Tuesday
LEARNING OBJECTIVES

1) To discuss how MRI-based cartilage mapping techniques yield biomarkers of cartilage integrity, and discuss the technical requirements and current indications for clinical use of these methods. 2) To describe the emerging capabilities of high-resolution MR imaging to examine bone microarchitecture and its potential in providing biomarkers of bone strength. 3) To discuss potential applications of MR spectroscopy in musculoskeletal neoplasms and fat quantification of musculoskeletal tissues such as marrow and muscle.

ABSTRACT

There is strong incentive to increase the role of quantitative techniques in clinical musculoskeletal imaging, especially applications related to cartilage health, bone structure, tumor and metabolic imaging. This Hot Topic session will discuss clinical applications of biomarkers of cartilage integrity (T1rho, T2, T2* and dGEMRIC), bone structure by high-resolution MRI, and tissue metabolism (MR spectroscopy for tumor imaging, muscle and marrow fat content).

SPSH30A  T2, T2*, T1rho and dGEMRIC as Biomarkers of Cartilage Integrity

Participants
Thomas M. Link, MD, PhD, San Francisco, CA, (thomas.link@ucsf.edu) (Presenter) Research funded, General Electric Company; Research funded, InSightec Ltd; Royalties, Springer Science+Business Media Deutschland GmbH; Research Consultant, Pfizer Inc;

LEARNING OBJECTIVES

1) To define how T2, T2*, T1rho and dGEMRIC quantitatively assess cartilage matrix composition. 2) To describe the requirements for applying these quantitative measurements to clinical imaging. 3) To critically assess previous clinical studies and list indications for using quantitative cartilage imaging biomarkers.

SPSH30B  Bone Microarchitecture by MRI

Participants
Gregory Chang, MD, New York, NY (Presenter) Speaker, Siemens AG

LEARNING OBJECTIVES

1) To define bone microarchitecture and its contribution to bone strength and fracture risk. 2) To describe the technical requirements for MRI of bone microarchitecture, including hardware, pulse sequences, and image post-processing. 3) To provide an overview of clinical studies of MRI of bone microarchitecture.

SPSH30C  MR Spectroscopy of the Musculoskeletal System

Participants
Martin Torriani, MD, Boston, MA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) To define how MR spectroscopy quantitatively measures tissue biochemistry. 2) To describe general guidelines for usage of MR spectroscopy in musculoskeletal clinical imaging, including technical factors, quantification/analysis and interpretation. 3) To assess the state-of-the-science in regards to the use of MR spectroscopy for musculoskeletal tissues.
Controversy Session: Gadolinium Contrast Agents and Adverse Effects: Too Much Attention or Too Little?

Tuesday, Dec. 1 7:15AM - 8:15AM Location: E451A

GU MR SQ

AMA PRA Category 1 Credit ™: 1.00
ARRT Category A+ Credit: 1.00

FDA Discussions may include off-label uses.

Participants
Hero K. Hussain, MD, Ann Arbor, MI (Moderator) Nothing to Disclose
Emanuel Kanal, MD, Pittsburgh, PA (Presenter) Consultant, Boston Scientific Corporation; Consultant, Medtronic, Inc; Consultant, St. Jude Medical, Inc; Consultant, Bayer AG; Investigator, Bracco Group; Royalties, Guerbet SA;
Martin R. Prince, MD, PhD, New York, NY, (map2008@med.cornell.edu) (Presenter) Patent agreement, General Electric Company; Patent agreement, Hitachi, Ltd; Patent agreement, Siemens AG; Patent agreement, Toshiba Corporation; Patent agreement, Koninklijke Philips NV; Patent agreement, Nemoto Kyorindo Co, Ltd; Patent agreement, Bayer AG; Patent agreement, Lantheus Medical Imaging, Inc; Patent agreement, Bracco Group; Patent agreement, Medtronic, Inc; Patent agreement, Topsips, Inc; Patent agreement, Koninklijke Philips NV; Patent agreement, Nemoto Kyorindo Co, Ltd; Patent agreement, Bayer AG; Patent agreement, Lantheus Medical Imaging, Inc; Patent agreement, Bracco Group; Patent agreement, Medtronic, Inc; Patent agreement, Topsips, Inc; Patent agreement, Koninklijke Philips NV; Patent agreement, Nemoto Kyorindo Co, Ltd; Patent agreement, Bayer AG; Patent agreement, Lantheus Medical Imaging, Inc; Patent agreement, Bracco Group; Patent agreement, Medtronic, Inc; Patent agreement, Topsips, Inc; Patent agreement, Koninklijke Philips NV; Patent agreement, Nemoto Kyorindo Co, Ltd; Patent agreement, Bayer AG; Patent agreement, Lantheus Medical Imaging, Inc; Patent agreement, Bracco Group; Patent agreement, Medtronic, Inc; Patent agreement, Topsips, Inc; Patent agreement, Koninklijke Philips NV; Patent agreement, Nemoto Kyorindo Co, Ltd; Patent agreement, Bayer AG; Patent agreement, Lantheus Medical Imaging, Inc; Patent agreement, Bracco Group; Patent agreement, Medtronic, Inc; Patent agreement, Topsips, Inc; Patent agreement, Koninklijke Philips NV; Patent agreement, Nemoto Kyorindo Co, Ltd; Patent agreement, Bayer AG; Patent agreement, Lantheus Medical Imaging, Inc; Patent agreement, Bracco Group; Patent agreement, Medtronic, Inc; Patent agreement, Topsips, Inc; Patent agreement, Koninklijke Philips NV; Patent agreement, Nemoto Kyorindo Co, Ltd; Patent agreement, Bayer AG; Patent agreement, Lantheus Medical Imaging, Inc; Patent agreement, Bracco Group; Patent agreement, Medtronic, Inc; Patent agreement, Topsips, Inc; Patent agreement, Koninklijke Philips NV; Patent agreement, Nemoto Kyorindo Co, Ltd; Patent agreement, Bayer AG; Patent agreement, Lantheus Medical Imaging, Inc; Patent agreement, Bracco Group; Patent agreement, Medtronic, Inc; Patent agreement, Topsips, Inc; Patent agreement, Koninklijke Philips NV; Patent agreement, Nemoto Kyorindo Co, Ltd; Patent agreement, Bayer AG; Patent agreement, Lantheus Medical Imaging, Inc; Patent agreement, Bracco Group; Patent agreement, Medtronic, Inc; Patent agreement, Topsips, Inc; Patent agreement, Koninklijke Philips NV; Patent agreement, Nemoto Kyorindo Co, Ltd; Patent agreement, Bayer AG; Patent agreement, Lantheus Medical Imaging, Inc; Patent agreement, Bracco Group; Patent agreement, Medtronic, Inc; Patent agreement, Topsips, Inc; Patent agreement, Koninklijke Philips NV; Patent agreement, Nemoto Kyorindo Co, Ltd; Patent agreement, Bayer AG; Patent agreement, Lantheus Medical Imaging, Inc; Patent agreement, Bracco Group; Patent agreement, Medtronic, Inc; Patent agreement, Topsips, Inc; Patent agreement, Koninklijke Philips NV; Patent agreement, Nemoto Kyorindo Co, Ltd; Patent agreement, Bayer AG; Patent agreement, Lantheus Medical Imaging, Inc; Patent agreement, Bracco Group; Patent agreement, Medtronic, Inc; Patent agreement, Topsips, Inc; Patent agreement, Koninklijke Philips NV; Patent agreement, Nemoto Kyorindo Co, Ltd; Patent agreement, Bayer AG; Patent agreement, Lantheus Medical Imaging, Inc; Patent agreement, Bracco Group; Patent agreement, Medtronic, Inc; Patent agreement, Topsips, Inc;
Richard H. Cohan, MD, Ann Arbor, MI, (rcohan@umich.edu) (Presenter) Consultant, General Electric Company;
Matthew S. Davenport, MD, Cincinnati, OH, (matdaven@med.umich.edu) (Presenter) Book contract, Wolters Kluwer nv; Book contract, Reed Elsevier;

LEARNING OBJECTIVES
1) To discuss associations of gadolinium based contrast agents (GBCA) and Nephrogenic Systemic Fibrosis (NSF). 2) To review rates and types of acute adverse reactions in patients receiving GBCA, and to place those in perspective with respect to the risk of NSF. 3) To discuss several other potential safety factors about GBCA, and to compare and contrast incidence of new potential safety factors among the various CNS-approved GBCA. 4) To explain the current thinking regarding imaging patients with renal impairment, and to define renal function thresholds that might be useful for operationalizing imaging in this patient population.

ABSTRACT
To review associations of gadolinium based contrast agents (GBCA) and Nephrogenic Systemic Fibrosis (NSF), and discuss current practice patterns that led to almost complete elimination of NSF. Speaker: Martin Prince. To review rates and types of acute adverse reactions in patients receiving GBCA, discuss principles of premedication and treatment, and place the acute adverse reaction rate in perspective with respect to the risk of NSF. Speaker: Richard Cohan. To list and integrate several other potential safety factors about GBCA, other than NSF and acute allergic type, into the clinical decision making process about whether or not to administer GBCA, and to compare and contrast incidence of new potential safety factors among the various CNS-approved GBCA available today. Speaker: Emanuel Kanal. To explain the current thinking regarding imaging patients with renal impairment, to highlight the differences that exist between serum creatinine-based and eGFR-based screening, and to define the ranges of renal function thresholds for which caution might be advised to avoid potential harm that might result from the administration of iodinated and gadolinium-based contrast media. Speaker: Matthew Davenport.

