Our Mid Year Conference in Rosemont, Ill., (Chicago) “Current Trends in IR: A Primer for Diagnostic Radiologists” on Sept. 23-25, was an outstanding success. Special thanks are due to Program Chair Clayton Trimmer, DO, and his entire faculty. As always, thanks to the AOCR’s Rhonda Boehner, assistant executive director, and Jessica Roberts, communications director, and all the AOCR staff who are the coordinators behind the scenes that enable all these meetings. Trials of an audience response system and a webinar (for 1-A CME credit) were new for this meeting. With just a little polishing, they will bring added value to our members in future meetings.

Our 2012 Annual Convention Program “Advanced Body Imaging: Including CT, MR, US, and MSK” will be held at The Palazzo® Resort-Hotel-Casino in Las Vegas. Paul Willman, DO, has an excellent slate of speakers. Please plan to attend.

AOCR President-elect Frederick White, DO, and Pam Smith, executive director, participated in the 2011 Intersociety Conference held in Sundance, Utah. Established by the American College of Radiology (ACR) in 1979, the annual Intersociety Conference is intended to promote collegiality within radiology, foster and encourage communication among national radiology societies, and make recommendations on areas of concern. The AOCR is a subspecialty voting/contributing member of the ACR. This meeting focused on optimizing the structure and function of the 50+ radiological societies – a unified strategic plan. Gerald Dodd III, MD, was the program chair for the conference and in his summary he identified health care reform fall-out including:

- Radiology offices and independent diagnostic testing facilities will close
- Increasing case volume will go to hospitals
- The population will age and require more care
- Per-service reimbursement will continue to erode
- New payment systems could marginalize radiologists

The radiology reaction to health care reform:
- Superb clinical service equals added value
- Build value of outside “reads”
- Active department management
- Active participation in hospital management
- Utilization of radiological data for hospital gain: critical to diagnosis, triage, decision support and outcomes, and data drives efficiency for the entire enterprise.

In a primary care driven model, the imaging specialist is a key educator of the provider and a key connector to appropriate specialists when one is needed -- the integrator in the continuum of care.

At the conclusion of the conference, the goal was to form three task forces - (1) education, (2) research and (3) socioeconomic. These task forces were charged to execute action items of the intersociety conference work groups and deliver their reports at the next Intersociety Conference.

The AOCR is actively involved in the AOA with many members serving within the organization. This includes Michael A. Cawthon, DO, Frederick E. White, DO, and Mark A. Baker, DO. Dr. Cawthon served as the vice chair of the Program and Trainee Review Council (PTRC) last year and continues to serve as a member this year. Dr. Cawthon is well suited as he has been a residency program director in the army and has led the AOCR’s Committee on Evaluation and Educational Standards for 11 years, eight years serving as chair. The PTRC develops training guidelines for all osteopathic specialties. Dr. White was recently appointed to the Bureau of Osteopathic Education (BOE). The BOE reviews the actions and policies of the Council on Continuing Medical Education and the Council on Osteopathic Postdoctoral Training and its subordinated councils – the Council on Osteopathic Postdoctoral Training Institutions and the PTRC. Dr. Baker serves as a member of the AOA board of trustees and as chair of the Department of Business Affairs.

These doctors are among the many volunteers that serve our profession. We have many challenges ahead of us as we prepare to train new DOs in an environment of decreasing resources for graduate medical education. It will take the combined inspiration and efforts of all of us to meet these challenges.

I thank all of you for your active participation in the AOCR. We are a family, and every family member is important. Please share with the AOCR your time, talent and treasure. Be active members of the AOCR, AOA and ACR. Give generously to their PACS.
AOCR CME Requirements

Per the AOCR Bylaws, “Active, Associate and Candidate 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.”

AOBR Examination Schedule

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<td>DIAGNOSTIC RADIOLOGY WRITTEN EXAM</td>
<td>September 22-23, 2012</td>
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<td>Part I - Physics (Sunday)</td>
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MISSION STATEMENT
The AOCR is committed to representing and advocating the interest of osteopathic radiologists.

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erin@aocr.org
jessica@aocr.org

VIEWBOX has a new website!
The AOCR staff has been diligently working to create a new interactive website. Please take a moment to visit and enjoy the new www.aocr.org.

With the new website, the AOCR has also added a new database. This database will allow members and staff to better coordinate and track activities within the AOCR. Members will be able to register for CME Activities and pay dues online as well as track all transactions through their member portal.

If you would like assistance with the new website or have comments/suggestions, please contact Jessica Roberts at 800-258-2627 or jessica@aocr.org.

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Annual Reports

Dates listed on the report form must match your contract dates exactly (mm/dd/yyyy-mm/dd/yyyy). All reports must have the correct training dates before they can be considered for approval. Please note that all documentation for residents completing residency training on June 30 should be submitted by July 1.

All fourth-year residents must submit a certificate of completion with their annual reports. The final year of training will not be considered for approval without a copy of the certificate of completion.

The forms are available from your program director or at www.aocr.org.

Subspecialty Training

If you have completed subspecialty training, you may receive AOA approval of your training and subsequently apply to sit for the AOBR certificate of added qualifications (CAQ) examination. To receive AOA approval of your subspecialty training, complete and submit a form titled “Approval of ACGME or Federal Residency Training” which is available on the AOA website.

