Dear colleagues,

As a breast imager, the month of October can be quite busy with women deciding it’s time for their annual screening, or women who decide to do a breast exam and discover a lump. This year, an overwhelming number of patients have asked about my recommendation of how often they should get a mammogram. Patients and referring physicians seem to be lost in the clamor of guidelines being published. So, what is our role as radiologists? How do we help our referring physicians and our patients?

Breast cancer is the second leading cause of cancer death in women. The American Cancer Society (ACS) has new recommendations and it is important we understand and know these recommendations. The ACS does advocate that women at the age of 40 could start screening, “if they want to.” They further state that at age 55, the patient, “should switch to mammograms every 2 years, or can continue yearly screening.” And, “Regular screenings should continue as long as a woman is in good health and is expected to live 10 more years or longer.”

We must remember at all times to treat the patient and use the recommendations as guidelines. There are studies that demonstrate notable reductions in mortality such as (J Natl Cancer Inst Monogr. 1997;(22):87-92.), which shows an 18-20% decrease in mortality in the 40-49 year old age group with annual screening. In addition, the Swedish Two-County Trial shows up to 36% reduction in mortality of all screened.

Concerns about screening in the 40-49 year old age group comes from the increased number of false-positives in the younger group vs. the over 50 group. So simply, our patients must be informed of the risks and benefits. As stated in the Journal of Women’s Health (J Women’s Health (Larchmt). 2009; 18(9):1403-1412). “Decisions about mammography should involve discussion of risks, benefits, uncertainties, alternatives, and patient preferences” I have found that most patients are more than willing to risk the false positive diagnosis rather than risk not finding an early cancer.

As far as the recommendations from the ACS and the US Preventative Services Task Force (USPSTF) in regards to breasts exams, this goes against every fiber of our osteopathic training. We can only continue to promote body awareness and full clinical exams as a judicious practice in caring for our patients. The National Comprehensive Cancer Network (NCCN) recommends: “breast awareness,” and indicates periodic consistent Breast Self-Exam (BSE) may facilitate this awareness. The basis for the argument against a breast exam does not appear to exist. There is simply no reason not to touch our patients. Our referring clinicians should feel the same way.

Furthermore, the US Preventative Services Task Force (USPSTF) newly proposed recommendations would limit access to lifesaving mammography exams for women ages 40-49. I encourage each one of you to contact your members of Congress (202-224-3121) to urge them to co-sponsor and pass the Protection Access to Lifesaving Screenings (PALS) Act. This will place a two-year moratorium on implementing the USPSTF breast cancer screening recommendations.

So, bottom line is we have to take care of the patient, and know our supporting literature. Each patient deserves our time and attention and knowledge, whether we are reading a CT, MRI, US, etc. or performing a procedure. We need to continue to promote the care of the whole patient. After all, we are at our core, osteopathic physicians.

Michelle C. Walters, DO, FAOCR
Emergency Radiology: In This Issue

The issue opens with the important topic of child abuse cogently discussed by Dr. Einat Blumfield. Although not common, but unfortunately ubiquitous, this subject is on the mind of everyone involved with pediatric patients, and emergency radiologists are no exception. A hot topic of radiation reduction and the quest for alternative imaging modalities is succinctly presented in a review of the evaluation of abdominal pain in the pregnant patient, with emphasis on MRI, by Drs. Leonora Mui, Hwayoung Lee and Reena Malhotra. Continuing the MRI theme, Dr. Allison Grayev skillfully illustrates the deciphering of spinal cord signal abnormalities in a case report. The diagnostic dilemma of a cavitary lung mass is thoroughly evaluated in another case report by Drs. Alan Legasto and Stephen Waite. As symptoms related to the right upper quadrant may indicate various causes of acute abdominal pathology, Drs. Raphaella da Silva and Tony Abraham provide an engaging Viewbox case demonstrating the role of nuclear medicine in the imaging of acute acalculous cholecystitis. In addition, with the rising “epidemic” of diabetes, a rare but significant occurrence of necrotizing fasciitis and osteomyelitis of the foot can be seen in a fascinating case provided by Dr. Yudell Edelstein. Finally, an interesting case of AIDS enteritis is presented and discussed by Dr. Eric Newman.

Click to read this issue.

JAOCR - Did You Know?

- The Journal is a great way to earn SAM Credit (required for AOCR OCC) & Category 1-B CME
- Convenience - Credits can be earned online at your convenience
- Availability - At any given time there are six (6) SAM credits available at your fingertips
- Quick Certificate - Your certificate of CME Credit is available as soon as you pass the quiz
- Authors earn Category 1-B CME credit for participation
- Access to Journal reading and SAM Quizzes is FREE to AOCR Members

AOA Launches “Doctors That DO” Awareness Campaign

In an effort to educate the general public on osteopathic physicians, the AOA has launched the “Doctors that DO” awareness campaign. A website has been developed to provide helpful information to explain the “DO Difference.” In addition, advertisements such as this will be displayed in print and digital format in prominent magazines such as People, Essence, Men’s Health, WebMD.com and more.
This course provided critical information for radiologists who interpret breast imaging as well as breast imaging specialists. Content included new technological advances and interventional procedures in the management of breast diseases.