URL
RSNA Diagnosis Live™: 'Tic Tac D’Oh' - Test Your Diagnostic Skills at the Crack of Dawn

Tuesday, Dec. 1 7:15AM - 8:15AM Location: E451B

CA  GI  HN  MK  NR

AMA PRA Category 1 Credit ™: 1.00
ARRT Category A+ Credit: 1.00

Participants
Adam E. Flanders, MD, Penn Valley, PA (Presenter) Nothing to Disclose
Christopher G. Roth, MD, Philadelphia, PA (Presenter) Nothing to Disclose
Sandeep P. Deshmukh, MD, Philadelphia, PA, (sandeep.deshmukh@jefferson.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) The participant will be introduced to a series of radiology case studies via an interactive team game approach designed to encourage "active" consumption of educational content. 2) The participant will be able to use their mobile wireless device (tablet, phone, laptop) to electronically respond to various imaging case challenges; participants will be able to monitor their individual and team performance in real time. 3) The attendee will receive a personalized self-assessment report via email that will review the case material presented during the session, along with individual and team performance. This interactive session will use RSNA Diagnosis Live™. Please bring your charged mobile wireless device (phone, tablet or laptop) to participate.
Clinical Decision Support and Utilization Management: Preparing for the CMS 2017 Mandate

Tuesday, Dec. 1 8:30AM - 10:00AM Location: E451A

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Keith J. Dreyer, MD, PhD, Boston, MA (Coordinator) Co-Chairman, Medical Advisory Board, Merge/IBM
Keith J. Dreyer, MD, PhD, Boston, MA (Moderator) Co-Chairman, Medical Advisory Board, Merge/IBM
Jeffrey B. Weilburg, MD, Boston, MA (Presenter) Nothing to Disclose
Mark D. Hiatt, MD, MBA, Salt Lake City, UT, (mark.hiatt@regence.com) (Presenter) Medical Director, Regence BlueCross BlueShield; Board Member, RadSite; Former Officer, HealthHelp, LLC
Joseph Hutter, Baltimore, MD (Presenter) Nothing to Disclose
Jennifer K. Coleman, Traverse City, MI (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Explain the need for assuring the appropriateness of ordered exams. 2) Know the role of utilization management in reducing inappropriate and unnecessary tests. 3) Identify the advantages and limitations of clinical decision support. 4) Recognize how payers are considering meeting the CMS mandate for pre-order decision support.

ABSTRACT
This course will discuss the 2017 CMS mandate for pre-order decision support for MRI, CT, and PET, including the need for assuring the appropriateness of ordered exams, the roles of utilization management and clinical decision support in reducing inappropriate and unnecessary tests, the advantages and limitations of methods to manage utilization, and how payers are considering meeting the CMS mandate for pre-order decision support.

URL
https://www.federalregister.gov/articles/search?conditions%5Bregulation_id_number%5D=0938-AS40
Participants
Jeffrey R. Galvin, MD, Baltimore, MD (Moderator) Nothing to Disclose

LEARNING OBJECTIVES
1) Describe the range of lung injury resulting from the inhalation of cigarette smoke. 2) Explain the general mechanisms of cigarette smoke injury. 3) List the currently accepted diagnostic categories. 4) Identify the key imaging features of smoking related lung disease.

ABSTRACT
Symptomatic cigarette smokers are a common source of referral for diagnostic imaging. Radiologists are regularly confronted with an array of findings on plain radiography and computed tomography that mirror varying combinations of emphysema, airway inflammation, airway fibrosis and the changes of pulmonary Langerhans' cell histiocytosis (PLCH). In addition, there is growing acceptance of a link between cigarette smoke and alveolar wall fibrosis. The radiologist is confronted with an extensive list of smoking-related diagnostic categories including: emphysema, obstructive bronchitis, respiratory bronchiolitis-interstitial lung disease (RB-ILD), desquamative interstitial pneumonia (DIP), PLCH and acute eosinophilic pneumonia. These injuries are best understood through correlation of the imaging with pathology and physiology.

Active Handout: Jeffrey R. Galvin

Sub-Events
RC301A  Introduction

Participants
Jeffrey R. Galvin, MD, Baltimore, MD (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1. Describe the range of lung injury resulting from the inhalation of cigarette smoke. 2. Explain the general mechanisms of cigarette smoke injury. 3. List the currently accepted diagnostic categories.

ABSTRACT
Symptomatic cigarette smokers are a common source of referral for diagnostic imaging. Radiologists are regularly confronted with an array of findings on plain radiography and computed tomography that mirror varying combinations of emphysema, airway inflammation, airway fibrosis and the changes of pulmonary Langerhans' cell histiocytosis (PLCH). In addition, there is growing acceptance of a link between cigarette smoke and alveolar wall fibrosis. The radiologist is confronted with an extensive list of smoking-related diagnostic categories including: emphysema, obstructive bronchitis, respiratory bronchiolitis-interstitial lung disease (RB-ILD), desquamative interstitial pneumonia (DIP), PLCH and acute eosinophilic pneumonia. These injuries are best understood through correlation of the imaging with pathology and physiology.

RC301B  CT Definable Subtypes of COPD

Participants
Alexander A. Bankier, MD, PhD, Boston, MA (Presenter) Author with royalties, Reed Elsevier Consultant, Olympus Corporation

LEARNING OBJECTIVES
1) Describe the current Fleischner classification of chronic obstructive pulmonary disease (COPD). 2) Identify the different categories of emphysema and associated abnormalities on computed tomography. 3) Explain the relationship between image derived assessment of COPD and clinical assessment including pulmonary function.

ABSTRACT
Symptomatic cigarette smokers are a common source of referral for diagnostic imaging. Radiologists are regularly confronted with an array of findings on plain radiography and computed tomography that mirror varying combinations of emphysema, airway inflammation, airway fibrosis and the changes of pulmonary Langerhans' cell histiocytosis (PLCH). In addition, there is growing acceptance of a link between cigarette smoke and alveolar wall fibrosis. The radiologist is confronted with an extensive list of smoking-related diagnostic categories including: emphysema, obstructive bronchitis, respiratory bronchiolitis-interstitial lung disease (RB-ILD), desquamative interstitial pneumonia (DIP), PLCH and acute eosinophilic pneumonia. These injuries are best understood through correlation of the imaging with pathology and physiology.

Honored Educators
Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/
Inflammatory Lung Disease in Smokers

Participants
Seth J. Kligerman, MD, Denver, CO (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Describe the categories of cigarette smoke related lung inflammation. 2) Classify the smoking-related inflammatory disorders including: respiratory bronchiolitis, desquamative interstitial pneumonia, pulmonary Langerhans cell histiocytosis and acute eosinophilic pneumonia. 3) Identify the key imaging features of smoking-related inflammatory disease on imaging. 4) Understand how pathologic changes mirror findings on imaging.

ABSTRACT
Smoking Related Lung Disease: Radiologic-Pathologic CorrelationSymptomatic cigarette smokers are a common source of referral for diagnostic imaging. Radiologists are regularly confronted with an array of findings on plain radiography and computed tomography that mirror varying combinations of emphysema, airway inflammation, airway fibrosis and the changes of pulmonary Langerhans' cell histiocytosis (PLCH). In addition, there is growing acceptance of a link between cigarette smoke and alveolar wall fibrosis. The radiologist is confronted with an extensive list of smoking-related diagnostic categories including: emphysema, obstructive bronchitis, respiratory bronchiolitis-interstitial lung disease (RB-ILD), desquamative interstitial pneumonia (DIP), PLCH and acute eosinophilic pneumonia. These injuries are best understood through correlation of the imaging with pathology and physiology.

Fibrotic Lung Disease in Smokers

Participants
Jeffrey R. Galvin, MD, Baltimore, MD (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Describe the categories of cigarette smoke related lung fibrosis. 2) Identify the key imaging features that indicate the presence of lung fibrosis. 3) Explain the importance of imaging in the interpretation of pulmonary functions.

ABSTRACT
Smoking Related Lung Disease: Radiologic-Pathologic CorrelationSymptomatic cigarette smokers are a common source of referral for diagnostic imaging. Radiologists are regularly confronted with an array of findings on plain radiography and computed tomography that mirror varying combinations of emphysema, airway inflammation, airway fibrosis and the changes of pulmonary Langerhans' cell histiocytosis (PLCH). In addition, there is growing acceptance of a link between cigarette smoke and alveolar wall fibrosis. The radiologist is confronted with an extensive list of smoking-related diagnostic categories including: emphysema, obstructive bronchitis, respiratory bronchiolitis-interstitial lung disease (RB-ILD), desquamative interstitial pneumonia (DIP), PLCH and acute eosinophilic pneumonia. These injuries are best understood through correlation of the imaging with pathology and physiology.
Molecular Imaging Mini-Course: Clinical Applications of Molecular Imaging - Neuro

Tuesday, Dec. 1 8:30AM - 10:00AM Location: N226

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants

Sub-Events

RC323A Oncology Applications

Participants
Hyunsuk Shim, PhD, Atlanta, GA, (hshim@emory.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) To learn about the potential of combining an advanced MR spectroscopic imaging with standard MR images to reduce the recurrence rate in gliomas.

ABSTRACT

Radiation therapy (RT) is as good as the images that guide RT planning. RT based on conventional MRIs may not fully target tumor extent in glioblastomas (GBM), which may, in part, account for high recurrence rates (60-70 percent at 6 months). Magnetic resonance spectroscopic imaging (MRSI), a molecular imaging modality that quantifies endogenous metabolite levels without relying on perfusion, leakage and diffusion of injected material, may better define extent of actively proliferating tumor. In addition, advances in this technology now permit acquisition of full-brain high-resolution 3D MRSIs in 12-14 minutes. We correlated state-of-the-art MRSI metabolite maps with tissue histopathology to validate further its use for identifying tumor that may not be fully imaged by conventional MRI sequences and provide support for its adjunctive use in tumor contouring for RT planning. Integration of histologically-verified, whole brain 3D MRSI into RT planning is feasible and may considerably modify target volumes. Thus, RT planning for GBMs may be augmented by MRSI potentially leading to reduced recurrence rates.

RC323B Functional Applications

Participants
Satoshi Minoshima, MD, PhD, Salt Lake City, UT (Presenter) Royalties, General Electric Company; Consultant, Hamamatsu Photonics KK; Research Grant, Hitachi, Ltd; Research Grant, Nihon Medi-Physics Co, Ltd; Research Grant, Astellas Group; Research Grant, Seattle Genetics, Inc;
Participants

Sub-Events

RC306A Managing the Incidental Thyroid Nodule

Participants
Jenny K. Hoang, MBBS, Durham, NC, (jennykh@gmail.com) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Describe the recommendations for workup an incidental thyroid nodule detected on imaging. 2) Examine the implications and costs of workup of incidental thyroid nodules.

