Hurricane Harvey was the costliest hurricane to ever strike the United States. The Texas coast was devastated by wind and water damage, and the Houston area was paralyzed by widespread flooding. Federal, state, and local agencies sprang into action. As the organization best positioned to monitor and support the radiology community, the TRS did the same. Our approach involved information gathering and dissemination followed by determination of need and decisive action.

The events of Harvey unfolded quickly. When Harvey crossed the Yucatan Peninsula, it was only a tropical wave. But on Thursday, August 24, Harvey intensified into a hurricane and grew to category 4 status by landfall Friday evening. Like the rest of the state, we had decisions to make and only a couple of days to make them. Coincidentally, the TRS interim meeting was scheduled in Austin that very weekend. Many of our volunteers and staff were in the potential path of the storm, facing the difficult choice to stay close to home and family or leave. The TRS made that decision for them. We canceled our meeting. Then, we waited.

As Harvey slammed into our state, conventional media apprised us of the general condition of our cities and towns. But specific information regarding the radiology community was harder to find. As such, information-gathering became important, with many questions to answer. Were our medical schools and their radiology departments functional? How did private practice groups and their facilities fare? What about individual radiologists and our trainees?

To inform these questions, we held conference calls within days of the storm. We included individuals from Houston’s three medical schools and the large private practice groups in the Houston area. Initially, we could not reach certain parts of the state, such as Rockport and Beaumont, because of the communication challenges resulting from the storm. But we did not stop trying. Thankfully, the initial reports from Houston were favorable. Our medical schools had survived, as had the community hospitals. Recall that Hurricane Ike in 2008 basically shut down UTMB-Galveston, so such favorable feedback from Houston after Harvey was not expected. Corpus Christi had also fared well, while Beaumont faced more significant challenges.

At that point, we still did not know how individual radiologists fared. The TRS has the largest radiology database in the state, and we put it to use. We reached out to every radiologist, for whom we had contact information, in the affected areas. We partnered with the Texas RBMA to do the same with radiology support personnel. Remarkable stories of heroism and loss came pouring in, one of which is shared in a separate column in this issue of The ViewBox. Many radiologists just wanted to share their stories. And we listened.

The next step was information dissemination. Radiologists across the state wanted to know how their colleagues had fared. There was simply no other central resource for information about the radiology community at this early juncture. Therefore, we took this task seriously. As soon as possible, we shared with our entire membership database what we knew about the status of the radiology community.

It became obvious that many radiologists were in need, and the TRS was in a position to help. We determined that the ones most likely to benefit from financial assistance were our affected trainees. The TRS Foundation (TRSF) was the obvious vehicle to...
Please join us at the Omni Frisco Hotel in Frisco, TX March 23-25, 2018 for the TRS 105th Annual Meeting. The Omni Frisco Hotel is a world class resort located in The Star, a 91-acre campus and home to the Dallas Cowboys headquarters. Frisco is not only the perfect destination for sports fans, it also offers an abundant array of restaurants and outdoor activities with many walking, hiking and biking trails.

The Annual Meeting program includes a series of robust sessions for diagnostic radiologists, radiation oncologists, medical physicists, and residents alike. Top speakers from around the state and across the country have been invited to bring you the most up-to-date information on the latest advances and technologies. Vendors will be in attendance to showcase their newest products and useful services. The audience response system and Break the Case will keep the sessions engaging, interactive and fun, all while getting your SAM, ethics and modality credits. And, of course, we have built in plenty of time for you to reconnect with old friends and colleagues in a relaxed setting. A welcome reception is planned for Thursday evening. On Friday night, we will have our Awards Banquet where, among other things, we will honor our 2018 TRS Gold Medal recipient, Sidney C. Roberts, MD, FACR, and award our 3rd annual Guiberteau Award for Resident Excellence. On Saturday evening, enjoy free time to take in the sights of Frisco. Near the hotel you will find the Dallas Cowboys Headquarters which features the Ford Center, a state of the art indoor athletic facility, an entertainment district with shops and restaurants, a medical center and more. Or visit the lush gardens at the Texas Sculpture Garden or take in the culture and history at the Frisco Heritage Museum. Don’t forget to check out the diverse food scene with over 300+ restaurants. – there’s a little something for everyone!

