' personal contributions have increased 45 percent over 2004. We welcome our new members and hope this trend continues. Those of you who have not renewed in 2005 need to do so by this December. If you renew today, our financial goal of surpassing 2004's contribution is both realistic and achievable.

As I have indicated in previous articles, our primary goal remains: to realize broad support from the entire Texas radiology community. Only this type of grassroots support will assure long-term success of our legislative efforts. We greatly appreciate generous contributions by members of several large groups, but this does not mean the rest of us can become complacent. If our TRS membership and others would contribute at the minimum level of \$100, we would easily and routinely meet our annual financial goal.

We all share equally in what's at stake in Austin in 2007, and we all should share in the effort to succeed. We are dealing with significant and critical issues directly impacting your practice at a historic time in radiology. Issues concerning inappropriate utilization affect us all, and should unite us all in our determination to succeed at the legislative level. Our efforts should be focused on the TRS legislative agenda as much as possible rather than investing so much energy in seeking PAC contributions.

In preparation for the 2007 session, we must coordinate a strategy with our allies as well as visit with our state legislators. Raising our profile among our elected representatives is really what we are all about as a PAC, and this is where we must concentrate our efforts. The 2006 and 2008 elections will be here sooner than you realize. It is vital that our state legislators understand who we are and what our issues are. Money alone will not suffice. We must personally meet with our local legislative representatives

within our local districts. Our representatives are very interested in our issues, but they can only fully appreciate the implications of our issue if we educate them accordingly. You can bet that our opposition will personally visit with our legislators to discuss their agenda.

So, YES - we need your MONEY and your TIME! Please contribute to the TRS PAC today, and volunteer to meet with your local state senator and representative. We are working on a brochure with more information and talking points to help guide you through your discussions with your representatives.

We can succeed in Austin ... but only with your help. Please demonstrate your pride in your profession in this great state of Texas dedicated to promoting radiology by radiologists. Empower your TRS leadership team to continue to best represent your interests in this critically important endeavor. We must have your help for this project to continue to move forward. Join the TRS PAC today!

TRS PAC Contribution Form

Name (please print): _____

Mailing Address: _____

Phone: _____ E-mail: _____

I would like to make a contribution to the TRS PAC in the following amount (circle one):

\$100 \$250 \$500 \$750 \$1,000 Other: _____
 Check (made payable to "TRS PAC") Credit card: Visa MasterCard American Express

Card Number: _____ Expiration Date: _____

Name on Card: _____

Signature: _____

Please return this form along with payment to TRS PAC, 401 W. 15th St., Austin, TX 78701
Phone: (512) 370-1567; Fax: (512) 370-1626

Retreat Led to Top-Notch Strategic Plan

Cynthia Sherry, MD

As a result of a fruitful retreat, the TRS now has a strategic plan that will serve as a compass to steer the society through the challenges that face our specialty in the coming years.

Planners then divided into four subgroups: legislative advocacy, annual meeting/TRS section programs, membership recruitment/retention, and TRS governance and committee structure. Under Mr. Gagan's direction, each subgroup:

IN MEMORIAM

The Texas Radiological Society regrets the loss of the following members, and extends condolences to their family, friends and colleagues.

Russell J. Catalano MD, FACR
Beaumont, TX
Died on July 15, 2005
Age 90

Stanley E. Hodges Jr., MD
Plano, TX
Died on February 20, 2005
Age 74



Wiatrowski, Karnaze, Roberts and Scroggins hard at work at the strategic planning retreat

On Aug. 20, a TRS strategic planning committee of 25 TRS members and staff met in Austin for a day-long session. Guests were TRS lobbyist Val Perkins and facilitator Joe Gagan, JD. Mr. Gagan employed the "Six Thinking Hats" technique (from Edward de Bono) to help the group consider perspectives on issues different from the ones they naturally assume. The group also considered the results of an environmental scan-questionnaire that had been conducted online in advance. The survey included a SWOT analysis — an assessment of



Sherry presents ideas of the legislative subgroup

strengths, weaknesses, opportunities, and threats.