ABSTRACT

Facts about incidental thyroid nodules on imaging
Majority of thyroid nodules detected incidentally do not have suspicious clinical history or imaging findings to differentiate a malignant from benign nodule. Incidental thyroid nodules are common whereas thyroid cancer is uncommon. Only 1.6% of patients with one or more thyroid nodules will actually have thyroid cancer [1]. Health care costs of workup of incidental thyroid nodules add up. Other costs to consider are patient anxiety, time lost, and potential complications of diagnostic lobectomy. Facts about incidental thyroid cancers
Small thyroid cancers are typically indolent and most patients die with rather than of thyroid cancer. The observed incidence of thyroid cancer is increasing exponentially and has doubled in the last decade [2]. Mortality has not changed significantly despite this trend which raises concern that the apparent increase in incidence is due to overdiagnosis of subclinical thyroid cancers. How should we be reporting thyroid nodules on imaging?
In 2015 the American College of Radiology published a white paper on the management of Incidental Thyroid Nodules [3].

References:

RC306B Imaging Thyroid Cancer

Participants
Ashley H. Aiken, MD, Atlanta, GA, (ashley.aiken@emoryhealthcare.org) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Discuss the American Thyroid Association (ATA) recommendations for preoperative imaging evaluation of thyroid cancer. 2) Recognize the indications for cross-sectional imaging in the pre-operative evaluation of thyroid cancer. 3) Use pre-operative cross-sectional imaging to accurately stage the primary tumor and regional lymph nodes.

ABSTRACT

Differentiated thyroid cancer (DTC), including papillary and follicular subtypes, is the most common (90%) primary thyroid malignancy. The remaining 10% of thyroid cancers include medullary, anaplastic and lymphoma. The American Thyroid Association (ATA) guidelines currently recommend ultrasound (US) as the preoperative study for uncomplicated thyroid cancer. Cross-sectional imaging adds important anatomical information and should be recommended for cases with clinical evidence of invasive disease (vocal cord palsy, fixed mass, dysphagia, or respiratory symptoms), large size or mediastinal extent not well seen on US or rapid enlargement. Cross-sectional imaging is also recommended by the ATA when there is US or clinical evidence of bulky LAD or US expertise is not available. When interpreting a CT or MRI for preoperative evaluation, the radiologist should assess the primary tumor for extrathyroidal extension. The critical structures to assess for local invasion include the infrahyoid strap muscles (T3), larynx, trachea, or esophagus (T4a), recurrent laryngeal nerve (T4a), carotid encasement (T4b) and prevertebral fascia (T4b). The second role of imaging is to assess for regional nodal disease. It is important for the radiologist to recognize that lateral neck dissections are NOT part of routine management and identification of nodal disease in the lateral neck will alter the surgical plan. Radiologists should pay close attention to the typical drainage pathways including the central neck (level VI), lateral neck (levels III, IV), superior mediastinum (VII) and retropharyngeal nodes. Nodal metastases in papillary thyroid cancer may be characteristically cystic or calcified on CT or hyperintense on T1 weighted MRI. However, metastatic nodes may also be small and reactive appearing, so that clustered nodes in the paratracheal and mediastinal locations should increase suspicion. PET/CT may play a role in dedifferentiated tumors that no longer concentrate iodine, especially for surveillance in patients with elevated thyroglobulin but negative 131I WBS.

Active Handout: Ashley Hawk Aiken

RC306C Parathyroid Imaging

Participants
Deborah R. Shatzkes, MD, New York, NY, (shatzkes@hotmail.com) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Key anatomic features of both normal and variant parathyroid anatomy. 2) The imaging modalities available for the work-up of primary hyperparathyroidism and their relative pros and cons. 3) The surgical techniques that have driven the development of contemporary parathyroid imaging.

**ABSTRACT**

The advent of minimally invasive parathyroid surgery (MIPS) has driven the development of improved localization techniques for parathyroid adenoma. The most successful imaging techniques are those that combine excellent anatomic detail with functional information that will help differentiate parathyroid adenoma from other nodules in the region. Ultrasound remains a very useful modality, because of its availability, cost and absent ionizing radiation. Radionuclide scanning, typically utilizing Tc99m Sestamibi, adds more specific functional information, and when combined with CT, good anatomic detail. Recently, there has been increasing interest in parathyroid CT, also known as 4DCT. This is essentially a CTA study whereby the characteristic hyperperfusion of parathyroid adenomas allows them to be differentiated from lymph nodes and exophytic thyroid nodules. There remains considerable controversy regarding technical details of 4DCT, particularly the number of phases required. The associated ionizing radiation remains a significant concern. Often, a combination of two imaging modalities is performed in order to increase reliability. The high incidence of ectopic parathyroid glands, the position of the glands at the root of the neck, the proximity to often multinodular thyroid tissue and what appears to be a rising incidence of multi glandular disease are challenges that relate to all imaging modalities.
Participants
Douglas S. Katz, MD, Mineola, NY (Moderator) Nothing to Disclose
Michael N. Patlas, MD, FRCP, Hamilton, ON, (patlas@hhsc.ca) (Moderator) Nothing to Disclose
Hani H. Abujudeh, MD, MBA, Boston, MA (Moderator) Nothing to Disclose

Sub-Events

RC308-01 CT and MR of Acute Appendicitis

Participants
Perry J. Pickhardt, MD, Madison, WI (Presenter) Co-founder, VirtuoCTC, LLC; Stockholder, Cellectar Biosciences, Inc; Research Consultant, Bracco Group; Research Consultant, KIT; Research Grant, Koninklijke Philips NV

LEARNING OBJECTIVES
1) Assess the relative advantages and disadvantages for CT and MR imaging in the setting of suspected appendicitis. 2) Compare the diagnostic performance of CT and MR for both appendicitis and alternative conditions. 3) Describe the increasing use of MR for abdominal imaging in the ED setting.

ABSTRACT
N/A

Honored Educators

Participants
Ilah Shin, Seoul, Korea, Republic Of (Presenter) Nothing to Disclose
Yong Eun Chung, MD, PhD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Myeong-Jin Kim, MD, PhD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

PURPOSE
To evaluate the diagnostic value of T1 bright appendix sign for the diagnosis of acute appendicitis in pregnant women

METHOD AND MATERIALS
This retrospective study included 125 pregnant women with suspected appendicitis who underwent MRI, including axial T2WI with/without fat saturation, coronal and sagittal T2WI, and 3D T1WI. Total of 22 patients were surgically confirmed as acute appendicitis. T1 bright appendix sign was defined as T1 high signal intensity (SI) material filling more than half length of appendix while this T1 high SI did not result from appendicolith on 3D T1WI. MR images were reviewed by two experienced radiologists in consensus and visibilities of the appendices were evaluated. The maximal diameter of visible appendix with presence or absence of T1 bright appendix sign was evaluated from MR. Sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) of T1 bright appendix sign were calculated

RESULTS
In patients with acute appendicitis (n=22), appendix was visualized in all patients and the mean diameter of the appendix was 9.4 ± 2.7 mm (range, 6.0-14.6 mm). In patients with a normal appendix, appendix was not visualized in 14 patients (13.6%). The mean diameter of the visualized normal appendix was 5.0 ± 0.7 mm (range, 3.1-6.8 mm). Among patient without appendicitis, T1 bright appendix sign was seen in 40 patients (45%), whereas it was noted in only 1 patient with acute appendicitis (4.5%). Fourteen patients had borderline sized appendix (appendix diameter between 6 - 7 mm) and 4 out of 14 patients were diagnosed as appendicitis. Among them, T1 bright appendix sign was seen in 4 patients without appendicitis. The sensitivity, specificity, PPV and NPV of T1 bright appendix sign for the diagnosis of normal appendix were 45%, 96%, 98%, and 30% for all patients and 60%, 100%, 100%, and 50% for patients with borderline sized appendix

CONCLUSION
T1 bright appendix sign was a specific finding for the diagnosis of normal appendix in pregnant women suspected of acute appendicitis

CLINICAL RELEVANCE/APPLICATION
If T1 bright appendix sign is seen in pregnant women with suspected appendicitis, the probability of acute appendicitis might be low
RESULTS
Visualization scores of appendix was slightly increased in both set 2 (4.5±1.3) and set 3 (4.5±1.3) compared to set 1 (4.2±1.3) without statistical significance (ANOVA, P=0.214). There was no significant differences in confidence level among three groups, in both patients with appendix (4.9 in all sets, P>0.999) and without appendix (1.2 in all sets, P=0.914). Eighteen patients had been diagnosed to other diseases including ureter stone (1), obstruction (3), torsion (7), acute pyelonephritis (2), hemoperitoneum (2), colon cancer (2), and terminal ileitis (1). Sensitivity and accuracy were increased in set 2 (77.8%, 96.8%) and set 3 (83.3%, 97.6%) compared to set 1 (66.2%, 95.2%) for the diagnosis of other disease. Az value was significantly higher in set 3 (Az, 0.917) compared to both set 2 (Az, 0.889) and set 1 (Az, 0.833, P < 0.05)

CONCLUSION
Axial T2WI with/without fat saturation and 3D T1WI were sufficient for the diagnosis of acute appendicitis. However, additional coronal and sagittal SSF T2WI were required for the accurate diagnosis of disease other than appendicitis in pregnant women

CLINICAL RELEVANCE/APPLICATION
Although axial T2WI and 3D T1WI is sufficient for the diagnosis of appendicitis, coronal and sagittal T2WI might be needed for the accurate diagnosis of diseases other than acute appendicitis in pregnant women who are suspected of acute appendicitis

PURPOSE
To investigate the optimal MR protocols in pregnant women who were suspected of acute appendicitis

METHOD AND MATERIALS
This retrospective study included 125 pregnant women (mean IUP, 21.6; range, 16-30 weeks) with suspected appendicitis. MR images were reviewed by two experienced radiologists in consensus in 3 separate sessions. On session 1, axial single shot(SSH) T2WI, respiratory gated fat saturated T2WI, 3D T1 weighted images (set 1) were reviewed. In session 2 and 3, set 1 + coronal T2WI (set 2) and set 2 + sagittal T2WI were reviewed respectively. The visibility of appendix (1: not identified - 5: entirely visualized) and probability of appendix (1: not appendicitis - 5: definite appendicitis) were evaluated in each session. If diseases other than appendix were suspected, reviewers were asked to provide specific diagnosis with a 5-point scale confidence level. Visualization score and diagnostic performance were compared by ANOVA and chi-square test. Area under the curve (Az) value was compared with DeLong methods