The TRS 104th Annual Meeting is sure to be a spectacular meeting. Visit www.txrad.org for Annual Meeting information and registration.

Diagnostic Radiology Highlights
Pedro Diaz, MD, Program Committee Chair

The 105th Annual Meeting continues the commitment of the Texas Radiological Society to provide a full array of educational sessions to enhance your diagnostic and interventional skills and to focus on patient care first and foremost. Topics this year will include Lung Cancer Screening, Quality Payment Programs, Artificial Intelligence, Clinical Decision Support, Essentials of Neuroradiology, Musculoskeletal and Pediatric Imaging, Interventional Radiology, and Mammography. These sessions are designed to help you and your practice tackle many of the challenging issues our industry is currently facing. Lectures are sure to please, including the Charles Craig Lecture by Dr. Keith Dreyer, “Harnessing Artificial Intelligence,” and the Moreton Lecture “Healthcare 2025: To Lead or Not to Lead, That is the Question” by Bill Thorwarth, MD. Also take advantage of the opportunity to earn valuable SAM credits that count towards your Self-Assessment (SA-CME) requirements for Maintenance of Certification, as well as modality credits for accreditation.

Guest presenters include Dr. Keith Dreyer, Dr. Jenny Hoang, Dr. John Kaufman, Dr. Gregory Nicola and Dr. William T. Thorwarth. We will also have an update on the ABR by Dr. Stephan Hahn, and Dr. Rick Hodes will present the TRS Ethics Lecture “Extreme Radiology - 30 Years in Africa Ethical Issues.” The program also incorporates top Texas teaching faculty who are experts in their respective fields.
The landscape of Radiology is rapidly changing with evolving research around new imaging modalities and the rapid growth of clinical guidelines. Many institutions have turned toward a problem-based learning system to more efficiently prepare the next generation of clinicians for a contextualized application of evidence-based medicine. In that same vein, we are excited to announce that the Residents and Fellows Section of the TRS will be offering a new case-based review course at the 2018 Annual Meeting!

Although the structure of the case review course will mirror the ABR Core Exam-style cases of the type the current PGY-4 residents will use to prepare for their exam in June, the course will be open to all residents, fellows, faculty, and any other attendees interested in brushing up their general radiologic skills or learning the newest developments in the field. Over the course of two days, we will have speakers from all over Texas covering areas such as mammography, non-interpretive skills, obstetrical sonography, thoracic imaging, neuroimaging, gastrointestinal and genitourinary imaging, nuclear medicine, cardiac imaging, interventional radiology, pediatric radiology, and musculoskeletal imaging. Interspersed between these presentations (and, don’t forget, lunch is provided!) we will join the main program for the Ethics Lecture: “Extreme Radiology - 30 Years in Africa Ethical Issues,” and the annual updates from the Texas residents who have attended the Rutherford-Lavanty Government Relations Fellowship and the James M. Moorefield Economics & Health Policy Fellowship.

Whether you are one of the dozens of radiology residents gearing up for the ABR Core Exam or simply an interested radiologist who enjoys sharpening your skills and learning about the progress of our specialty, the 2018 TRS Annual Meeting in Frisco promises to be one of the most engaging and informative radiology meetings all year. On behalf of the Residents and Fellows Section, we look forward to seeing you all there!
Congratulations to Fort Worth, Texas, radiologist Mark Baker, DO, on being installed as the 2017-18 president of the American Osteopathic Association!

Congratulations to Dr. Sidney C. Roberts, MD, FACR, on winning the 2017 Anson Jones Award for Physician Excellence in Reporting! Learn more about the Texas Medical Association awards and read Dr. Roberts column on Colorectal Cancer Screening: 80% by 2018 at https://www.texmed.org/ansonjones/.