The session began with an evaluation of the current TRS mission, vision, and core values.



Ellenbogen captures ideas of the governance subgroup

- ◆ Reviewed all provided materials and information derived from the survey;
- ◆ Identified additional suggestions or needs;
- ◆ Picked the two best ideas and listed the benefits and weaknesses of each;
- ◆ Focused on the top weak points, brainstormed on possible solutions, and picked the best idea;
- ◆ Identified the steps for implementation; and
- ◆ Each subgroup then reported their results to the entire group for discussion.

The process and discussion led to many good ideas that evolved into specific tactics outlined in greater detail in the strategic planning report below. The TRS is fortunate to have so many dedicated and effective members willing to participate in the strategic planning process. Many thanks to Dr. Dodd and to Renita Fonseca and her staff for putting together this successful retreat!

TRS Strategic Plan

Approved by TRS Executive Committee & Board of Governors on August 21st, 2005

TRS Mission Statement

The purposes of the TRS, as a chapter of the ACR, shall be to serve the specialty of radiology in Texas by:

- ◆ actively advancing the science, education and practice of radiology
- ◆ improving radiologic service to patients and the medical community
- ◆ fostering closer fellowship among radiologists
- ◆ addressing the economics of radiology and
- ◆ establishing and maintaining high medical and ethical standards

TRS Vision Statement

The TRS seeks to be the premier radiologic professional society in Texas and the foremost State Chapter of the ACR.

TRS Core Values

- ◆ Integrity
- ◆ Excellence
- ◆ Professionalism
- ◆ Professional Satisfaction
- ◆ Leadership
- ◆ Service to Patients
- ◆ Service to Colleagues
- ◆ Innovation

Strategic Planning Goals for 2005 – 2008

With the TRS mission, vision and core values in mind as revised above, the TRS Executive Committee and Board of Governors approved the following four Strategic Planning Goals for the TRS to achieve in the next three years:

I. Governance Goals

- A. Restructure the key TRS councils and committees (education, legislative, and membership) to strengthen the institutional memory and mentorship of committee members in 2006.

Strategies to Achieve this Goal:

- ◆ Expand each council to at least six standing committee members with each member serving a 3-year term.
- ◆ Officers are to serve as 7th members and liaisons to the committees instead of as chairs of the committees (requires bylaws change).
- ◆ Stagger appointments such that two members rotate off annually and are replaced by new appointees.
- ◆ One of the two senior members serves as the Chair of the committee.
- ◆ Hold quarterly conference calls between the chairs of the councils so as to get up to speed on other important matters regarding the business of the society.

- B. Improve the record-keeping of the society in the next two years as follows:

Strategies to Achieve this Goal:

- ◆ Create a Digest of Actions
- ◆ Create a Policy and Procedure Manual
 - Include a Calendar of Duties and Responsibilities of

Officers, along with deadlines (to be provided by Council chairs)

- Save Policy and Procedure manual online with password-protected access by members only.

II. Legislative Goals

- A. The TRS is to take a multi-pronged legislative approach in combating inappropriate utilization.

III. Annual Meeting Goals

- A. Increase meeting attendance via higher quality CME programs and more frequent and timely meeting promotions

Strategies to Achieve this Goal:

- ◆ Higher quality CME programs
 - Recruit well known national speakers
 - Plan more coherent scientific programs with multi year approach
 - Include lectures that fulfill Maintenance of Certification requirements
- ◆ Promotions
 - Plan the CME program a year in advance, so that the following year's CME program and speakers can be promoted at the current year's annual meeting
 - Improve the promptness of meeting brochure mailings, and include an RSVP card to compile reasons for non-attendance
 - Increase the frequency of e-mail notifications (Save the Date e-mail on Sept. 1st, online survey on Nov. 1st, third reminder on Feb. 1st.)
 - Promote the exhibit hall and vendors that will be present at the annual meeting

- B. Continue incorporating a special session for residents, using this as a membership recruitment opportunity as well.