RESULTS
Visualization scores of appendix was slightly increased in both set 2 (4.5±1.3) and set 3 (4.5±1.3) compared to set 1 (4.2±1.3) without statistical significance (ANOVA, P=0.214). There was no significant differences in confidence level among three groups, in both patients with appendix (4.9 in all sets, P>0.999) and without appendix (1.2 in all sets, P=0.914). Eighteen patients had been diagnosed to other diseases including ureter stone (1), obstruction (3), torsion (7), acute pyelonephritis (2), hemoperitoneum (2), colon cancer (2), and terminal ileitis (1). Sensitivity and accuracy were increased in set 2 (77.8%, 96.8%) and set 3 (83.3%, 97.6%) compared to set 1 (66.2%, 95.2%) for the diagnosis of other disease. Az value was significantly higher in set 3 (Az, 0.917) compared to both set 2 (Az, 0.889) and set 1 (Az, 0.833, P < 0.05)

CONCLUSION
Axial T2WI with/without fat saturation and 3D T1WI were sufficient for the diagnosis of acute appendicitis. However, additional coronal and sagittal SSF T2WI were required for the accurate diagnosis of disease other than appendicitis in pregnant women

CLINICAL RELEVANCE/APPLICATION
Although axial T2WI and 3D T1WI is sufficient for the diagnosis of appendicitis, coronal and sagittal T2WI might be needed for the accurate diagnosis of diseases other than acute appendicitis in pregnant women who are suspected of acute appendicitis

PURPOSE
Acute appendicitis is a major concern especially in young females presenting to ER with right iliac fossa pain. Prompt diagnosis/exclusion has major implications in the urgent care setting. Due to concerns for radiation exposure with CT scan, MR is gaining popularity as the imaging of choice given the low yield of ultrasound in such cases. In this study, we assess the diagnostic performance of FAST MR protocol comprising T2 HASTE and DWI imaging for investigating such patients in the Emergency department.

METHOD AND MATERIALS
50 patients (49 Females; mean age 25.4 +/-5.2 yrs) with MR imaging between July 2017 and March 2015 for possible acute appendicitis were reviewed. MR abdomen/pelvis performed on 1.5 T MR per departmental protocol included axial T1 gradient echo in-out of phase, transverse FSE T2 with fat sat/motion correction, axial/coronal T2 HASTE and axial DWI images. In a randomized blinded fashion, two independent radiologists with > 5 years' experience in acute imaging reviewed both protocols for presence/absense of acute appendicitis with interpretation confidence on a five point scale(S : highly confident to 1: nondiagnostic).Mean acquisition and interpretation times for both protocols were calculated. Sensitivity, specificity and accuracy for the FAST protocol was calculated, using clinical disposition of the patient as gold standard.

RESULTS
Mean scan time for FAST and FULL protocol was calculated to be 21.1 min and 40.5 min respectively. Mean interpretation time for FAST protocol for reader one and two was 4.1 +/-1.5 min and 4.5 +/- 1.4 min and for FULL protocol was 8.1 +/-1.8 min and 7.1+/-.1.4 min respectively. The appendix was not confidently identified in 3 scans which were considered negative for the purpose of this study given the absence of indirect signs of inflammation like fat standing, free fluid. Sensitivity, specificity and accuracy for the FAST protocol were calculated to be 100% each for reader one and 75%, 100% and 94% respectively for reader two.
RESULTS

A retrospective search of our hospital database between 2012 and 2014 derived 197 patients with clear contrast-enhanced MDCT evidence of acute internal hemorrhage of the abdomen and pelvis and their association with patient mortality. We, therefore, sought to determine the frequency of HSC signs in patients presenting with acute lower intestinal bleeding.

CONCLUSION

The FAST MR protocol with high diagnostic accuracy in detecting/excluding appendicitis and significant reduction in scan/interpretation time can be a valuable tool for assessing patients with possible acute appendicitis in the ER setting.

CLINICAL RELEVANCE/APPLICATION

FAST MR protocol significantly reduces scan/read times without sabotaging diagnostic accuracy for evaluating acute appendicitis, thus is an efficient and cost-effective technique in the ER setting.

RC308-05 CT Angiography for Gastrointestinal Hemorrhage

Tuesday, Dec. 1 9:25AM - 9:50AM Location: N228

Participants

Jorge A. Soto, MD, Boston, MA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) To review an appropriate algorithm for the evaluation of patients presenting with overt lower intestinal bleeding, with emphasis on CT angiography. 2) To describe the proper CT angiographic technique for overt gastrointestinal bleeding. 3) Illustrate with multiple examples the CT angiographic findings of active gastrointestinal bleeding, as well as potential pitfalls in interpretation.

ABSTRACT

Overt gastrointestinal bleeding is a common and serious condition that may threaten a patient’s life depending on the severity and duration of the event. Precise identification of the location, source and cause of bleeding are the primary objectives of the diagnostic evaluation. The diagnostic algorithm implemented in these acutely ill patients include various imaging modality options, as well as upper endoscopy and colonoscopy. For patients presenting with hematochezia, implementation of colonoscopy in the emergency setting poses multiple challenges, especially the inability to adequately cleanse the colon and poor visualization owing to the presence of intraluminal blood clots. Scintigraphy with technetium 99m-labeled red blood cells is highly sensitive but also has some limitations, such as imprecise localization of the source of bleeding. CT angiography offers logistical and diagnostic advantages in the detection of active hemorrhage. A three-phase examination (non-contrast, arterial and portal venous) is typically performed. Potential technical and interpretation pitfalls should be considered and will be explained. The information derived from CT angiography helps direct therapy and select the most appropriate hemostatic intervention (when necessary): endoscopic, angiographic, or surgical. Precise anatomic localization of the bleeding point also allows a targeted endovascular embolization. The high diagnostic performance of CT angiography makes this test a good alternative for the initial emergent evaluation of patients with acute lower intestinal bleeding.

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Jorge A. Soto, MD - 2013 Honored Educator
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Jorge A. Soto, MD - 2015 Honored Educator

RC308-06 The Association of the Hypovolemic Shock Complex and Patient Mortality in Patients with Acute Internal Hemorrhage of the Abdomen and Pelvis

Tuesday, Dec. 1 9:50AM - 10:00AM Location: N228

Awards

RSNA Country Presents Travel Award

Participants

Benjamin Fritz, MD, Freiburg, Germany (Presenter) Nothing to Disclose
Jan Fritz, MD, Baltimore, MD (Abstract Co-Author) Research Grant, Siemens AG; Research Consultant, Siemens AG; Speaker, Siemens AG
Philippe A. Dovi-Akue, MD, Freiburg, Germany (Abstract Co-Author) Nothing to Disclose
Maximilian Russe, MD, Freiburg, Germany (Abstract Co-Author) Nothing to Disclose
Mathias F. Langer, MD, PhD, Freiburg, Germany (Abstract Co-Author) Nothing to Disclose
Elmar C. Kotter, MD, MSc, Freiburg, Germany (Abstract Co-Author) Editorial Advisory Board, Thieme Medical Publishers, Inc

POREUSE

The hypovolemic shock complex (HSC) constitutes computed tomography (CT) signs that are believed to be related to hypovolemic shock; however, its association with patient prognosis is unclear. We, therefore, sought to determine the frequency of HSC signs in patients with acute internal hemorrhage of the abdomen and pelvis and their association with patient mortality.

METHOD AND MATERIALS

A retrospective search of our hospital database between 2012 and 2014 derived 197 patients with clear contrast-enhanced MDCT demonstration of acute internal hemorrhage of the abdomen and pelvis. Experienced observers evaluated the CT studies for 10 different radiological signs of HSC. The frequencies of HSC signs were correlated with death during hospitalization.

RESULTS

44/197 (22.3%) of the patients died. The mortality group showed an average of 3.0 HSC signs, whereas the survival group showed 1.1 (p<0.001). Mortality and survival groups showed differences of the frequency of hyperenhancing adrenal glands (70.5% (31/44) vs. 19.0% (29/153), p<0.001), halo sign (54.5% (24/44) vs. 32% (48/150), p=0.01), splenic hypoperfusion (37.2% (16/44) vs. 4% (6/151), p<0.0001), altered renal enhancement (15.9% (7/44) vs. 3.3% (5/153), p=0.033), shock bowel (22.7% (10/44) vs. 3.3% (5/150), p=0.005), liver hypoperfusion (15.9% (7/44) vs. 3.3% (5/153), p=0.004), and hyperenhancement/edema of the gallbladder.
(12.1% (4/33) vs. 0% (0/137), p=0.044). No significant differences existed for a flat IVC (59.1% (26/44) vs. 45.1% (69/153),
p=0.103), small diameter aorta (9.5% (4/42) vs. 6.5% (10/153), p=0.516) and pancreatic hyperenhancement/edema (6.8% (3/44)
vs. 0% (0/153), p=0.083). 10% (7/73) of patients with no signs of HSC died compared to 11% (5/44) with 1, 27% (9/33) with 2,
33% (8/24) with 3, 67% (4/6) with 4, 44% (4/9) with 5, 67% (2/3) with 6, 100% (2/2) with 7, 100% (2/2) with 8 and 100% (1/1)
with 9 HSC signs.

**CONCLUSION**

HSC signs are common in patients with acute internal hemorrhage. Patient mortality significantly increases if 2 or more signs are
present. While several signs are associated with increased mortality, inferior vena cava, aorta and pancreas signs have the
weakest association.

**CLINICAL RELEVANCE/APPLICATION**

Timely MDCT diagnosis and reporting of the HSC can contribute to appropriate management of the acute patient care and
prognosis.

**RC308-07  Question and Answer**

- **Participants**

**RC308-08  Imaging of Bowel Ischemia**

- **Participants**

Vincent M. Mellnick, MD, Saint Louis, MO, (mellnickv@mir.wustl.edu) (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) To apply protocols for CT and MRI that are best for identifying and characterizing bowel ischemia. 2) To compare the underlying
causes and imaging findings of bowel ischemia, including nonocclusive ischemia, arterial and venous occlusion, vasculitis, and
obstruction. 3) To differentiate the CT and MRI findings of bowel ischemia due in various stages of chronicity. 4) To use this
information to better detect bowel ischemia in clinical practice and recommend appropriate management.