Congratulations to Renita Fonseca on receiving the Texas Society of Association Executive’s Community Service Award for her heartfelt commitment to helping those in need during Hurricane Harvey.

When Hurricane Harvey made landfall in Texas, it had a devastating impact in Houston and surrounding areas. The effects were felt far and wide among TRS members. Several members and residents were forced to evacuate their flood-damaged homes. TRS members spent countless hours helping neighbors, colleagues, patients, and shelter refugees. The TRS leadership team also made a last-minute decision to cancel the TRS & TRSF Interim Leadership Meeting that was scheduled to take place the weekend Hurricane Harvey hit, as nearly half of the TRS members planning to attend would have been traveling from the greater Houston area.

In the weeks that followed Hurricane Harvey, TRS and TRS Foundation leaders learned of harrowing stories of members escaping their homes in chest-deep water, being rescued by boat in the middle of the night, and of the devastation that awaited them when they were able to safely return home. TRS learned of radiology residents who sustained such significant damage to their homes that they will be uninhabitable for months. As a tight-knit radiology community, the TRS and TRSF Foundation wanted to once again assist resident colleagues in recovering from the damage left behind by this catastrophic storm, just as they did after Hurricane Ike in 2008.

The Texas Radiological Society Foundation, the charitable arm of the Texas Radiological Society, created the TRSF Harvey Relief Fund, dedicated to helping residents in our Texas radiology community deal with the effects of Hurricane Harvey. Thanks to the generosity of radiologists across the state and nation, over $11,000 was raised and distributed in its entirety to residents who suffered losses due to the storm. For those of you who would still like to contribute to the Hurricane Harvey Relief Fund, you may do so through December 31, 2017 at txradfoundation.org/harvey.

Below is one emotional story from Brandon Key, a TRS resident. To read more resident stories, please visit the TRSF Harvey Relief Fund page at txradfoundation.org/harvey.

My wife Brenna, newborn son Carson, dog Ellie and I live in small house in Westbury, a neighborhood near the medical center in Houston and have been there for a couple of years now. The neighborhood, like much of the area near the medical center, has numerous bayous that contribute to flooding in the area. Our house remained dry for many of the recent historic floods that Houston has experienced including tropical storm Allison, Memorial Day Flood 2015, and the Tax day flood in 2016. Unfortunately Hurricane Harvey was too much for our area, and we got 16 inches of water throughout the house. The flood struck quickly around 3:00 am on 8/27, and we had 16 inches of water throughout the house within a couple hours, along with about 4 feet of water in the street outside our home.

We got back into the house a few days after the initial flood to see that we had lost most of the furniture, some of our baby supplies, and some of our clothes. Both cars were flooded with approximately 2 feet of water.
Medical Physics Licensure Update
Niko Papanikolaou, PhD, Chair, TRS Medical Physics Section

In 2015, medical physics licensure was moved from the Department of State Health Services (DSHS) to the Texas Medical Board (TMB). Since then, the TMB’s Medical Physics Licensure Advisory Committee has met several times to review and revise some of the rules pertaining to licensure. During this process, the board also received feedback from several colleagues challenging the revised rules on the temporary/training license. The concern was that the new rule limited the training license for up to four years, which was not enough time for someone that completed a residency in Texas and planned on working in Texas to pass the ABR exam unless they did so on the first try.

In response to those concerns, and to better align with the ABR requirements of eligibility for board certification, the Medical Physics Licensure Advisory Committee met on September 15, 2017 to discuss adoption of proposed changes to 22 T.A.C. Chapter 160 and more specifically a. §160.7 Qualifications for Licensure, and b. §160.10 Training Licensure. The prevailing change in the new proposed rule states that a temporary license shall be issued for each specialty for a one year period but the license holder may apply for up to twelve temporary licenses. After the seventh application, the board shall perform an evaluation on the applicant’s progress towards certification. The proposed rule was adopted at the December 8th TMB board meeting and is expected to be effective the end of January, 2018.