- C. Consider signing multi-year hotel contracts if it will bring more favorable rates and terms for the TRS.

IV. Membership Goals

- A. Increase memberships from Large Radiology Groups and Academic Groups

Strategies to Achieve this Goal:

- ◆ Contact presidents of large group practices in Texas
- ◆ Contact academic chairpersons of programs in Texas
 - Group leaders currently paying for TRS membership are to contact other large group leaders to encourage participation in similar membership efforts
 - Publicly recognize groups that pay for their members via e-mail to members, *The View Box*, and recognition at the annual meeting

- B. Increase membership of young members in practice less than 5 years

Strategies to Achieve this Goal:

- ◆ Obtain a list from TMA of non-member radiologists
- ◆ Communicate with non-members issues that affect them that the TRS is helping them with
- ◆ Advertise ACR Chapter Recognition Awards won by the TRS

Sneak Preview: 93rd Annual Scientific Meeting

Austin Convention Center & Hilton Austin Hotel, April 21-23, 2006, Austin

Larry Grissom, MD, FACR & Shiao Woo, MD, FACR

The 93rd TRS Annual Scientific Meeting will be held April 21-23, 2006, at the Austin Convention Center, with accommodations at the new Hilton Austin Hotel located just across the street. The Hilton offers spacious, Texas-sized guest rooms with a stunning contemporary Hill Country design. Located within walking distance of Austin's historic Sixth Street and the state Capitol, you're just a few steps away from live music, great restaurants, and memorable attractions.

For continuing medical education, the Diagnostic Radiology Scientific Session offers a broad range of topics for the general radiologist and specialist as well. Our out-of-state guest speakers include Elliot Fishman, MD, nationally known for his MDCT work. Dr. Fishman will present

the Moreton lecture, as well as a session on MDCT of small bowel and mesentery. Four sessions will pertain to breast imaging, with Jay Parikh, MD, from the Swedish Medical Center in Seattle as our guest speaker. Robert Edelman, MD, of Northwestern University will bring us up to date on cardiac CT and MRI, in addition to his work with perfusion/diffusion imaging. Topics on asset protection, ultrasound, and MR of obstetric problems, among other interesting topics, indicate that this should be an exciting meeting for diagnostic radiologists.

For radiation oncologists, the theme of the 2006 Radiation Oncology Scientific Program is image-guided radiation therapy. The rationale and different technologies for image-guided radiation therapy of

several anatomical sites will be presented. Gregory Gagnon, MD, from Georgetown University Medical Center will speak on the use of the CyberKnife in a joint session. There also will be resident presentations on various topics of research.

In addition to top-notch CME, we will have fun social events that include a dinner cruise on beautiful Lake Austin, and a Welcome Reception and Awards Banquet at the Hilton. You also can explore the myriad of dining and entertainment options on nearby Sixth Street and the Warehouse District. Whatever your interest — music or the outdoors, CME or history — the TRS annual meeting in Austin is sure to have something for you. So mark your calendar for CME and a fun time at the 93rd TRS Annual Scientific Meeting in Austin.

Radiation Oncology Program Schedule

Friday, April 21, 2006

10:00 am	Registration and viewing of exhibits
Session I	Asset Protection (Joint Session with Diagnostic Radiology)
10:30 am	Cover your Assets: Improved Patient Care Through Malpractice Protection <i>G. Kent Mangelson, CFP</i>
12:00 noon	Questions & Answers
12:15 pm	Luncheon: Legislative Update (Joint session with RO members) <i>Val Perkins, JD</i>
Session II	Resident Presentations & Image-Guided Radiation Therapy
	<i>Moderator: Jerry Barker, Jr., MD</i>
1:30 pm	Acute and Sub-Acute Toxicity of Whole Pelvis IMRT in Prostate Cancer <i>Matthew Cavey, MD (UTMB)</i>
2:00 pm	Resident Presentations TBA
3:00 pm	Coffee Break
3:15 pm	Resident Presentations TBA
4:00 pm	Inter and Intra-Fractional Changes in Patient Anatomy: Rationale for Image-Guided Radiotherapy <i>Lei Dong, PhD</i>
5:00 pm	Business Meeting of Radiation Oncology Section and Business Meeting of Physics Section
6:30 pm	Awards Reception
7:30 pm	Awards Banquet