A special thank you goes out to all faculty, staff and attendees who made the 2015 Mid Year Conference a success. In addition, we thank Program Chair, Michelle Walters, DO, FAOCR, for organizing an excellent program. Faculty members are pictured below.

Our workshop was a huge success thanks to the generosity of equipment providers: Siemens (represented by Mary Pat DeWitt), Hitachi Aloka, Medical America, Inc. (represented by Andrew LeFerre), and Mammatome (represented by Dan Schill).
AOCR Resident Distance Learning Lecture Series

The resident distance learning lecture series is designed to be presented in a case conference/board review format and is presented via live webinar to over 100 osteopathic residents, students, and attendings from AOA and ACGME programs. The series offers nine (9) 1-hour lectures annually and are all free of charge to AOCR student and resident members, thanks to sponsorship by the AOCR Education Foundation. Specific lecture dates will be available on the Resident Lecture Series Page on the AOCR website as they become available.

In addition to being available in a live webinar format, some lectures are available on the AOCR’s YouTube Channel. This allows residents & students to access lectures at their convenience.

What Residents Are Saying About the Lecture Series

“Excellent presentation. We enjoyed your passion for radiology and teaching. Thank you for all of your examples and tricks to help remember lesions. Thank you.”
- McLaren-Oakland Resident

“Great quality cases and concise.”
- Grandview Resident

“Very educational and well-organized presentation!”
- Larkin Resident

“Excellent, really enjoyed this lecture. Reasonable amount of material for the allotted amount of time. Lecturer was a dynamic speaker with good cases!”
- DMC/Huron Valley Resident

“This was great, keep the presentations coming!”
- Garden City Resident

Resident & Fellow Section

This month we were pleased to launch our new Resident & Fellow Section on the AOCR website. Our goal is to provide helpful information regarding residency training, fellowship training as well as information to assist in preparing for post-training life. All student, intern, resident and fellow members were notified of this launch via email earlier this month. We ask that those members view this information and provide us with feedback so that we may provide the most useful information possible.

In addition to this new section, we have launched a discussion board in order to allow communication between those in fellowship training, residency training, medical school and AOCR leadership. We encourage these members to utilize this platform for discussing important issues or asking questions regarding training or life after training.

Please note that this area is open only to in-training members as well as those in medical school. If any member outside of these categories is interested in providing helpful information to this section they are encouraged to contact AOCR staff to discuss.

Have you renewed your membership?

Members who have not renewed by November 30 will find their accounts inactivated. Call now to renew your membership!

Phone
800-258-2627
CME Guide


AOA Requirements Per Three-Year Cycle
See the AOA CME Guide for the most recent guidelines.

- 150 Credits to receive a Certificate of Excellence in CME
- 120 Total credits required for certification
- 50 Credits must be in radiology and maybe obtained in any category
- 30 Credits must be Category 1-A

Physicians entering the program mid cycle will have their credit requirements prorated

AOCR Requirements Per Cycle
Active and Associate members who are subject to the Continuing Medical Education (CME) requirements of the AOA shall maintain the required 120 hours during a designated three (3) year period, of which a minimum of 25 hours shall be AOCR sponsored CME activities in Category 1-A. Life, Retired/Active and Retired/Associate members shall be exempt from AOCR CME requirements.

State License Renewal Requirements
State requirements vary and do not always concur with the AOA CME Cycle. Click here to see the most recent AOA document listing requirements for each state.

AOBR OCC Requirements
AOBR Time-Limited diplomates must meet the AOA CME requirements as they have been required in the past. However, within OCC, more specific types of CME will be required. To view requirements visit www.aobr.org. Please check your OCC Report on the AOA website prior to December 31 to ensure accuracy.

AOCR CME Credit Reporting Notice
All credits that you earn from AOCR sponsored CME activities are submitted directly to the AOA on your behalf. Please check your AOA CME Activity Report prior to December 31 to ensure that all of your credits appear on your report.

Updates for the General Radiologist
April 18-22, 2016

Join us for our 75th Anniversary CME Meeting at the Four Seasons Hotel in Austin, Texas!

Our 75th Anniversary meeting has been structured to provide state of the art clinically relevant updates in several crucial areas of radiology. Major emphasis will be placed on traditional and advanced musculoskeletal MRI, neuroradiology, interventional radiology, as well as quality/regulatory issues as they pertain to the successful practice of radiology in 2016 and beyond.

This course will offer 32 Category 1-A / 32 AMA PRA Category 1 Credits™ as well as 2 SAM credits qualified by the AOB to fulfill OCC requirements.