This significant change in the rules addresses the concerns that were raised regarding a four year only training license. The TRS was instrumental in securing the preservation of medical physics licensure in Texas. I want to thank our members for their feedback on the licensure issues. I encourage all of you to remain engaged with the TRS leadership for any professional issues that you may have.

2018 TRS Foundation Contribution Form

Please return this contribution form along with payment to:
TRS Foundation • 17503 LaCantera Parkway • #104-438 • San Antonio, TX 78257 • or fax to (512) 276-6691

Name (please print): ________________________________

Phone: __________________________________________

Email: ____________________________________________

I would like to make a contribution to the TRS Foundation in the following amount:

☐ $100   ☐ $250   ☐ $500   ☐ $750   ☐ $1,000   ☐ Other: ________________________________

☐ Check (made payable to “TRS Foundation”)

☐ Credit Card: ☐ Visa   ☐ MasterCard   ☐ American Express

Card Number: _____________________________ Expiration Date: ______________

Billing Address: ____________________________ Billing Zip Code: ______________

CVS Code: ___________________________ Name on Card: __________________________

Signature: ____________________________

The TRS Foundation is a 501 (c)(3) tax-exempt organization with a public charity status under 509(a)(3). Donations are tax-deductible to the extent provided by the law. Federal EIN 76-035382.
Bracing for Change
Jody Lee, MD, MBA, TRS PAC Chair

“Life is a series of natural and spontaneous changes. Don’t resist them; that only creates sorrow. Let reality be reality. Let things flow naturally forward in whatever way they like.”

― Lao Tzu

Normally when you see a quote from an ancient Chinese philosopher, you expect it will be a valuable nugget of truism proven over time to be almost indisputable. This one is different. With all due respect to Lao Tzu, you should instead consider his quote a cautionary tale that warns that you must control change and how it affects you, your patients, and your community. In fact, I only use this quote to introduce you to the concept that change is coming, and it is our responsibility not only to be prepared, but to proactively effect the change we want to see.

Things change; it is a fact of life. Looking forward to the 2019 legislative session, things in Austin will be considerably different 14 months from now based on the elections that will occur during the next year in the “midterm” of the presidency. To say that the first term under President Trump has been “volatile” might not be strong enough to describe what is happening in this country. One thing is certain: we live in unprecedented political times, and no one knows how this will turn out. But change is coming, and that is certainly true for the upcoming elections.

If you watch the news, most of the impact you see from the current political circumstances in Washington, DC occurs at the federal level. As of the beginning of November, we have already seen two powerful and long-serving congressmen from Texas announce their retirement (Jeb Hensarling from the Dallas-Fort Worth Metroplex and Lamar Smith from Central Texas). These announcements mean new candidates, new ideas, and new perspectives from folks who want to run for those seats and are unfamiliar to us at the TRS PAC. These changes can bring both renewed enthusiasm and a loss of institutional knowledge. Voters will need to engage to choose strong replacements for these districts. The TRS PAC will certainly advocate on your behalf.

But change is not occurring just at the federal level. There will also be big changes in the legislature in Austin. As you know, we have witnessed a tremendous amount of turnover in the state legislature and among statewide elected officials over the last 4 years. We are already sensing seismic shifts in the power structure in Austin with the recent announcement that Joe Straus, Speaker of the Texas House of Representatives, will not be running for re-election. This has far reaching implications for Texans from across this state as house members begin to position themselves to select a new speaker from within their ranks. While it would not be prudent for the TRS PAC to attempt to influence the outcome of a speaker’s race, it is important that we engage and back those candidates who support radiology throughout 2018.

The TRS PAC will continue to fight against onerous trends in the delivery of healthcare and efforts by health plans and others to negatively impact physicians’ ability to practice good medicine. We have a fascinating political season ahead of us that promises to be filled with change, including both opportunities and threats to radiology. Don’t stand by and let Lao Tzu’s river simply take you where it is going. Instead, help the TRS PAC direct that river where we need it to go for the good of Texas radiology and our patients.
On September 14, 2017, the Centers for Medicare & Medicaid Services (CMS) gave the public its first look at the newly designed Medicare card. The new Medicare card contains a unique, randomly-assigned number that replaces the current Social Security-based number.