Resident Representatives

We would like to thank the following residents who are serving on AOCR committees.

Dimitry Hikin, DO
Committee on Strategic Planning

Stephen M. Belcher, DO
Membership Committee

Alexis M. Smith, DO
Committee on Governmental Affairs

Alexander Elhilal, DO
Committee on Evaluation and Educational Standards

James A. K. Peterson, DO
Resident Lecture Committee

AOCR Contributes to National Osteopathic Advocacy Center

The AOCR joined a specialty coalition of eight osteopathic societies in contributing to and naming a conference room of the National Osteopathic Advocacy Center (NOAC) in Washington, D.C.

The “Osteopathic Specialty Society Conference Room” will be available for use by the AOCR and other specialty societies. Each member of the specialty coalition gave a donation and will be featured on a plaque in the conference room.

The NOAC is meant to be the osteopathic medical profession’s home in our nation’s capital and a testament to osteopathic advocacy. The NOAC will feature conference rooms and offices for visiting DOs and AOA staff. It will also have an OMT Room for the use and promotion of Osteopathic Manipulative Treatment.

The NOAC has received a total of $309,500 to date. AOA board of trustee member and AOCR member Mark A. Baker, DO, presented the donation on behalf of the AOCR.

Specialty Coalition

American College of Osteopathic Internists
American College of Osteopathic Obstetricians & Gynecologists
American College of Osteopathic Surgeons
American Osteopathic Association of Medical Informatics
American Osteopathic Academy of Orthopedics
American Osteopathic College of Anesthesiology
American Osteopathic College of Radiology
American Osteopathic Colleges of Ophthalmology and Otolaryngology Head and Neck Surgery

Pictured from left to right Ray Morrison, DO, FACOS, ACOS Governor and AOA Vice Speaker; Mark A. Baker, DO, American Osteopathic College of Radiology and AOA Trustee; Martin S. Levine, DO, AOA President; Joe Kuchinski, DO, American College of Osteopathic Emergency Physicians; and Teresa Hubka, DO, President, American College of Osteopathic Obstetricians and Gynecologists
AOCR Launches Online Radiology Journal

William T. O’Brien, Sr., D.O.
JAOCR Editor-in-Chief

Beginning January 2012, the AOCR will be launching its own online radiology journal – the “Journal of the American Osteopathic College of Radiology (JAOCR).” The aim of the journal is to provide timely educational reviews of critical topics in radiology for staff radiologists and radiology trainees.

The journal will be published quarterly with each issue covering a specific radiology subspecialty. The 10 subspecialty issues include neuroimaging, musculoskeletal imaging, chest and cardiac imaging, gastrointestinal imaging, genitourinary imaging, pediatric imaging, breast imaging, ultrasound imaging, vascular and interventional radiology, and nuclear medicine. Each issue will consist of 2-3 review articles, 2-3 case reports, and 2-3 interesting images with a caption in a section referred to as “At the Viewbox.”

A guest editor will be invited for each issue based upon recommendations from the Editorial Committee and board of directors. The guest editors will recruit prospective authors within their field and edit their work. Although articles are invited, they are subject to peer review and final acceptance by the editorial staff. This process will help ensure the highest possible quality of articles for the JAOCR.

Members interested in serving as guest editor or contributing articles within a given subspecialty should contact Ms. Jessica Roberts, AOCR communications director, at jessica@aocr.org. Although several issues are currently underway, interested authors and editors will be considered for subsequent issues.

The journal will afford a great opportunity to showcase the talent and expertise throughout the AOCR. It is our hope that the launch of the inaugural issue in January 2012 will just be the beginning of a long and successful run for the JAOCR.

2012 Dr. Floyd J. Trenery Memorial Medal to be Presented to Mark S. Finkelstein, DO, FAOCR

Mark S. Finkelstein, DO, FAOCR, has been chosen to receive the 2012 Dr. Floyd J. Trenery Memorial Medal. The award will be presented during the 2012 Awards Ceremony at the Palazzo® Resort-Hotel-Casino, in Las Vegas on April 25, 2012.

Dr. Finkelstein attended the Philadelphia College of Osteopathic Medicine, graduating in 1980. He completed his internship at Southeastern Medical Center in North Miami Beach, Fla., in 1981 and radiology residency at Philadelphia College of Osteopathic Medicine in Philadelphia, Pa., in 1984. He then completed a pediatric radiology fellowship at The Children’s Hospital of Philadelphia in 1986.

Dr. Finkelstein is the clinical associate professor of radiology at Thomas Jefferson University, Jefferson Medical College in Philadelphia and clinical assistant professor of radiology at Nova Southeastern University College of Osteopathic Medicine in Ft. Lauderdale, Fla. Dr. Finkelstein began his career at Alfred I. duPont Hospital for Children in Wilmington, Del., where he has been the division chief of pediatric interventional radiology since 2006.

As a renowned pediatric radiologist, researcher, educator, and author, Dr. Finkelstein has received many awards including the presidential commendation, Distinguished Physicians in America and Top Docs in field of “Pediatric Radiology." He has published numerous articles and abstracts, and presented many exhibits and lectures at the AOCR Annual Meetings as well as other conferences. Dr. Finkelstein has also received several grants for research in pediatric imaging.