Complete course information can be found on the AOCR website.
## Important OCC Info

If you have a 10-year time-limited AOBR certification (Primary or Subspecialty) you are required to enroll and comply with OCC in order to maintain your board certification. Non-compliance with any of the requirements may result in loss of your board certification.

**Don’t Forget to Pay Your OCC Annual Fee!**

*Click here for more information on OCC Requirements*

## Interested in becoming involved in the AOBR?

The AOBR is looking for motivated board certified physicians to become involved and assist in exam development. There are different involvement levels available that are sure to fit any lifestyle. Visit [www.aobr.org](http://www.aobr.org) under the “Becoming Involved” section. This is a great opportunity to earn 1-2 CME credit and network with other board certified physicians!

## 2015-2016 Exam Schedule

<table>
<thead>
<tr>
<th>Exam</th>
<th>Date</th>
<th>Location</th>
<th>Application Deadline*</th>
<th>Fee Deadline**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation Oncology Oral Exam</td>
<td>May 12-14, 2016</td>
<td>Rosemont, IL</td>
<td>Dec. 1, 2015</td>
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<tr>
<td>OCC for Primary and Subspecialty (CAQ) Certification***</td>
<td>May 12-14, 2016</td>
<td>Rosemont, IL</td>
<td>Feb. 1, 2016</td>
<td>Feb. 1, 2016</td>
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<tr>
<td>Part I—Physics Written Exam</td>
<td>September 17, 2016</td>
<td>Chicago, IL</td>
<td>July 1, 2016</td>
<td>Feb. 1, 2016</td>
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<tr>
<td>Part II—Diagnostic Imaging Written Exam</td>
<td>September 17, 2016</td>
<td>Chicago, IL</td>
<td>July 1, 2016</td>
<td></td>
</tr>
<tr>
<td>OCC for Primary and Subspecialty (CAQ) Certification***</td>
<td>September 17, 2016</td>
<td>Chicago, IL</td>
<td>July 1, 2016</td>
<td>July 1, 2016</td>
</tr>
<tr>
<td>Subspecialty (CAQ) Exam</td>
<td>September 17, 2016</td>
<td>Chicago, IL</td>
<td>July 1, 2016</td>
<td>July 1, 2016</td>
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</tbody>
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* Exam Applications can be found at [www.aobr.org](http://www.aobr.org)

**Exam Fees can be paid via credit card online, sending a check to the AOBR office or by phone at 312-202-8072 with a credit card.

***In order to register for the OCC exams, diplomates must be enrolled in OCC and all fees must be current.

****This is an OCC requirement. Non-compliance with any of the OCC requirements may result in loss of your board certification.
AOCR Education Foundation

The AOCR is grateful to the following members who have contributed to the AOCR Education Foundation from July 23, 2015 through December 2, 2015. The listing reflects the donor’s lifetime contributions. A full listing of foundation contributors can be found on the AOCR website.

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  - Jessica Winkler, DO

Upcoming CME Courses

**Radiology in the Dark**
Les Folio, DO, Program Chair
25 Category 1-A CME Credits
September 15-18, 2016
Nashville, Tennessee

**Radiology Made Ridiculously Simple**
Philip Orons, DO, Program Chair
30 Category 1-A CME Credits
April 3-7, 2017
Las Vegas, Nevada

2015 EDUCATION FOUNDATION ACTIVITIES

- November Resident Lecture: Focused Specialty Review: Interventional Radiology - Presented by David Isaacs, DO
- October Resident Lecture: Focused Specialty Review: Neuroimaging - Presented by Eric Biondo-Savin, DO
- September Resident Lecture: Focused Specialty Review: Cardiovascular CT - Presented by Joaquin Lacomis, MD
- August Resident Lecture: Focused Specialty Review: Women’s Imaging - Presented by Maria Anello, DO
- July Resident Lecture: Focused Specialty Review: Thyroid Ultrasound - Presented by Lynwood Hammers, DO
- May Resident Lecture: Focused Specialty Review: MSK - Presented by Paul Wasserman, DO
- April Resident Lecture: Focused Specialty Review: Pediatrics - Presented by Cody Young, DO
- March Resident Lecture: Focused Specialty Review: Nuclear Medicine - Presented by Daniel Wale, DO
- January Resident Lecture: Focused Specialty Review: GI/GI - Presented by Jill Wruble, DO
- Educational Grant: Botsford Oral Board Review
- Educational Grant: COBE Project - AOBR
- Educational Grant: AOCR Annual & Mid Year CME Activities
- Educational Grant: Journal of the AOCR (JAOCR)

The AOCR Education Foundation takes pride in supporting the educational efforts of the AOCR. Your contributions enable us to continue to support our projects and begin new endeavors. Donations can be made online at [www.aocr.org](http://www.aocr.org).