CMS will begin mailing the new cards to people with Medicare benefits in April 2018 to meet the statutory deadline for replacing all existing Medicare cards by April 2019. In addition to today’s announcement, people with Medicare will also be able to see the design of the new Medicare card in the 2018 Medicare & You Handbook. The handbooks were mailed and arrived throughout September.

“The goal of the initiative to remove Social Security numbers from Medicare cards is to help prevent fraud, combat identity theft, and safeguard taxpayer dollars,” said CMS Administrator Seema Verma. “We’re very excited to share the new design.”

CMS has assigned all people with Medicare benefits a new, unique Medicare number, which contains a combination of numbers and uppercase letters. People with Medicare will receive a new Medicare card in the mail, and will be instructed to safely and securely destroy their current Medicare card and keep their new Medicare number confidential. Issuance of the new number will not change benefits that people with Medicare receive.

Healthcare providers and people with Medicare will be able to use secure look-up tools that will allow quick access to the new Medicare numbers when needed. There will also be a 21-month transition period where doctors, healthcare providers, and suppliers will be able to use either their current SSN-based Medicare Number or their new, unique Medicare number, to ease the transition.

This initiative takes important steps towards protecting the identities of people with Medicare. CMS is also working with healthcare providers to answer their questions and ensure that they have the information they need to make a successful transition to the new Medicare number. For more information, please visit: www.cms.gov/newcard.

CMS Reveals New Medicare Card Design
Reprinted with permission from the Centers for Medicare & Medicaid Services

DID YOU KNOW?

Dr. Richard Strax, a Past President of the TRS, first used a fountain pen in elementary school back in the 1950s. “Ballpoints were still gloppy, and the fountain pen wrote cleanly and effortlessly across the page. From an early age I was interested in how machines worked, and I found these small, complex machines which could deliver liquid ink from a tank to a point and paper fascinating.”

Not only was he fascinated, he continued to use a fountain pen as an adult. “I used a fountain pen in medical school, and this one was artistically made and could write with a wide variety of inks. As time went on, I collected many fountain pens from all over the world, antique as well as current models, made with many designs and materials. I would use these pens at work and at home.”

Dr. Strax laments the disappearance of handwritten communication. “There is now less and less to write, with almost all hospital charting and personal correspondence being electronic. However, something has been lost in electronic communication. Handwriting displays more than just the words. The hand formed letters are a direct link to the personality and character of the author. When I want to thank someone special, or say something very personal, I hand write a note.” He uses a collection of pens dating mainly from the 1920s through the 1940s. “These retro writing machines probably also reflect my personal interest in the working of our imaging machines, interventional tools and, in a sense, the physical and psychological workings of the human being.”

Do you have an interesting story, passion or hobby that you’d like to share? Please email Amie Driggers at amie@txrad.org or post on the TRS Facebook page.

Strax Pen Collection

On September 14, 2017, the Centers for Medicare & Medicaid Services (CMS) first used a fountain pen in elementary school back in the 1950s. "Ballpoints were still gloppy, and the fountain pen wrote cleanly and effortlessly across the page. From an early age I was interested in how machines worked, and I found these small, complex machines which could deliver liquid ink from a tank to a point and paper fascinating."

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Do you have an interesting story, passion or hobby that you’d like to share? Please email Amie Driggers at amie@txrad.org or post on the TRS Facebook page.

2017 Top TRS PAC Contributors

President’s Society
$2,500 and up
Austin Radiological Association
Houston Northwest Radiology Association
Houston Radiology Associated
Radiology Associates of North Texas
Radiology and Imaging of South Texas
United Northeast Radiology, LLP

(continued in sidebar on page 8)
What I Learned in Medical School That Was Wrong

Sidney C. Roberts, MD, FACR

I recently attended my 30th medical school reunion at Baylor College of Medicine in Houston. It was a grand time of reminiscing and reconnecting with war buddies from the trenches of medical school. Part of our reunion weekend included lectures on current hot topics, such as the absurdity and danger of the anti-vaccine movement. But the lecture most of us were anticipating was on what we were taught in medical school that turned out to be wrong.