**ABSTRACT**

N/A

**RC308-09  CT for Acute Nontraumatic Abdominal Pain - Is Oral Contrast Really Required? Initial Conclusions**

- **Purpose**

To compare the diagnostic performance of abdominal CT performed with and without oral contrast, in patients presenting to the ED
with acute nontraumatic abdominal pain.

**METHOD AND MATERIALS**

Our prospective study was conducted on a sample of adult patients presenting with nontraumatic abdominal pain to the ED of a
large tertiary medical center. 250 patients with acute abdominal pain that underwent IV contrast-enhanced abdominal CT were
enrolled over a 9-month period. 125 patients were recruited for the study group using convenience sampling, and underwent CT
without oral contrast. A control group of 125 patients was recruited, matching the cohort groups’ gender and age and underwent
abdominal CT during the same week - with oral contrast material. Exclusion criteria were: pregnancy, history of IBD, recent
abdominal operation, suspected renal colic, AAA rupture or intestinal obstruction. The exams were first reviewed by the senior
attending radiologist to determine if an additional scan with oral contrast was required. Two senior radiologists then performed
consensus reading to determine the significance of the lack of oral contrast administration. The reviewers also determined specific
technical and imaging findings, including the presence of oral contrast in the pathological area and the influence of the technique
on some radiological findings.

**RESULTS**

Each group consisted of 67 males and 58 females. The average age of the two groups was 46.9 years. The main diagnoses were
appendicitis (20%), diverticulitis (8.4%), colitis (6.4%) and a normal CT exam (40.4%). There was no significant difference between
the groups regarding the history of the patients and the technique of the studies. Among the 125 patients of the study group, no
patient had to undergo additional scan in order to establish the correct diagnosis. In only 1 patient from each group (0.8%),
contrast material was considered to be necessary. In 8 patients from the study group (6.4%) and 5 patients from the control group
(4%) oral contrast was considered helpful.

**CONCLUSION**

Our study indicates that examination of patients with acute nontraumatic abdominal pain with CT scans without oral contrast
material - are diagnostic and have comparable performance to scans performed after oral contrast administration.

**CLINICAL RELEVANCE/APPLICATION**

Our study indicates that patients presenting to the ED with acute nontraumatic abdominal pain, may be examined with CT without
Assessing the Prevalence and Clinical Relevance of Positive Abdominal and Pelvic CT Findings in Senior Patients Presenting to the Emergency Department.

Tuesday, Dec. 1 10:50AM - 11:00AM Location: N228

Participants
Abdullah Alabousi, MD, Hamilton, ON (Abstract Co-Author) Nothing to Disclose
Michael N. Patlas, MD, FRCP, Hamilton, ON (Abstract Co-Author) Nothing to Disclose
Malek Meshki, MD, Hamilton, ON (Presenter) Nothing to Disclose
Sandra Monteiro, PhD, Hamilton, ON (Abstract Co-Author) Nothing to Disclose
Douglas S. Katz, MD, Mineola, NY (Abstract Co-Author) Nothing to Disclose

PURPOSE
To retrospectively evaluate the prevalence and clinical relevance of positive abdominal and pelvic CT findings for patients ages 65 and older, when compared with all other Emergency Department (ED) patients undergoing A/P CT during the same time period.

METHOD AND MATERIALS
An IRB-approved retrospective review of all adult patients who underwent an emergency 64-MDCT of the abdomen and pelvis for acute non-traumatic abdominal complaints over a two-year period at a single institution was performed. The prevalence and clinical relevance of positive CT findings was assessed for patients <65 and >65. Statistical comparisons were made with Student t-tests.

RESULTS
2102 patients between 10/1/2011 and 9/30/2013 were reviewed. 1009 patients were excluded as their CT was performed to assess for trauma, for post-operative changes, or because the patients had a known diagnosis or the CT examination was performed for cancer staging. 631 patients were included in the <65 group (298 men and 333 women; mean age 46, age range 18-64), and 462 were included in the >65 group (209 men and 253 women; mean age 78, age range 65-99). Overall, there were more positive CT findings explaining the abdominal/pelvic pain for patients <65 (388 positive cases, 61.5%), compared with the >65 group (258 positive cases, 55.8%), which was a statistically significant difference (p<0.03). However, patients >65 were more likely to have clinically/surgically relevant findings. 50% of patients >65 presenting with appendicitis had complications evident on the initial CT, compared with 27% of those <65 (p<0.05). In addition, bowel obstruction (41 vs 27 patients, p<0.05), ruptured abdominal aortic aneurysm (7 vs 2 patients, p<0.05) and malignancy (19 vs 12 patients, p<0.05) were all more common in individuals presenting to the ED >65 years of age.

CONCLUSION
The findings of our retrospective study refute the hypothesis that there is increased prevalence of positive abdominal and pelvic CT findings in patients >65. However, older patients in our series were more likely to present with clinically/surgically relevant findings, and a lower threshold for ordering imaging examinations in this patient population should be considered.

CLINICAL RELEVANCE/APPLICATION
64-MDCT shows more clinically/surgically relevant findings in individuals older than 65 than in younger patients presenting to the Emergency Department with acute non-traumatic abdominal complaints.

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Douglas S. Katz, MD - 2013 Honored Educator
Douglas S. Katz, MD - 2015 Honored Educator
TO CORRELATE NONCONTRAST MRI FEATURES OF PERIFOLLICULAR HEMORRHAGE WITH OVARIAN VIABILITY IN THE CLINICAL SETTING OF TORSION.

METHOD AND MATERIALS

This is an IRB-approved retrospective review of 8 patients with ovarian torsion on MRI confirmed with intraoperative exam. Preoperative MR exams were performed on either a 1.5T/3.0T system (Siemens Magnetom Aera/Skyra) using 18-channel anterior abdominal and pelvic surface coils. Images were acquired without breath holding using multiplanar T2-weighted Half-Fourier Single-shot Echo-train (HASTE) sequences, repeated with fat-suppression using SPectral Adiabatic Inversion Recovery (SPAIR). All MRIs were retrospectively reviewed in a blinded fashion separately by two radiologists for the presence or absence of a T2-hypointense perifollicular rim. This finding, when present, was utilized as a predictor of nonviability of the torsed ovary. Each torsed ovary was categorized as either a) viable or b) nonviable based on presence/absence of a perifollicular T2-hypointense rim. Clinical outcomes were determined by either a) histopathologic correlation, or b) imaging follow-up and review of the patient’s medical records.

RESULTS

Of 8 patients with ovarian torsion on MRI, 5 were categorized as non-viable on MRI due to the presence of a perifollicular T2 hypointense rim, and 3 as viable due to a lack of perifollicular T2-hypointense rim. Using the reference standards of pathology (n=5) and medical chart review and imaging follow-up (n=3), MRI demonstrated a sensitivity of 100%, and specificity of 100% for predicting viability of a torsed ovary based on presence of a perifollicular T2-hypointense rim. Histopathological correlation demonstrated perifollicular hemorrhage separating the theca interna and externa in every patient with non-viable ovaries, corresponding to the perifollicular T2-hypointensity identified on preoperative MRI.

CONCLUSION

Preoperative noncontrast MRI may hold promise for the prediction of ovarian viability in the clinical setting of torsion.

CLINICAL RELEVANCE/APPLICATION

Preoperative MRI for the diagnosis of ovarian torsion may provide a biomarker for prediction of ovarian viability, with potential impact on preoperative planning and management.

RC308-13 Diagnostic Performance of Individual and Combined MR Signs of Acute Cholecystitis

Tuesday, Dec. 1 11:35AM - 11:45AM Location: N228

Participants
Avneesh Gupta, MD, Boston, MA (Presenter) Nothing to Disclose
Christina A. LeBedis, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Stephan W. Anderson, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Jorge A. Soto, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose

PURPOSE

To determine the performance of individual and combined MR signs of acute cholecystitis, and to propose a rapid non-contrast MR protocol for emergency diagnosis of right upper quadrant pain.

METHOD AND MATERIALS

The institutional review board approved this HIPAA-compliant retrospective study. Informed consent was waived. 288 patients presenting to the emergency department with acute right upper quadrant pain between 10/3/2010 and 11/28/2012 undergoing MR within 48 hours of US were included. MR was performed in all included patients due to equivocal US and persistent symptoms. Individual MR signs were graded in a blinded fashion using single shot T2, diffusion (b=0, b=600) and 3D GRE post contrast sequences. Sensitivity and specificity values for individual and combined imaging signs were calculated using surgical diagnosis as the reference standard for acute cholecystitis.

RESULTS

Of 288 patients, 128 were treated conservatively and excluded from analysis. 160 underwent cholecystectomy and 77 were diagnosed with acute cholecystitis at surgery. Sensitivities of the MR findings of gallstones, distention, wall thickening, pericholecystic fluid, gallbladder fossa restricted diffusion, wall restricted diffusion, gallbladder fossa hyper enhancement and wall hyper enhancement for the detection of acute cholecystitis were 96%, 59.7%, 72.7%, 49.4%, 47.3%, 26.7%, 55% and 11%, respectively. Corresponding specificities were 24.6%, 71%, 55.9%, 78.2%, 74.8%, 98.3%, 83.2% and 98.4%. Combining stones, distention, pericholecystic fluid and gallbladder fossa restricted diffusion yielded sensitivity of 35% and specificity of 92.7%, and these findings were identifiable using single shot T2 and diffusion sequences only. The combination of stones, distention and gallbladder fossa hyper enhancement was 43.8% sensitive and 89.6% specific for acute cholecystitis.

CONCLUSION

Individual and combined MR features show high specificity for acute cholecystitis. Most signs can be detected by diffusion and single shot T2 weighted sequences only. Gallbladder fossa restricted diffusion is a novel imaging sign, and when combined with the presence of gallstones, pericholecystic fluid and distention yields a specificity of 92.7% for acute cholecystitis.