Dr. Finkelstein was certified in radiology by the AOBR in 1987. He received a certificate of added qualifications in pediatric radiology from the AOBR in 1995. Dr. Finkelstein became an Active Member of AOCR in 1987. He has served on many AOCR committees and was program chair of the 1993 Mid Year Conference and 1998 Annual Meeting. He also served as a member of the American Osteopathic Board of Radiology from 1999-2008, serving as secretary/treasurer from 2001-2005, vice chair from 2005-2006 and chair from 2006-2008. He was the AOBR representative to the AOA Bureau of Osteopathic Specialists from 2002-2005. Dr. Finkelstein was awarded the title of Fellow of the AOCR in 1997.

The Dr. Floyd J. Trenery Memorial Medal is one of the highest honors given to a member of the AOCR. The medal is given to a member who has been directly involved with the AOCR didactic program and who is well respected by his or her peers.

2012 Dr. Floyd J. Trenery Memorial Medal to be Presented to Mark S. Finkelstein, DO, FAOCR
Proposed ACGME Policy May Limit DO Access to ACGME Training

ACGME has proposed policy changes that could be detrimental to the osteopathic profession and could greatly affect the future of osteopathic graduate medical education. AOCR members have been petitioned to voice their opposition to ACGME and to solicit support from the allopathic educational community. Through AOA's leadership and the coordinated efforts of the osteopathic community, we hope to stop the implementation of the proposed changes.

The AOCR became aware of the policy changes and faculty discrimination after receiving information from AOCR members in ACGME faculty positions who were being told their AOBFR certification was unacceptable even after serving in the faculty position for a number of years. This information was given to the AOA at which time COPT Chair Michael Opipari, DO, sent a letter to Thomas Nasca, MD, CEO of the ACGME, requesting cessation of the unusual application of the ACGME faculty credentialing in radiology, general surgery and psychiatry. The AOA received no response.

In September, the AOCR sent emails to all members serving in ACGME faculty positions asking if they had experienced similar issues regarding their AOBFR certification. The AOCR received a variety of responses. Some members had been having issues, while others had not. AOCR Executive Director Pam Smith continued to monitor the situation and sent the responses and other important information to the AOA.

In October, AOA President Martin Levine, DO, wrote a letter to Dr. Nasca requesting a meeting to discuss the faculty credentialing and the proposed policy revisions. Dr. Nasca declined the meeting but encouraged the submission of public comment. The AOCR responded by sending emails to all members who were serving in ACGME faculty positions and members who had completed an ACGME residency or fellowship. Members were asked to contact their current and/or former ACGME program directors and encourage them to comment on the policy revisions by the Nov. 23 deadline. At that time, the AOCR believed only ACGME program directors were allowed to comment on the policy revisions.

On Nov. 10, the AOCR joined 21 other osteopathic organizations in a joint letter to Timothy Flynn, MD, chair of the ACGME board of directors, which requested the withdrawal of the policy changes. John Crosby, JD, and Stephen C. Shannon, DO, MPH, AACOM CEO and president, also submitted a letter to Dr. Flynn requesting the policy revisions be withdrawn. The letters were submitted to Dr. Flynn before the ACGME board of directors meeting in hopes the policy revisions would be withdrawn during the meeting but this did not materialize because of due process.

The AOCR continued to receive copies of strong responses directed to ACGME opposing the policy revisions from a variety of sources. In November, the AOCR received information that anyone could submit comments to ACGME. A notification was sent to all AOCR members informing them of the revisions and asking them to send comments. The email spread throughout the medical community and the AOCR continued to receive copies of responses strongly opposing the revisions. The AOCR received multiple comments, emails and phone calls from ACGME program directors and faculty, both DOs and MDs, from many different physicians including those in radiology, emergency medicine, and family practice, and from many different osteopathic and allopathic organizations opposing the proposed changes.

On Nov. 17, AOCR President George E. Erbacher, DO, submitted comments to ACGME on behalf of the AOCR and AOBFR Chair Patrick F. Para, DO, submitted comments on behalf of the AOBFR. The comments strongly opposed the policy changes and encouraged ACGME to consider the implications of the policy.

Pam Smith continued to work diligently to notify organizations and people in a position to help stop this detrimental policy. AOCR President-elect Frederick E. White, DO, discussed the issue directly with John A. Patti, MD, chair of the ACR Board of Chancellors. At Dr. Patti’s request, Pam sent information to ACR CEO Harvey Neiman and Assistant Executive Director Pamela Wilcox.

On the last day of the comment period, Nov. 23, the AOCR joined other specialty colleges in another joint letter to the ACGME focusing just on the policy revisions that limit DO access to training programs. The AOA also submitted another letter which specifically addressed the ACGME impact statement.

Moving Forward

Any comments received by ACGME in response to the proposed rule will be forwarded to its Council of Review Committee for consideration. This Council will decide whether to make any amendments to the proposed rule and act upon them at their meeting in February. The amended rule will be forwarded to the Committee on Requirements, which will next meet in June. At that time a public hearing will be held at which AOA, AACOM and others will be permitted to submit additional testimony before the Committee takes final action.