The topic itself was quite an admission from one of the most prestigious academic institutions in the world. I mean, everything science tells us is true, factual, indisputable, and remains so forever, right?

One example where the teaching of the time was wrong was peptic ulcer disease. When we started medical school, surgery for ulcers was common. Ulcers were thought to be caused by stress-induced excessive secretion of acid in the stomach. The surgical procedure known as antrectomy (removal of the distal end of the stomach) and vagotomy (cutting the nerves that lead to acid secretion) was performed basically to stop acid production. But this was not a small operation. Patients were often left with really unpleasant gastrointestinal issues such as nausea, vomiting after eating, and dumping syndrome (abdominal cramps and diarrhea after eating).

What we now know is that ulcers quite often are caused by a bacterium known as H. pylori, which can be easily treated with an antibiotic – to kill the infection – and antacids. Not only was this revolutionary (and simple), but the medical establishment refused to believe it at first. There were many reasons, but it just didn’t fit what they thought they knew. It was, so they thought, a psychosomatic illness. And bacteria weren’t thought to be able to live in the stomach. The Australian doctor who co-led the discovery was so desperate to prove his theory that he even drank a cocktail of the bacteria to prove his point. History shows he was vindicated. The whole bacteria-ulcer connection was a radical idea at the time. Yet it was right, and the two who discovered it were awarded the Nobel Prize in 2005.

In my own field of oncology, there has been significant progress over the last 30 years. We now cure 70% of cancer patients compared with just 50% a generation ago. It was still a fairly paternalistic time in medicine. You didn’t question what the doctor told you to do. Physicians were taught – wrongly – that we should treat all patients aggressively all the way up to the end of life; otherwise, we would be taking away hope and devastating our patients.

In retrospect, it seems obvious that was a ridiculous and cruel assumption. Informed consent demands honesty. Hope cannot be reduced simply to wanting to live one more day at all cost, especially when ravaged by an incurable disease. What about hope for reconciliation with estranged family members? Hope for a pain and symptom-free death? Hope to die at home surrounded by family and friends, not alone in an ICU? Of course, now we have an entire field of comfort care/palliative medicine – including hospice care – to help with end-of-life symptoms and care.

Another example is less about what we were taught that was wrong than with what we just didn’t know. My class of 1987 started medical school in 1983. The AIDS epidemic was so new at that time that we didn’t even know what caused it. The human immunodeficiency virus (HIV) – originally called HTLV-III, or human T-cell leukemia virus – wasn’t even called HIV until 1986. Fear and judgmentalism drove much of the public and academic response to this novel epidemic. We even had a classmate die of AIDS before the identification of the virus was made. These were scary times. With HIV/AIDS, we were living in and experiencing a time when urgent research and rapid discovery were needed to fight a terrible (and terribly misunderstood) disease. Our own fear and prejudice slowed that effort down.

I am curious what we will admit to being wrong about when the current medical school graduates have their thirty year reunion in 2047. Perhaps a brilliant discovery about Alzheimer’s, for example, will turn the medical world upside down. That is an illness where everyone would rejoice in acknowledging what we either got wrong or just didn’t know. Of course, more or unique discoveries in the field of cancer prevention and treatment would be welcome. In any case, we must be willing to admit that we don’t know everything there is to know today, and that we just might be wrong about some things.”

“We must be willing to admit that we don’t know everything there is to know today, and that we just might be wrong about some things.”

(continued in sidebar on page 11)
Welcome New TRS Members!  
10/15/2016-10/15/2017

(continued on page 11)
Support the only statewide organization that supports and protects radiology in Texas. Add your voice to the powerful voice of 2,500 of your colleagues across the state. Together we are stronger. Renew your TRS Membership today at www.acr.org/renew.