CLINICAL RELEVANCE/APPLICATION

A highly specific, rapid non-contrast MR protocol consisting of diffusion and single shot T2 weighted sequences can be effective for the diagnosis of acute cholecystitis when US findings are equivocal.

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Jorge A. Soto, MD - 2013 Honored Educator
Jorge A. Soto, MD - 2014 Honored Educator
Jorge A. Soto, MD - 2015 Honored Educator

RC308-14 Question and Answer

Tuesday, Dec. 1 11:45AM - 12:00PM Location: N228

Participants
**Medical Physics 2.0: Computed Tomography**

**Tuesday, Dec. 1 8:30AM - 10:00AM Location: N229**

**学习目标**
1) 要了解computed tomography测试和质量控制的当前推荐。2) 要了解 accreditation and regulation on CT quality assurance。3) 要了解当前剂量测定和报告考虑。

**摘要**
许多组织已经为测试计算机断层扫描仪的测试方法做出了贡献。这些包括州监管机构、食品和药物管理局、医学物理学家协会和放射学会，以及其他许多组织和个人。这些贡献包括了许多好的想法，但也引起了许多困惑。进一步，现代CT扫描仪的复杂性使一些测试变得过时或难以实施。本次会议主要关注2012年美国放射学会计算机断层扫描质量控制手册和所需内容的实施。推荐和要求的测试将被识别，但不详细描述。

**Sub-Events**

**RC321A  Computed Tomography Perspective**

参与者
Mahadevappa Mahesh, MS, PhD, Baltimore, MD (Presenter) 作者有版税，Wolters Kluwer nv

**学习目标**
1) 要反映MDCT技术使体积数据收集成为可能。2) 评估新创新使CT剂量降低。

**摘要**
本演讲将提供有关MDCT技术的简要概述（从单片（SDCT）到多片（MDCT））。过去十年见证了能力的迅速发展（可以在半周旋转中获取4-320片）。实现了从心脏解剖的全部覆盖数据（在半周旋转中获取4-320片），CT扫描仪的辐射剂量也随之减少。体积CT - 宽传感器和双源CT。新挑战2a。迭代重建2b。双能量2c。剂量检查

**RC321B  Computed Tomography 1.0**

参与者
Douglas E. Pfeiffer, MS, Boulder, CO (Presenter) 无信息披露

**学习目标**
1) 要了解computed tomography测试和质量控制的当前推荐。2) 要了解 accreditation and regulation on CT quality assurance。3) 要了解当前剂量测定和报告考虑。

**摘要**
许多组织已经为测试计算机断层扫描仪的测试方法做出了贡献。这些包括了许多好的想法，但也引起了许多困惑。进一步，现代CT扫描仪的复杂性使一些测试变得过时或难以实施。本次会议主要关注2012年美国放射学会计算机断层扫描质量控制手册和所需内容的实施。推荐和要求的测试将被识别，但不详细描述。

**RC321C  Computed Tomography 2.0**

参与者
Ehsan Samei, PhD, Durham, NC (Presenter) 无信息披露

**学习目标**
1) 要了解computed tomography测试和质量控制的当前推荐。2) 要了解 accreditation and regulation on CT quality assurance。3) 要了解当前剂量测定和报告考虑。4) 要了解为优化CT系统的运营所需。

**摘要**
要了解新的CT性能指标的定义和需要。要了解新CT技术的测试影响。要了解CT系统的操作优化。要了解CT性能指标的定义和需要。要了解新CT技术的测试影响。要了解CT系统的操作优化。
**Neuroradiology Series: Stroke**

Tuesday, Dec. 1 8:30AM - 12:00PM Location: N230

**RC305-01 Imaging for Stroke Triage: Where Do We Stand?**

Tuesday, Dec. 1 8:30AM - 8:55AM Location: N230

Participants
Howard A. Rowley, MD, Madison, WI, (hrowley@uwhealth.org) (Moderator) Research Consultant, Bracco Group; Research Consultant, Guerbet SA; Research Consultant, General Electric Company; Consultant, F. Hoffmann-La Roche Ltd; Consultant, W.L. Gore & Associates, Inc; Consultant, Lundbeck Group; ; ; ; ;
Albert J. Yoo, MD, Newton, MA (Moderator) Research Grant, Penumbra, Inc; Research Grant, Terumo Corporation; Research Consultant, Medtronic, Inc;

**LEARNING OBJECTIVES**

1) We will review the most common neuroimaging modalities and treatment algorithms used in the evaluation of acute stroke patients.

**ABSTRACT**

Neuroimaging has become essential in the evaluation of the acute stroke patient. CT and MRI are used to confirm the diagnosis of acute stroke, exclude stroke mimics, and triage patients for intravenous t-PA and endovascular revascularization therapies. Advanced neuroimaging techniques, including CT-angiography, MR-angiography, CT-perfusion and MR-perfusion further inform acute stroke treatment decisions and are increasingly used in the acute setting. We will review the most common neuroimaging modalities and treatment algorithms used in the evaluation of acute stroke patients.

**RC305-02 Feasibility Of Improving Detection Of Early Ischemic Infarction on Head CT Using Continuity-Based Correlative Enhancement.**

Tuesday, Dec. 1 8:55AM - 9:05AM Location: N230

Participants
Max Wintermark, MD, Lausanne, Switzerland, (max.wintermark@gmail.com) (Presenter) Advisory Board, General Electric Company;

**PURPOSE**

Recognition of early signs of brain infarction may influence patient management, but can be difficult on head CT. Using custom software (patent pending) that manipulates images based on correlation between intensities of continuous pixels, we aimed to assess the feasibility of improving the detection of brain infarction with head CT images.

**METHOD AND MATERIALS**

35 head CT images through the region of proven infarction and 20 control images across brain tissue without infarction were post-processed using a custom software (patent pending). Three readers, evaluated the baseline and enhanced images in a masked manner, and marked the location of infarction whenever suspected, while using a 5-point scale to rate their confidence for the presence of infarction. In a separate session, readers rated the comparative ease-of-recognition of signs of infarction for baseline and enhanced images on a 7-point scale, while evaluating these images simultaneously along with the follow-up imaging indicating the infarct distribution. Infarct identification data were analyzed with jackknife, alternative, free-response receiver operating characteristic (JAFROC) weighted software. Comparative ease-of-recognition was assessed using the one-sided Wilcoxon signed rank test for differences > a value of 4.

**RESULTS**

For infarct localization, JAFROC analysis revealed figure-of-merit values of 0.56 and 0.67 for baseline and enhance images respectively (p=0.03). Corresponding values for infarct localization within 6 hours of symptom onset were 0.49 and 0.63 (p = 0.04). Comparative ease-of-recognition was significantly higher than the equivalent value of 4 for all three readers (p <0.01, 0.03, <0.01), tilted favorably towards the enhanced images.

**CONCLUSION**

Continuity-based correlative enhancement improves conspicuity and accurate detection of early changes of brain infarction on non-contrasted head CT.
CLINICAL RELEVANCE/APPLICATION

By improving diagnostic accuracy for detection of ischemic infarction on head CT, continuity-based correlative enhancement may help in making more informed decisions for management of stroke patients.

RC305-03 Diagnostic Accuracy of Whole-brain CT Perfusion in MRI-confirmed Infratentorial Infarctions

Tuesday, Dec. 1 9:05AM - 9:15AM Location: N230

Participants
Kolja M. Thierfelder, MD, MSc, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Christine Bollwein, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Birgit B. Ertl-Wagner, MD, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Louisa von Baumgarten, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Maximilian F. Reiser, MD, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Wieland H. Sommer, MD, Munich, Germany (Presenter) Founder, QMedify GmbH
Andreas Straube, MD, Munich, Germany (Abstract Co-Author) Nothing to Disclose

PURPOSE

Recently introduced whole-brain CT perfusion (WB-CTP) allows for an evaluation of the posterior fossa, but data on WB-CTP in this region is limited. Our aim was to determine the diagnostic accuracy of WB-CTP for infratentorial infarctions and to identify factors influencing the detection rate.

METHOD AND MATERIALS

Out of a retrospective cohort of 1361 consecutive patients who underwent WB-CTP due to suspected stroke, we selected all patients with an MRI-confirmed infratentorial ischemic infarction. The study was designed as a case-control study with a ratio of cases to controls without infratentorial infarction of 1:3. Two blinded and experienced readers independently evaluated 4 different perfusion maps - Cerebral Blood Flow (CBF), Cerebral Blood Volume (CBV), Mean Transit Time (MTT), and Time to Drain (TTD) - for the presence and location of an infratentorial perfusion deficit.

RESULTS

Seventy subjects met the inclusion criteria for the patient group. The control group consisted of 210 patients. Overall, WB-CTP reached a sensitivity of 45.4% and a specificity of 93.1%. Infarctions of the cerebellum were detected in 20/38 (53%), while infarctions of the brain stem were detected in only 9/32 (28%) of the cases, p < 0.05. Among the different perfusion maps, TTD was the most sensitive (47.2%), followed by MTT (41.0%), CBF (39.2), and CBV (9.1%). With respect to specificity, CBV (98.1%) reached the highest value, followed by CBF (93.8%), TTD (92.9%), and MTT (89.2%). Mean final infarction volume (15.2ml) and diameter (27.1mm) of infarctions that were detected in WB-CTP were significantly larger than volume (5.4ml) and diameter (17.8mm) of infarctions that were not detected (each with p < 0.001).

CONCLUSION

Depending on infarction size and localization, whole-brain CT perfusion is able to detect around 45% of infratentorial infarctions with a specificity of around 90%.

CLINICAL RELEVANCE/APPLICATION

Whole-brain CT perfusion is able to detect around 45% of infratentorial infarctions and may be an important alternative in the case of suspected posterior circulation ischemia when MRI is not available.