The AOCR would like to thank everyone who submitted comments for their time and effort. We received a very strong response from our members and other organizations. The AOCR is continuing to closely monitor the situation. As the policy moves forward, any information or required actions will be sent to the AOCR membership.
ACGME has published two new proposed Common Program Requirements impacting eligibility to enter ACGME training, which are listed below:

III.A.2. Prerequisite clinical education for entry into ACGME-accredited residency programs must be accomplished in ACGME-accredited residency programs or Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited residency programs located in Canada.

III.A.3.a Prerequisite clinical education for entry into ACGME-accredited fellowship programs must be accomplished in ACGME-accredited residency programs or RCPSC-accredited residency programs located in Canada.

ACGME program directors wish to select the best candidates, be they U.S. MDs, U.S. DOs, or international medical graduates. This rule places a barrier on the selection process without credible research evidence to support the restriction. While hundreds of osteopathic physicians have transferred to ACGME programs after their initial years of training and others have advanced to fellowship training, we are not aware of any evidence of inadequate training within OGME programs. In fact, evidence suggests otherwise. ACGME program directors continue to seek out residents and fellows from AOA-approved training programs, and in fact, it was ACGME program directors who called our attention to the proposed policies because they are appalled by them.

The prerequisites for success in residency training, and the qualities that residents bring to a program, should be determined by the individual specialties and their program directors. They know best their trainees’ and programs’ needs – and will bear the responsibility for supervising the residents and fellows they select. The current system allows programs and program directors the ability to select the residents they believe to be best able to succeed. The ACGME’s proposed rules would take those decisions and judgments out of the program directors’ hands on the basis of an arbitrary distinction, which could hurt the quality of programs.

Information for Students and Residents

Students and residents who would like more information about how the policy changes will affect their future osteopathic career can visit the AOA website at http://bit.ly/uToR7C.

We are also concerned with the change in interpretation of an existing policy which defines acceptable credentials for core faculty (common standards excerpted from the ACGME Diagnostic Radiology Standards):

Qualifications for the Program Director

II.A.3.b Current certification in the specialty by the American Board of Radiology, or specialty qualifications that are judged to be acceptable by the Review Committee; and,

Qualifications for Faculty

II.B.2 The physician faculty must have current certification in the specialty by the American Board of Radiology, or possess qualifications judged to be acceptable by the Review Committee.

The language has given discretionary authority to the Residency Review Committees to determine acceptable equivalents to American Board of Medical Specialties (ABMS) certification. Most, although not all, recognized American Osteopathic Association (AOA) certification as acceptable. That appears to have changed. Recently, several specialties that previously accepted AOA certification are changing their rules and enforcement decisions to prohibit AOA-certified physicians from participating as faculty. Moreover, the change in policy appears to be without justification. In health care, where decisions are increasingly data-driven, we are aware of no evidence that suggests that AOA certification is not equivalent to ABMS certification or that AOA certification is linked with inferior ability to serve as faculty. In fact, AOA certification is recognized fully by governmental and private agencies throughout the United States. OGME programs, their graduates, and AOA certification are treated equally to those of the ACGME by U.S. agencies including the Centers for Medicare and Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), the Veterans Administration (VA), and the armed services. Similarly, the Joint Commission, payors, state agencies, hospital staff credentialing systems, licensing bodies, and others do not distinguish between these two pathways for physician specialty training or certification. We believe the change in application of an existing ACGME policy on faculty credentials is inappropriate and unwarranted.

Excerpts taken from AOA letter to ACGME dated Nov. 10
Carol Houston Helps Rebuild Joplin

On Oct. 23-27, 2011, Carol Houston, director of membership and postdoctoral training, travelled to Joplin, Mo., to join ABC’s “Extreme Makeover: Home Edition” team as one of 10,000 volunteers as they took on their biggest project - building seven homes in seven days.

On May 22, 2011, a devastating tornado ripped through Joplin. The tornado escalated to an EF5 multi-vortex tornado at St. John’s Regional Medical Center and is reported to have been one mile wide at its widest point and travelled for approximately 22 miles through Joplin destroying nearly 8,000 homes and killing 160 people.

The new homes were built in a subdivision just blocks from the St. John’s Regional Medical Center, so Carol stopped in to see one of our radiologists, Lance Borup, DO, and get a tour of the temporary hospital. Dr. Borup stated that the hospital will be moving to more permanent type of mobile units by early spring while a new hospital is being constructed at a new site.

Carol laid sod, swept streets, cleaned up debris, moved in furniture, and visited with one of the families during the taping of “move that bus.” She stated, “While it was exciting to be a part of something so big, it was also humbling to realize that this was so small in relation to the needs in Joplin.” What took minutes for a tornado to destroy is going to take years to rebuild. It was a very emotional experience to realize that the seven families chosen to receive homes were just a sampling of the losses suffered by the people of Joplin. To read the stories of the seven families you can visit http://www.joinextreme.com/joplinmofamily. The episode aired on Jan. 13, 2012, as the 200th and final episode of “Extreme Makeover: Home Edition.”