The ACR handles our TRS membership, and can be reached at: (800) 347-7748 or membership@acr.org.

| Support the only statewide organization that supports and protects radiology in Texas. Add your voice to the powerful voice of 2,500 of your colleagues across the state. Together we are stronger. Renew your TRS Membership today at www.acr.org/renew. The ACR handles our TRS membership, and can be reached at: (800) 347-7748 or membership@acr.org. |
Radiology Weathering a Storm (Continued from front page)

make this happen. Remember, the TRSF was born from fundraising to help trainees displaced by Hurricane Ike in 2008. Now, almost 10 years later, the TRSF is a robust organization with the infrastructure necessary to gather and disperse funds. We quickly raised $11,375 for the Harvey Fund, and it has already been distributed to five residents who demonstrated significant need.

Our next step will be one of self-evaluation. We will ask ourselves how well we responded, and how we may do better the next time. This self-evaluation should be done not only by the TRS and TRSF, but also by each one of us as radiologists and as citizens. Hurricane Harvey will not be the last storm to hit our state. Just like with Hurricane Ike, we gained valuable experience with Hurricane Harvey. As a result, our ability to respond to and to support our radiology community will continue to improve. The TRS is the organization that represents radiology in our state, and I could not be more proud of our response in this time of unexpected need. I close by acknowledging TRS Executive Director Renita Fonseca, who guided every action described in this column. None of this would have been possible without her tireless commitment to the Texas radiology community.

New TRS Members (Continued from page 9)

Haider Virani, MD
John Walker, MD
R Kent Walker, MD
Eric Norman Weissmann, MD
Jennifer Westmoreland, MD
Clark D Wiginton, MD

John R Wilcox, MD
Michael D Williams, MD
Vincenzo K Wong, MD
Virginia Y Yip, MD
Raphael J Yoo, MD
Lily Zou, MD

2017 Top TRS PAC Contributors

Chairman’s Society
$500 - $999
Vivek Bansal, MD
Christopher C. Bathurst, MD
Peter V. Berardo, MD
Stephen L. Brown, MD
Robert S. Case, MD
Hai Phuc Dang, MD
Thomas L. Dumler, MD
John H. Gurian, MD
Eric P. Hendrick, MD
Susan John, MD
Faraz Khan, MD
Jody S. Lee, MD
William B. Lowry, MD
Chirag Parghi, MD
Lance E. Reinsmith
Kenneth A. Sandoval, MD
Jennifer E. Swart, MD
Paul M. Thompson, MD
Paul Weatherall, MD
Cynthia L. Woo, MD
David A. Wood, MD
Walter Zink, III, MD

Radiology Business Management Association of Texas
2018 SCHOLARSHIP OPPORTUNITIES
Available to new time attendees or attendees that have not attended in the past five (5) years.
(Limit 1 per company)
Includes: Conference | Thursday Night Networking Event | Hotel Accommodations
FOR DETAILS: VISIT - LIKE - FOLLOW
RBMA.ORG/TEXAS | @RBMA
Upcoming Radiology Meetings of Interest

ACR/RBMA Practice Leaders Forum
• January 12-14, 2018, Phoenix, AZ

The Society of Abdominal Radiology 2018 Annual Scientific Meeting and Educational Course
• March 4-9, 2018, Scottsdale, AZ

Society of Interventional Radiology 2018 Annual Scientific Meeting
• March 17-22, 2018, Los Angeles, CA

Texas Radiological Society 2018 Annual Meeting
• March 23-25, 2018, Frisco, TX

AIRP Thoracic & Cardiovascular Categorical Course
• April 2-5, 2018, Silver Springs, MD

Society of Breast Imaging/ACR Breast Imaging Symposium
• April 12-15, 2018, Las Vegas, NV

ACR2018 Crossroads of Radiology
• May 19-23, 2018, Washington, DC

AAPM Annual Meeting
• July 29-August 2, 2018, Nashville, TN

AIRP Neuroradiology Categorical Course
• August 6-9, 2018, Silver Spring, MD