Saturday, April 22, 2006

7:00 am	Continental Breakfast
7:55 am	Morning Announcements
Session III	Image-Guided Radiation Therapy
	<i>Moderator: Shiao Y. Woo, MD</i>
8:00 am	Image-guided Radiosurgery for Brain and Spine <i>Eric Chang, MD</i>
8:45 am	Image-guided Radiosurgery/Radiotherapy for Lung Cancer <i>Joe Chang, MD</i>
9:30 am	Image-guided Radiotherapy with the Tomotherapy System <i>E. Brian Butler, MD</i>
10:15 am	Coffee Break
10:30 am	Image-guided Radiosurgery/Radiotherapy with the Novalis System <i>Walter Grant, PhD</i>
Session IV	Moreton Lecture & ACR Update (Joint Session with Diagnostic Radiology)
11:00 am	Moreton Lecture: The Impact of MDCT on the Practice of Medicine <i>Elliot Fishman, MD</i>
12:00 noon	Luncheon: ACR Update <i>Milton J. Guiberteau, MD</i>
Session IV	General Interest
1:15 pm	Medicolegal and Ethical Aspects of Breast Imaging (Joint session with Diag. Radiology) <i>Jay Parikh, MD</i>
2:15 pm	FDG PET in Radiotherapy Planning <i>Homer Macapinlac, MD</i>
3:00 pm	Coffee Break

Saturday, April 22, 2006 Concurrent Resident Sessions

3:15 pm Cyberknife in Image Guided Radiation Therapy
Gregory Gagnon, MD
4:00 pm Pulmonary Function Assessment
Homer Macapinlac, MD
4:45 pm Questions and Answers
5:00 pm Adjourn
6:15 pm Buses Depart for Dinner Cruise on Lake Austin

1:30 pm Resident Section Meeting
3:00 pm Coffee Break
3:15 pm Musculoskeletal Tumors *Justin Q. Ly, MD*
4:00 pm Starting Your Practice *Mark Steiger*
5:00 pm Adjourn

Diagnostic Radiology Program Schedule

Friday, April 21, 2006

7:00 Continental Breakfast & Registration
7:55 am Welcome & Introductory Remarks
Session I Obstetrical Imaging
8:00 am Fetal MRI *Diane Twickler, MD*
8:45 am Sonographic Evaluation of First Trimester Pregnancy Complications
Phebe C. Chen, MD
9:30 am US and MR Applications of Multigestation Pregnancy
Diane Twickler, MD
10:15 am Break
Session II Asset Protection (joint session w/RO)
10:30 am Cover your Assets: Improved Patient Care through Malpractice Protection
G. Kent Mangelson, CFP
12 noon Questions and Answers
12:15 Luncheon: Legislative Update (Joint session with RO members)
Val Perkins, JD
Session III Cardiac Imaging
1:30 pm Coronary CT
Robert R. Edelman, MD
2:15 pm Cardiac MRI
Robert R. Edelman, MD
3:00 pm Coffee Break
Session IV Neuro Imaging
3:15 pm MR Spectroscopy in Neuroimaging
Majdi M. Radaideh, MD
4:00 pm MR Perfusion/Diffusion Imaging
Robert R. Edelman, MD
4:45 pm Questions & Answers
5:00 pm Adjourn
5:15 pm TRS Business Meeting
6:30 pm Awards Reception
7:30 pm Awards Banquet

Saturday, April 22, 2006

7:00 am Continental Breakfast
7:55 am Morning Announcements
Session V Breast Imaging/Applications of MDCT
8:00 am Digital Mammography
Jay Parikh, MD