New Members

The AOCR congratulates members who were elected to membership or elevated to a new level. We welcome the following:

ACTIVE MEMBERS
Dmitri Segal, DO

ASSOCIATE MEMBERS
Andres Abreu, DO

CANDIDATE MEMBERS
Rockford Adkins III, DO
Meghan Allman, DO
Katia Asali, DO
Anna Babayan, DO
Louis Bailey, DO
Brigitte Berryhill, DO
Cody Christensen, DO
Leah Davis, DO
Kyle Flowers, DO
Samuel Frost, DO
Erin Horsley, DO
Brian Keehn, DO
Cory Lewis, DO
Heather Mosca, DO
Sagar Patel DO
Baldassar Pipitone, DO
Benjamin Pruett, DO
Surinder Rai, DO
Tyler Rummel, DO
Christopher Ryen, DO

Nirav Shelat, DO
Nicholas Starkey, DO
Paul Tung, DO
Donald von Borstel, DO
Stefanie Woodard, DO
Joshua Zawacki, DO

STUDENT/INTERN MEMBERS
Tom Tai-An Chen, DO
Patrick Craig
Valerie Drabina-Dombrowski
Juliann Giese
Allen Heeger
Jeremie Karsenti
Alex Kelley
Jessica Kim
Frank Migliore
Katie Miller
Nicholas Silvester
Elijah Trout, DO
Philip Walker

2011 Intersociety Conference

President-elect Frederick E. White, DO, and Executive Director Pam Smith attended the 2011 ACR Intersociety Conference in Sundance, Utah. The intent of the conference is to promote collegiality within radiology, foster and encourage communication among national radiology societies, and make recommendations on areas of concern. This year the meeting focused on creating a unified strategic plan.
**Image Gently® and Society of Nuclear Medicine Launch “Go With the Guidelines” Pediatric Nuclear Medicine Campaign to “Child-Size” Radiopharmaceutical Dose**

Image Gently® and the Society of Nuclear Medicine (SNM) have unveiled the “Go With the Guidelines” awareness campaign, encouraging community hospitals, academic hospitals and clinics to observe new guidelines on radiopharmaceutical dose for pediatric patients. To foster awareness, Image Gently and SNM are distributing thousands of 11x14-inch posters that remind medical practitioners to use these new guidelines for 11 frequently performed imaging studies in children. Posters are provided at no cost and can be found inside medical imaging journals beginning fall 2011. The poster can be downloaded now from the Image Gently website (www.imagegently.org).

“The new poster and the pediatric-specific protocols should be helpful in reducing dose in hospitals and clinics, especially among facilities that perform limited numbers of nuclear medicine procedures in children,” said Michael J. Gelfand, MD, past president of SNM and chief of nuclear medicine at Cincinnati Children’s Hospital. A companion Image Gently/SNM publication, “What You Should Know About Pediatric Nuclear Medicine and Radiation Safety,” can help families gain a better understanding of the complex factors involved in providing safe, effective nuclear medicine exams to children.

“These radiopharmaceutical dose recommendations, calculated on a ‘straight’ weight basis, have been tested in children’s hospitals and are compatible with high-quality imaging and further dose reduction in the first decades of life,” Gelfand said. “These recommendations will be of value to community hospitals, academic hospitals and clinics.”

Standardization helps ensure that “all pediatric nuclear medicine providers consistently get quality medical images while using only the smallest amount of radiation needed,” noted S. Ted Treves, MD, strategy leader of the Image Gently/SNM initiative and chief of Nuclear Medicine and Molecular Imaging at Children’s Hospital Boston. “Since adoption of these new guidelines, children’s and academic hospitals have reported high-quality imaging with low patient dose.”

Following a series of symposia capped by an April 2010 consensus workshop, in August 2010, the SNM and SPR board of directors approved the North American Consensus Guidelines for Administered Radiopharmaceutical Activities in Children and Adolescents, and the ACR is incorporating these guidelines as well. In February 2011, the JNM published these guidelines.

“As advocates for children, the development and dissemination of effective dose-lowering guidelines such as these is of utmost importance,” said Marguerite T. Parisi, MD, MS, chair of SPR’s Nuclear Medicine Committee and chief of PET/CT and Ultrasound at Seattle Children’s Hospital.

The Alliance for Radiation Safety in Pediatric Imaging reiterates this central Image Gently message: As children may be more sensitive to radiation received from medical imaging scans than adults, and cumulative radiation exposure to their smaller bodies could, over time, have adverse effects, radiologists who perform nuclear medicine imaging exams on children, are urged to:

- Follow the North American Guidelines for Pediatric Nuclear Medicine
- Determine the appropriate radiopharmaceutical dose based on body weight

The new nuclear medicine guidelines are available on the websites of the SNM (www.snm.org), ACR (www.acr.org), SPR (www.pedrad.org) and at www.imagegently.org.

**U.S. Representative Visits Home Office**

The AOCR hosted a visit from U.S. Rep. Sam Graves, R-Mo., on Aug. 25, 2011. Rep. Graves is the chairman of the Small Business Committee and was visiting small businesses in his district, the 6th Congressional District of Missouri. Rep. Graves met with each member of the AOCR staff. The staff was well prepared thanks to talking points from the AOA and ACR government relations departments. We hope this visit will help with future AOCR endeavors.
The 2011 Mid Year Conference was an exceptional interventional radiology program chaired by Clayton K. Trimmer, DO. He had an excellent faculty who presented a wide range of topics including innovative and novel therapies of peripheral arterial and venous disease, inferior vena cava filters, thermal ablative techniques, and neuro interventional topics such as aneurysm diagnosis and management, stroke therapy and vertebral augmentation.