RC305-04 Intracranial Vessel Imaging at 1.5 Tesla versus 3 Tesla versus 7 Tesla:A Comparison Trial

Tuesday, Dec. 1 9:15AM - 9:25AM Location: N230

Participants
Lale Umutlu, MD, Essen, Germany (Presenter) Consultant, Bayer AG
Oliver Kruff, MSc, Essen, Germany (Abstract Co-Author) Nothing to Disclose
Anja Fischer, MD, Essen, Germany (Abstract Co-Author) Nothing to Disclose
Stefan Maderwald, PhD, MSc, Essen, Germany (Abstract Co-Author) Nothing to Disclose
Mark E. Ladd, PhD, Heidelberg, Germany (Abstract Co-Author) Nothing to Disclose
Thomas C. Lauenstein, MD, Essen, Germany (Abstract Co-Author) Nothing to Disclose
Michael Forsting, MD, Essen, Germany (Abstract Co-Author) Nothing to Disclose
Marc U. Schlamann, Essen, Germany (Abstract Co-Author) Nothing to Disclose

PURPOSE

The increase of the magnetic field strength is associated to an increase in SNR that can be transitioned into imaging at higher spatiotemporal resolution. With the successful implementation of 7T neuro MRI, the aim of this study was to investigate and intrinsidivally compare non-enhanced MR imaging of intracranial arteries and veins at 1.5 Tesla, 3 Tesla and 7 Tesla utilizing TOF-MRA and susceptibility-weighted imaging.

METHOD AND MATERIALS

10 healthy volunteers were each examined on a 1.5 T (Magnetom Aera, Siemens), a 3T (Magnetom Skyra, Siemens) and a 7T MR system (Magnetom 7T, Siemens) utilizing 32-channel head coils. TOF-MRA and SWI were optimized to achieve best spatial resolution for each field strength while preserving comparable acquisition times. All datasets were read by two radiologists utilizing a 5-point scale (5= excellent vessel delineation to 1= non-diagnostic). All TOF-MRA datasets were assessed for delineation of the intracranial arteries, subdivided into 8 segments (ICA, A1/2, M1,M2,M3,PCA, P1/2, basilar artery). SWI datasets were read for delineation of 14 different smaller and larger veins. Additionally, overall image quality, vessel sharpness, vessel to background contrast and image impairment due to artifacts was assessed. For statistical analysis, a Wilcoxon Rank Test was used.

RESULTS

With increasing magnetic field strength, all sequences could be obtained at higher spatial resolution at comparable acquisition
times, enabling improved vessel delineation. TOF-MRA at 7T enabled a significantly better delineation particularly of small peripheral vessel segments compared to 3T and 1.5T (mean M3 TOF7T=4.3; TOF3T=3.8; TOF1.5T=2.9). 7 Tesla SWI imaging demonstrated its superiority in the highly-detailed delineation of larger and smaller veins with statistical significance to lower field strengths (p=0.03) (e.g. average mean value larger veins: SWI7T =4.5, SWI3T =3.3, SWI1.5T =2.7). Overall image quality was rated comparably high for all three field strengths (7T=4.6; 3T=4.7; 1.5T=4.7).

CONCLUSION

Our results demonstrate the benefits of an increase of magnetic field strength from 1.5T to 7T, offering improved and highly-detailed delineation of the intracranial arterial and venous vasculature.

CLINICAL RELEVANCE/APPLICATION

The excellent delineation of non-enhanced vascular structures in 7T neuro MRI may lead to a more accurate diagnosis of vascular disease, such as aneurysms or cavernomas using 7T MRI.

**RC305-05** **High Resolution Intracranial Vessel Wall Imaging of Atherosclerotic Plaque Characteristics: Correlation with Patient Symptoms**

Tuesday, Dec. 1 9:25AM - 9:35AM Location: N230

Participants
Aaron M. Rutman, MD, Seattle, WA (Presenter) Nothing to Disclose
Chun Yuan, PhD, Seattle, WA (Abstract Co-Author) Research Grant, Koninklijke Philips NV; Consultant, Koninklijke Philips NV; ;
William D. Hwang, MD, Seattle, WA (Abstract Co-Author) Nothing to Disclose
Daniel S. Hippe, MS, Seattle, WA (Abstract Co-Author) Research Grant, Koninklijke Philips NV; Research Grant, General Electric Company
Niranjan Balu, PhD, Seattle, WA (Abstract Co-Author) Nothing to Disclose
Thomas S. Hatsukami, MD, Seattle, WA (Abstract Co-Author) Research Grant, Koninklijke Philips NV
David Tirschwell, MD, MSc, Seattle, WA (Abstract Co-Author) Nothing to Disclose
Adam de Havenon, MD, Seattle, WA (Abstract Co-Author) Nothing to Disclose
Mahmud Mossa-Basha, MD, Seattle, WA (Abstract Co-Author) Research support, General Electric Company

PURPOSE

High resolution intracranial vessel wall imaging (VWI) has recently gained attention for its ability to evaluate and differentiate various intracranial aterioptathies, including atherosclerosis (ICAD), inflammatory vasculopathy, arterial dissection, and reversible cerebral vasconstriction syndrome. VWI also allows for atherosclerotic plaque characterization, depicting potential vulnerable plaque features. The aim was to compare the VWI plaque characteristics between symptomatic and asymptomatic intracranial atherosclerotic lesions using a multi-contrast VWI protocol.

METHOD AND MATERIALS

Cases of ICAD imaged with VWI were collected and retrospectively analyzed from our database between the dates 12/20/12-12/5/13. The imaging protocol included T2, T1 pre and post contrast, 3D T2 SPACE VWI and TOF MRA sequences. Symptomatic plaques were those upstream from an infarct within 6 months of VWI. Lesions with symptoms greater than 6 months prior were excluded. Each plaque was assessed for presence/absence of a fibrous cap, presence of fibrous cap thinning/disruption, cap:necrotic core ratio, and remodeling ratio (total vessel area of diseased segment)/(total vessel area of reference segment). Characteristics were compared by Fisher’s exact test (fibrous cap presence, thinning/disruption) and unpaired t-test (cap:necrotic core ratio, remodeling ratio).

RESULTS

48 intracranial atherosclerotic plaques were included from 22 patients. Assessment for fibrous capsule was possible in 18/21 symptomatic and 25/27 asymptomatic plaques. 18/18 symptomatic and 11/25 asymptomatic lesions either did not have a visible fibrous cap, or had apparent disrupted luminal surface or thinning of a visible fibrous cap (p<0.01). There was no significant difference in the cap:l lipid core ratio or the remodeling ratio between symptomatic and asymptomatic lesions.

CONCLUSION

VWI allows for evaluation of ICAD characteristics which may indicate plaque vulnerability, and be associated with symptoms. These features might serve as biomarkers for assessing risk, as well as indicate culprit lesions. Our study shows a significantly increased likelihood of absent fibrous cap or fibrous cap rupture/thinning in the setting of symptoms.

CLINICAL RELEVANCE/APPLICATION

VWI of intracranial atherosclerotic plaque can demonstrate characteristics of vulnerable, symptom-associated plaque.

**RC305-06** **Potential Applications for Intracranial Vessel Wall Imaging**

Tuesday, Dec. 1 9:35AM - 10:00AM Location: N230

Participants
David J. Mikulis, MD, Toronto, ON (Presenter) Stockholder, Thornhill Research Inc; Research Grant, General Electric Company;

LEARNING OBJECTIVES

1) Understand the issues concerning clinical implementation of intra-cranial vessel wall imaging. 2) Understand how vessel wall imaging can aid in differentiating vasculopathies that have similar angiographic appearances. 3) Understand pitfalls related to arterial wall image interpretation.

ABSTRACT

Modern high field MRI systems with increased multi-element coil design have enabled higher resolution by providing greater overall signal. This in turn has paved the way for imaging smaller parts including the walls of smaller and smaller vascular structures. For example, current technology is capable of generating 3D images with 0.4 x 0.4 x 0.4 mm isotropic voxels using 3T MRL. This has
enabled characterization of circle of Willis vessels out to secondary branches (A2,M2, and P2). Not only has analysis of vasculopathies with identical angiographic appearances been made possible thereby increasing specificity of diagnosis, it has also provided insight into disease pathophysiology. An example of this is the strong relationship found between ischemic stroke and gadolinium enhancing intra-cranial atherosclerotic plaques. The purpose of this presentation therefore is to summarize the current status of arterial wall imaging in clinical neuroradiology.

**RC305-07 Update on Acute Stroke Intervention**

Participants
Colin P. Derdeyn, MD, Saint Louis, MO, (colin-derdeyn@uiowa.edu) (Presenter) Consultant, Terumo Corporation; Consultant, Penumbra, Inc; Consultant, Silk Road Medical; Stock options, Pulse Therapeutics, Inc; ;

LEARNING OBJECTIVES

1) Describe the current indications for endovascular stroke intervention. 2) Describe the available mechanical devices currently used in these cases.

**ABSTRACT**

The past 12 months have seen the publication of more positive pivotal clinical trials (n = 4) for the treatment of acute ischemic stroke than the last 20 years combined (n = 6). Endovascular stroke treatment (EVT) is now proven effective for a large subgroup of patients presenting with acute ischemic stroke. We will carefully review the data from the four recently published trials of endovascular treatment (EVT) for acute ischemic stroke: MR CLEAN (Multicenter Randomized Clinical Trial of Endovascular Treatment for Acute Ischemic Stroke in the Netherlands), ESCAPE (Endovascular Treatment for Small Core and Anterior Circulation Proximal Occlusion with Emphasis on Minimizing CT to Recanalization Times), and EXTEND-IA (Extending the Time for Thrombolyis on Emergency Neurological Deficits) and SWIFT PRIME (Solitaire With the Intention For Thrombectomy as Primary Endovascular Treatment for Acute Ischemic Stroke). We will examine the implications of these trials for current practice and future studies. In particular, we will focus on procedural details such as patient selection, devices, adjunctive therapies, treatment time windows and performance metrics.

Active Handout: Colin P. Derdeyn


**RC305-08 Carotid Intraplaque Hemorrhage is Associated with Accelerated Progression in Patients with Acute Ischemic Stroke: A Prospective Multicenter-Study on Carotid Plaque Imaging in Patients with Acute Stroke**

Participants
Andreas Schindler, MD, Munich, Germany (Presenter) Nothing to Disclose
Anna Bayer-Karpinska, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Tilmann Obenhuber, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Florian Schwarz, MD, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Clemens C. Cyran, MD, Munich, Germany (Abstract Co-Author) Research Grant, Bayer AG Research Grant, Novartis AG Speakers Bureau, Bayer AG
Tobias Saam, MD, Munich, Germany (Abstract Co-Author) Research Grant, Diamed Medizintechnik GmbH; Research Grant, Pfizer Inc
Andreas D. Helck, MD, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Andreas Harloff, Freiburg, Germany (Abstract Co-Author) Speaker, Boehringer Ingelheim GmbH Speaker, Bayer AG
Holger Poppert, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Martin Dichgans, MD, Munich, Germany (Abstract Co-Author) Nothing to Disclose

PURPOSE

To prospectively evaluate whether carotid plaque hemorrhage - as detected by high-resolution carotid plaque MRI - is associated with an accelerated progression rate of atherosclerosis.