8:45 am Breast MRI *Gary Whitman, MD*
9:30 am MDCT of the Small Bowel and Mesentery
Elliot Fishman, MD
10:15 am Coffee Break
10:30 am Mammography – Radiology/Pathology Correlation *Jay Parikh, MD*
11:00 am Moreton Lecture: The Impact of MDCT on the Practice of Medicine (Joint session w. Radiation Oncology mbrs)
Elliot Fishman, MD
12:00 noon Luncheon: ACR Update (Joint session)
Milton J. Guiberteau, MD
Session VI General Interest (Joint session with RO)
1:15 pm Medicolegal and Ethical Aspects of Breast Imaging *Jay Parikh, MD*
2:15 pm FDG PET in Radiotherapy Planning
Homer Macapinlac, MD
Break
3:00 pm Cyberknife in Image Guided RT
Gregory Gagnon, MD
3:15 pm Pulmonary Function Assessment
Homer Macapinlac, MD
4:45 pm Questions & Answers
5:00 pm Adjourn
6:15 pm Buses Depart for Dinner Cruise on Lake Austin

Sunday, April 23, 2006

7:00 Continental Breakfast
7:55 am Morning Announcements
Session VII Pediatric and Renal Imaging
8:00 am Subtle Fractures of the Immature Skeleton
Susan John, MD
8:45 am Renal Cystic Disease in Children and Adults
Stanford M. Goldman, MD
9:30 am Imaging of Children with Abdominal Pain and Vomiting *Susan John, MD*
10:15 am Coffee Break
Session VIII Musculoskeletal MR
10:30 am Current Concepts in MR imaging of the Hip
Justin Q. Ly, MD
11:15 am Unknown MSK MRI Case Discussion
Lezlie Warren, MD
12:00 pm Adjourn



RESIDENT'S CORNER

On the Sidelines ...

Michael Jaimes, MD

There is no doubt we have the best job in medicine and everyone wants a piece of it. Even in my short career, I have seen the field evolve at an alarming pace. Early in residency, I found it frustrating to discover a trend of nonradiology-trained professionals interpreting radiographic studies or performing procedures traditionally performed by radiologists. After spending some time on the sidelines, I was fortunate to attend the 92nd TRS Annual Scientific Meeting held in San Antonio at the Westin La Cantera Resort. I quickly discovered that TRS is a well-organized group of people (including residents) working to ensure that our interests as radiologists, and more importantly, the interests of our patients, are well represented at the state and national level.

The active TRS Resident Section continues to grow. At the last TRS meeting, thirty-five radiologists-in-training representing six different residency programs participated in the first dedicated resident session. We had formal discussions about finding jobs and negotiating contracts, debated issues of inappropriate utilization of imaging, and elected officers. Former resident advisor Dr. Dacia Napier, who was instrumental in developing the resident section, passed the torch to Dr. Pedro Diaz-Marchan.

Chair Ginnie Scroggins and Vice-Chair Rajvee Shah, were sponsored to represent the Resident Section at the annual American College of Radiology meeting in Washington, D.C.

So if you missed the TRS annual meeting, how can you get involved and make a difference? Here are three easy suggestions:

1. **Attend the upcoming 93rd TRS annual meeting**, which will be held at the Austin Convention Center and Hilton Austin Hotel. The meeting is free for residents. And if having a FREE meeting in Austin weren't enough, the TRS also reimburses a certain number of resident representatives from each Texas radiology program for travel and lodging expenses.

The 2006 resident sessions will focus on malpractice issues and protecting our future assets. A poster exhibit is in the works, so start thinking about submitting your abstract for the upcoming meeting, and watch for more details to come via your program director.

2. **Become an active participant in the ACR and our state chapter, the TRS.** It takes as little time and effort as that of a phone call. This past September, hundreds of members of the American College of Cardiology marched on the Capitol in Washington, D.C. to thwart ACR's efforts to establish mandatory quality, safety, and training standards

for any physician providing imaging services. More than 2,000 radiologists (many of them residents) placed successful calls to their congressional representatives on the day of the march.