The AOCR added an interactive audience response system and webinar to the CME activity. Dr. Erbacher presented his lecture “Keeping the Foot Attached to the Leg” to the Mid Year attendees and the webinar audience. The webinar allowed AOCR members to earn one hour of Category 1-A from home. Dr. Erbacher also used an interactive audience response system for his lecture “Venous Thromboembolism: Advances in Diagnosis and Treatment.” Members of the audience used their cell phones to text message the answers to Dr. Erbacher’s multiple choice questions. The AOCR will be utilizing an audience response system and will be offering two credits of Category 1-A CME via webinar at the 2012 Annual Convention in Las Vegas.

Philip D. Orons, DO, opened the program with excellent presentations of “Mesenteric Ischemia: Etiology, Diagnosis and Treatment.” Michael D. Tanner, senior fellow of the CATO Institute, presented two lectures on the impact of the new health care law and discussed suggestions on how to improve it. Neil J. Halin, DO, presented “Rationale Imaging of Pulmonary Embolism” and “Cardiac CT.” David M. Hovsepian, MD, presented “MR Imaging of the Female Pelvis: Planning Gynecologic Interventions” and “Imaging of Vascular Anomalies.” The final day included presentations from Nilesh H. Patel, DO, on “Interesting Complications: ‘Don’t Do This,’” Dr. Erbacher’s interactive presentation and AOBR Chair Patrick R. Para, DO, update on the OCC process.

Other faculty members included Sheri L. Albers, DO, Gary M. Arbique, PhD, Jeffrey M. Wilseck, DO, G. Lee Pride, MD, Christos S. Georgiades, MD, PhD, Bart L. Dolmatch, MD, and Charles W. Nutting, DO. The AOCR would like to thank all attendees and members of the faculty for being a part of this successful CME activity.
A book drawing was held on Sunday, Sept. 25. George Lai, DO, and Raymond Radanovich, DO, were the winners. Each received their choice of book from Lippincott Williams & Wilkins.

Special thank you to the following for their support!

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Please check appropriate category

☐ ACTIVE .............................................................. $745
☐ LIFE/RETIRED ...................................................... $375
☐ RESIDENT/FELLOWSHIP TRAINING ..................... Complimentary

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Cancellation Policy
A refund of the registration fee less $100 will be made upon receipt of a written request.
To be Honored as Fellows at 2012 Annual Convention

Ronald D. Alexander, DO, neuroradiologist with Texas Radiology Associates, Plano, Texas, is sponsored for fellowship by Michael A. Cawthon, DO.

Dr. Alexander is a 1995 graduate of Kansas City University of Medicine and Biosciences College of Osteopathic Medicine. He completed his internships at University of Texas Health Science Center in San Antonio, Texas, and Millcreek Community Hospital, Erie, Pa. in 2010 and was currently a resident at Mount Clemens Regional Medical Center, Mount Clemens, Mich.

Dr. Alexander practiced radiology in Michigan prior to his recent move to Texas. He was certified in Diagnostic Radiology in 1984 by the AOBR and became an Active Member of the AOCR that same year.

Dr. Denton practiced radiology in Michigan prior to his recent move to Texas. He became an Active member of the AOCR in 1994. He has served as a member of various committees including Committee on Continuing Post Graduate Education, Commercial Support Committee, Revisions Committee, Hospital-Radiologist Relationship Committee, Liaison Committee on Research, Professional Development, Scientific Exhibits, Editorial Committee, and Policy Review Committee. He has also been an item writer for the AOBR in diagnostic radiology in 1994.

Dr. Denton served as faculty for the diagnostic radiology residency training program at the Osteopathic Medical Center of Texas from 2001-2004. He has also served as an inspector since 2002; having inspected training program at the Osteopathic Medical Center of Texas from 2001-2004.

Deborah R. Hellinger, DO, is sponsored for fellowship by Thomas R. Gleason, DO, FAOCR. Dr. Hellinger, of Kansas City, Mo., is currently working as an independent contractor with Emergence Teleradiology, Springfield, Mo.

A 1989 graduate of Kansas City University of Medicine and Biosciences College of Osteopathic Medicine, Dr. Hellinger completed her internship and diagnostic radiology residency at OSU Medical Center in Tulsa, Okla. She then completed a musculoskeletal fellowship at the University of Iowa Hospital and Clinics in Iowa City, Iowa. Dr. Hellinger was certified by the AOBR in diagnostic radiology in 1994.

Since becoming an Active member of the AOCR in 1994, Dr. Hellinger has served as a member of various committees including Committee on Continuing Post Graduate Education, Commercial Support Committee, Revisions Committee, Hospital-Radiologist Relationship Committee, Liaison Committee on Research, Professional Development, Scientific Exhibits, Editorial Committee, and Policy Review Committee. She has also been an item writer for the AOBR in the musculoskeletal section.

Dr. Hellinger has published articles such as “Multislice Imaging of Spinal Trauma,” in Diagnostic Imaging, December 2002. She received first place from the AOCR and a bronze medal from the American Roentgen Ray Society in 2003 for her scientific exhibit “Musculoskeletal Clinical Applications of Multplanar Reconstructed and 3-Dimensional Volume Rendered CT Imaging.” She also presented the Charles J. Karibo, DO, Memorial Resident Lecture at the 1993 Annual Convention.