3. **Finally and perhaps most importantly, join the TRS Political Action Committee (TRS PAC).**

This PAC is the only organization that represents our specialty's interest in the Texas Legislature. A minimal investment of as little as \$25 in the TRS PAC is a large investment in our financial future, as well as the safety of our patients.

With that said, see you in Austin.



Attention Residents! Call for Posters

TRS invites radiology and radiation oncology residents to submit abstracts for the Residents' Poster Session held during the annual Texas Radiological Society meeting. This is a great opportunity for residents to receive peer review of their research. Our next annual meeting will be April 21-23, 2006, at Hilton Hotel and Austin Convention Center in Austin. Each radiology and radiation oncology program in the state will receive an official invitation packet by mail later this fall. Information on how to submit abstracts also will be on the TRS Web site at www.txrad.org.

2006 Medicare Regulations Released

The U.S. Department of Health and Human Services (HHS) and Centers for Medicare & Medicaid Services (CMS) announced in early November the Medicare regulatory changes for 2006. The 2006 Physician Fee Schedule includes changes affecting Medicare funding for community cancer care, provides some of the funding needed to address below-cost reimbursement projected for 2006, and represents a step toward the essential achievement of permanent, balanced payment policy for cancer care.

The 2006 Physician Fee Schedule confirms the following revisions to Medicare reimbursement policy:

- ◆ Medicare will implement sweeping changes to practice expense payment methodology and will use survey-based direct cost data to ensure the accuracy of payment calculations.
- ◆ Medicare will extend cancer care demonstration program funding to 2006, though at a reduced level, using revised payment codes to support the program's development of quality-based payment policy.
- ◆ Medicare will provide a 2006 add-on code to cover the administrative costs associated with obtaining intravenous immune globulin to help ensure adequate supply for patient needs.
- ◆ Medicare will establish a payment code (77421) for image-guided radiation therapy and fully restore the value of code 77418 for intensity-modulated radiation therapy.
- ◆ Medicare will phase in over two years a reduction in reimbursement for scans of contiguous body parts. The reduction had been proposed for immediate implementation.
- ◆ Medicare will delay by one year the incorporation of nuclear medicine as a Designated Health Service under Stark. This measure also had been previously proposed for immediate implementation.
- ◆ Medicare is retaining the in-office ancillary service exception to Stark in order to maintain patient access to integrated diagnostic and treatment services in community-based facilities.

Source: US Oncology's LegisLink Action Center at www.legislink.com. Accessed Nov. 8, 2005. For more information about the Medicare Physician Fee Schedule, go to www.cms.hhs.gov/physicians/pfs

CMS to Reduce Payments for Radiation Oncology by 5 Percent for 2006

CMS notified the public in the 2006 Medicare Fee Schedule Final Rule that they would not be implementing their proposal from earlier this year to update their data with current data from practice expense supplemental surveys performed by many specialty societies. The American Society for Therapeutic Radiology and

Oncology (ASTRO) is very disappointed by this decision. Radiation oncologists can now expect approximately an average 5 percent reduction in Medicare reimbursement for 2006. ASTRO plans to work with CMS in the hope of correcting this problem for 2007.



Contact Congress about Proposed Medicare Cut

In less than 30 days, the 2006 Medicare physician fee schedule will be in effect - cutting reimbursement for all physicians by 4.4 percent. Please use this toll-free number, 1-866-899-4088, to call your Senators and Representatives and ask for help. Remind members of your Congressional delegation that Congress must take action before January 1, 2006, to prevent the Medicare physician payment cuts. Tell your legislator how the cuts will affect your practice, including your ability to invest in new life-saving equipment and technologies needed to treat Medicare patients with cancer.

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93rd Annual Scientific Meeting**

**April 21 - 23, 2006
Hilton Austin Hotel
Austin Convention Center
Austin, TX**

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