Dr. Hellinger headed the division of musculoskeletal radiology at the University of Kansas from 1998-2002.

Dr. Hellinger enjoys cycling and in 2010 participated in a charity ride across the United States to help raise money to reduce poverty.

Drs. Alexander and Hellinger will be honored as fellows at the 2012 Annual Awards Ceremony on April 25, 2012, at The Palazzo® Resort-Hotel-Casino.
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Proposed Constitution and Bylaw Revisions

The following constitution and bylaw revisions will be presented for approval at the 2012 General Membership Business Meeting to be held on Tuesday, April 24, 2012. The revisions are presented below for your consideration and study prior to the business meeting. Changes and additions are printed in BOLD FACE CAPS and deletions are presented as strikeouts, i.e. deleted material. If you have any questions, please contact Pam Smith, executive director, at 800-258-2627 or pam@aocr.org.

EXPLANATORY STATEMENT: The revisions are to change the title of the category of Candidate Member to Resident Member and to limit the category to residents only. Upon completion of residency training, Resident Members will transfer to Active membership if board certified or Associate membership if not board certified.

CONSTITUTION

CHAPTER 2

2.00 Membership

The membership of the Organization shall consist of osteopathic radiologists and others who have met the requirements as prescribed in the Bylaws of the Organization. Membership categories include Active, Associate, Candidate RESIDENT, Student/Intern, Affiliate, Honorary, Life, and Retired.

BYLAWS

CHAPTER 2

2.00 Membership

Categories of Membership are:

Active
Associate
Candidate RESIDENT
Candidate RESIDENT Members must:

(A) Be engaged in an AOA approved or an Accreditation Council for Graduate Medical Education (ACGME) approved residency training program leading toward certification in one of the branches of radiology or shall have completed an approved radiology residency training program.

(B) Elevate to Active membership upon certification or elevate to Associate membership within three years of UPON completion of residency training.

2.131 Rights and Privileges. Candidate RESIDENT members may attend educational and scientific programs and social functions of the Organization and serve on committees. Resident Candidate members may attend the educational and scientific meetings at a reduced fee as established by the Board of Directors. They shall receive all official publications of the Organization.

2.132 Dues and Assessments. Candidate RESIDENT members are liable for such dues and assessments as voted by the Board of Directors and approved by the general membership.

2.20 Applications for Membership. All applications for Active, Associate, Candidate RESIDENT, Student/Intern, Affiliate, and Retired membership shall be made on forms prescribed by the Organization. The form shall be accompanied by the application fee fixed by the Board of Directors and required documentation.

2.201 Processing of application

(A) Recommendations of the Credentials Committee shall be presented to the Board of Directors at its next meeting for final approval of Active, Associate, Candidate RESIDENT and Affiliate applications.

2.202 Special procedure

(A) Student/Intern members will be elevated to Candidate RESIDENT membership upon verification of acceptance into an AOA approved or an ACGME approved residency training program leading toward certification in one of the branches of radiology.

(B) Candidate RESIDENT members will be elevated to Active membership after receiving their specialty certification from the American Osteopathic Board of Radiology or the American Board of Radiology and upon receipt of dues payment.

(C) Candidate RESIDENT members WHO ARE NOT ELEVATED TO ACTIVE MEMBERSHIP will be transferred to Associate membership at the end of three years following completion of residency training and upon receipt of dues payment.

2.30 Membership Fees, Dues and Assessments.

All Active, Associate, Candidate RESIDENT, Student/Intern, Affiliate, and Retired members shall subscribe to the Bylaws at the time of their election to membership and are liable for such application fees, dues and assessments as may be prescribed by the Board of Directors and approved by the general membership where applicable. The Board of Directors may increase dues up to five percent on an annual basis without prior approval of the general membership.

The annual dues of Active, Associate, Candidate RESIDENT, Student/Intern, Affiliate, and Retired members of the Organization shall be due and payable on July 1, the beginning of the fiscal year. Any member whose dues or assessments remain unpaid after December 1 shall be notified of the delinquency. A member shall be considered delinquent unless remittance is received within thirty days. The name of the member shall be stricken from the Organization’s membership roll and mailing list of publications until such time as reinstatement.

2.50 Continuing Medical Education Requirements. Active, AND Associate and Candidate members who are subject to the continuing medical education requirements of the AOA, shall maintain the required 120 hours during a designated three year period, of which a minimum of 25 hours shall be the Organization’s sponsored CME activities in Category 1-A. Life and Retired members shall be exempt from the Organization’s CME requirements.
The 2012 Annual Convention, “Advanced Body Imaging: Including CT, MR, US and MSK,” sponsored by the American Osteopathic College of Radiology, is intended to advance the radiologist’s interpretation skills and intervention techniques in body imaging and musculoskeletal studies. Focus of presentations will include topics on thyroid and neck imaging, chest, abdomen, and pelvis, and select MSK lectures. Attendees will also receive information on Accountable Care Organizations and Osteopathic Continuous Certification.

Course Objectives

- Discuss ultrasound of the neck, thyroid, and parathyroid, including skills in sonographic thyroid biopsy.
- Review interpretation of high resolution CT of the chest.
- Identify CT findings of penetrating trauma of the chest.
- Improve the radiologists’ ability to diagnose diseases of the GI system including liver and biliary processes.
- Discuss imaging findings of genitourinary disease.
- Illustrate and explain diseases of the pelvis with MRI and ultrasound.
- Recognize pediatric diseases of the abdomen.
- Become familiar with normal and abnormal imaging characteristic of bone marrow diseases.
- Review imaging of soft tissue tumors.
- Discuss intraarticular processes and imaging diagnosis.
- Update attendees with the recent news from the AOA and changes in the environment of medicine.
- Challenge the radiologists’ knowledge with “interesting cases of the day.”

Registration information on page 12 or online at http://bit.ly/annualreg.

Accreditation

The American Osteopathic College of Radiology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The American Osteopathic College of Radiology designates this CME Activity for a maximum of 31 AMA PRA Category 1 Credit(s)™.

The American Osteopathic College of Radiology is accredited by the American Osteopathic Association. The American Osteopathic Association has approved this continuing medical education activity for 31 credit hours in Category 1-A.

Each physician should only claim credit commensurate with the extent of their participation in the activity.

Disclosure Statement

It is the policy of the American Osteopathic College of Radiology to comply with the Accreditation Council for Continuing Medical Education (ACCME) Standards for commercial support of CME Activities. All faculty participants in the American Osteopathic College of Radiology programs are required to disclose to the program audience any real or apparent conflict(s) of interest related to this meeting or its content. Faculty disclosure information is included in the course syllabus and will be disclosed by faculty as they present.

Unable to Attend?
Earn Two Category 1-A Credits Online!

The AOCR will be offering two Category 1-A credit hours via webinars during the Annual Convention. Webinar schedules and registration information will be emailed to all AOCR members at a later date.

Please visit www.aocr.org for more details.
**SCHEDULE**

**SUNDAY, APRIL 22**
4:00 – 7:00 pm Registration & Visit the Exhibits

**MONDAY, APRIL 23**
7:00 am Registration, Continental Breakfast and Visit the Exhibits
7:15 am Opening Remarks
George E. Erbacher, DO, President

7:30 am MRI of the Pelvis
Patricia L. Abbitt, MD

8:30 am Advancing the Philosophy, Practice and Science of Osteopathic Medicine
Martin S. Levine, DO, AOAR President

9:00 am Thyroid Ultrasound and Thyroid Biopsy, Part I
Lynwood W. Hammers, DO

10:00 am Break/Visit the Exhibits
10:15 am Osteopathic Continuous Certification
AOBR

11:15 am Thyroid Ultrasound and Thyroid Biopsy, Part II
Lynwood W. Hammers, DO

12:15 pm Lunch Break
1:15 pm Ultrasound of the Parathyroid and Salivary Glands
Lynwood W. Hammers, DO

3:15 pm Informatic Initiatives of the ACR
Keith J. Dreyer, DO

**TUESDAY, APRIL 24**
7:00 am Registration, Continental Breakfast and Visit the Exhibits
7:30 am Interesting Cases in Body Imaging
Patricia L. Abbitt, MD

8:30 am General Membership Business Meeting
9:00 am Meaningful Use
Keith J. Dreyer, DO

10:00 am Break/Visit the Exhibits
10:15 am MSK Ultrasound, Part I
Lynwood W. Hammers, DO

11:15 am MSK Ultrasound, Part II
Lynwood W. Hammers, DO

12:15 pm Lunch Break
1:15 pm The Acute Abdomen
Patricia L. Abbitt, MD

2:15 pm Nuclear Radiology Cases of the Day
Eduard V. Kotlyarov, MD

**WEDNESDAY, APRIL 25**
7:00 am Registration, Continental Breakfast and Visit the Exhibits
7:30 am Interventional Oncology Therapies for Unresectable Hepatic Malignancies
Joseph A. Ciacci, DO

**THURSDAY, APRIL 26**
7:00 am Continental Breakfast
7:30 am Imaging of Vertebral and Paravertebral Pathology
George E. Erbacher, DO and Frederick E. White, DO

8:30 am MRI of Hand and Digits
Sheri L. Albers, DO

9:30 am Imaging Review of Synovial Diseases
Keith J. Dreyer, DO

10:30 am Nuclear Radiology Cases of the Day
Eduard V. Kotlyarov, MD

11:30 am Lunch Break
12:30 pm MRI of Normal Bone Marrow
Sheri L. Albers, DO

1:30 pm MRI of Bone Marrow Pathology
Sheri L. Albers, DO

**FRIDAY, APRIL 27**
7:00 am Continental Breakfast
7:30 am Accountable Care Organizations
George E. Erbacher, DO and Frederick E. White, DO

8:30 am Imaging of Vertebral and Paravertebral Pathology
Wade H. M. Wong, DO

9:30 am Fascial Spaces of the Neck, Pharynx, Larynx, and Adjacent Deep Spaces
Wade H. M. Wong, DO

10:30 am Pancreatic Neoplasms
Deep G. Bassi, MD

11:30 am CT Enterography
Deep G. Bassi, MD

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