**METHOD AND MATERIALS**

58 consecutive patients (76.3±9.8 years; 45 male) with acute ischemic stroke in the anterior circulation and non-stenosing carotid plaque in any carotid artery were included in the ongoing multi-center trial (which is also registered on ClinicalTrials.gov). Patients underwent MRI of both carotid arteries at baseline and at 12 months. Carotid plaques were characterized by the American Heart Association (AHA) classification system and plaque burden as well as components such as the lipid-rich/necrotic core, calcifications, and hemorrhage were identified and quantified. Annualized changes for each item were analyzed for both arteries combined on a patient basis for the whole cohort, as well as depending on the status of intra plaque hemorrhage (IPH) at baseline (IPH+ vs. IPH-). Unpaired t-test and one-sample t-test vs. 0 were performed.

**RESULTS**

A total of 14 patients had complicated AHA-LT6 plaques with IPH at baseline; no new IPH was detected at follow-up. During follow-up a total of four re-events occurred (all IPH+ at baseline). For all patients no significant changes in plaque burden or component size were measurable after one year, with a non-significant increase of mean wall area of 2.3%/year. IPH+ vs. IPH- subjects had a significantly higher progression of the normalized wall index (3.5% vs. 0.5%; p<0.05), and an accelerated progression of mean wall area (7.3% vs. 0.8%; P=n.s. for IPH+ vs. IPH-; P=0.037 for IPH+ vs. 0). No significant quantitative changes for all plaque components were measurable, although mean necrotic core area increased from 6.2 to 7.1 mm² in IPH+ patients (+16%) and remained unchanged in IPH- patients.

**CONCLUSION**

Intraplaque hemorrhage is associated with an accelerated atherosclerotic plaque progression rate in patients with acute ischemic stroke.

**CLINICAL RELEVANCE/APPLICATION**
This multi-center study provides further evidence that IPH is a good marker of plaque vulnerability; further studies are needed to test if patients with IPH could profit from more intensive therapy.

**RC305-09 Dual-Energy Head CT Can Accurately Distinguish Intraparenchymal Hemorrhage from Calcification in Emergency Department Patients**

**Tuesday, Dec. 1 10:55AM - 11:05AM Location: N230**

**Participants**
Laleh Daftarbesheli, MD, Boston, MA (Presenter) Nothing to Disclose
Ranilang Hu, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Joseph Y. Young, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Markus Y. Wu, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Michael H. Lev, MD, Boston, MA (Abstract Co-Author) Research support, General Electric Company Stockholder, General Electric Company
Rajiv Gupta, PhD, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Stuart R. Pomerantz, MD, Boston, MA (Abstract Co-Author) Research Grant, General Electric Company

**PURPOSE**
Conventional head CT and MRI with gradient-echo susceptibility scanning are limited in their ability to distinguish hemorrhage from calcification, a critical distinction in the selection of stroke patients for IV-thrombolytic and endovascular therapies. Dual energy CT (DECT) scanning, however, may be able to better discriminate calcium from hemorrhage based on the differing proportions of X-ray attenuation of these materials at different scanning energies. The purpose of this study is to evaluate the ability of DECT for differentiation of calcification from acute hemorrhage.

**METHOD AND MATERIALS**
In this IRB approved study, all unenhanced DECT head exams performed in our emergency department in November and December 2014 were retrospectively reviewed. Patients with at least one focus of intra-parenchymal hyperdensity were included and material decomposition images were post-processed. Virtual non-calcium and calcium overlay images were reviewed for the presence of calcification versus hemorrhage. Relevant prior and follow-up imaging and clinical data were used to determine the reference standard.

**RESULTS**
Of 399 DECT head exams, 83 (21%) contained at least one intraparenchymal hyperdensity on the corresponding simulated single energy CT (SECT) image; 64/83 (77%) with reference standard proof of diagnosis were included. Mean age was 67 years; 39/64 (61%) were male. 68 distinct intraparenchymal hyperdense lesions were identified, of which 41/68 (60%) were calcification and 27/68 (40%) were hemorrhage. Sensitivity, specificity and accuracy of DECT for the detection of hemorrhage were 96% (CI 81-99%), 100% (CI 91-100%), and 99% (CI 90-100%), respectively. Seven of 27 (26%) of hemorrhages were incorrectly classified by SECT alone, compared to 1/27 (4%) for DECT.

**CONCLUSION**
DECT post-processed images can distinguish intraparenchymal hemorrhage from calcification rapidly and with very high accuracy in emergency department patients. Conventional gradient-echo MRI and CT scanning are unable to make this distinction accurately. This may have important implications for patient care, most notably in excluding stroke patients with intracranial hemorrhage from IV-thrombolytic and endovascular stroke therapies.

**CLINICAL RELEVANCE/APPLICATION**
Ability of DECT for differentiation of calcification from hemorrhage has important implications for patient care, most notably in excluding stroke patients with hemorrhage from IV-thrombolytic.

**RC305-10 Favorable Outcomes Following Endovascular Treatment in Anterior Circulation Stroke Patients Defined Prospectively Using MRI and Clinical Criteria**

**Tuesday, Dec. 1 11:05AM - 11:15AM Location: N230**

**Participants**
Ramon G. Gonzalez, MD, PhD, Boston, MA (Presenter) Nothing to Disclose
Thabele M. Leslie-Mazwi, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Pamela W. Schaefer, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Michael H. Lev, MD, Boston, MA (Abstract Co-Author) Research support, General Electric Company Stockholder, General Electric Company
Natalia Rost, Boston, MA (Abstract Co-Author) Nothing to Disclose
Lee Schwamm, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Joshua A. Hirsch, MD, Boston, MA (Abstract Co-Author) Shareholder, Intratech Medical Ltd

**PURPOSE**
To evaluate the clinical efficacy of major anterior circulation stroke thrombectomy in patients prospectively classified by specific MRI and clinical criteria.

**METHOD AND MATERIALS**
72 patients with MCA or terminal ICA occlusion by CTA, followed by core infarct volume determination by MRI, underwent thrombectomy after meeting institutional criteria: DWI lesion volume <70ml, age < 80, stroke onset to procedure initiation < 6 hours and baseline mRS ≤1. Thirty two were prospectively classified as Uncertain to Benefit (UTB) if one or more of the clinical criteria were not met or if the DWI lesion was 70–100 ml. Outcomes were based on 90-day modified Rankin score (mRS). Favorable outcomes were defined as 90 day mRS of 0, 1 or 2.

**RESULTS**
40 patients were prospectively classified as Likely to Benefit (LTB) and prospective categorization of UTB patients associated with favorable outcomes for O2O and
Reperfusion (mTICI 2b or 3) and prospective categorization as LTB were strongly associated with favorable outcomes (p<0.001 and p<0.005, respectively). Successful reperfusion had a significant positive impact on the distribution of mRS scores of the LTB cohort (p=0.0001). Intervention resulted in successful reperfusion in 68% of the LTB patients and 75% of UTB patients (not significant).

CONCLUSION

Patients prospectively classified as Likely to Benefit based on MRI and clinical criteria have a high likelihood of favorable outcome after thrombectomy, particularly if reperfusion is successful.

CLINICAL RELEVANCE/APPLICATION

This work demonstrates how to achieve high levels of favorable outcomes in severe ischemic stroke patients by using imaging for selection of appropriate patients for endovascular therapy.

PURPOSE

The exquisite temperature sensitivity of neuronal substrate has been thoroughly expounded in past studies. The effect of systemic temperature changes on stroke progression, and its impact upon the fate of at-risk tissues remains unknown. We undertook the analysis of temperature fluctuations and their interaction with rescue of penumbral tissues in a cohort of successfully revascularized acute stroke patients, hypothesizing greater relative infarct expansion as a function of sub-clinical systemic temperature changes.

METHOD AND MATERIALS

129 patients with acute stroke presenting within 12 hours were culled from our prospective registry. CT perfusion was obtained, with perfusion analysis undertaken in a user- and vendor-independent processing environment (RAPID). Automated lesion segmentation and thresholding of CTP data produced core, penumbral, and mismatch volumes. Final infarct volumes (FIV) were measured from DWI, and relative infarct growth (FIV-core/mismatch) computed. Systemic temperatures were recovered from medical records for the duration of hospitalization (up to q15 minutes), with minima, maxima, and ranges collected. All patients underwent successful endovascular reperfusion (mTICI IIb/III). Kendall's tau correlation was prescribed to assess the association between temperature change from baseline and both relative infarct growth (RIG) and favorable clinical outcome (FCO) as 90d mRS<=2.

RESULTS

59 men and 70 women (age 63±14 yrs) with acute stroke (NIHSS median[IQR]=19[9]; time to groin puncture median[IQR]=330[301]) were examined. All patients exhibited an occlusive lesion of the anterior circulation (ICA/MCA) with successful reperfusion (mTICI III/III). Median core (CBF), penumbral (Tmåx), and FIV (median[IQR]) were 9.6cc[25], 131cc[125], and 21cc[37], respectively. Mean temperature minima=35.1°C and maxima=37.9°C. Correlational analysis demonstrated significant associations between temperature fluctuation from baseline and both RIG (P=0.01) and FCO (P<0.001).

CONCLUSION

The impact of sub-clinical temperature changes had not previously been reported as a driving factor in penumbral rescue, however the present findings suggest that neuronal fate may be affected by even minor temperature changes.

CLINICAL RELEVANCE/APPLICATION

Sub-clinical temperature dysregulation may potentiate neuronal injury following acute ischemic stroke, compelling further investigation into the mechanistic relationship.

PURPOSE

The implementation of thrombectomy with stent retrievers on the frequency of hemicraniectomy in patients with acute ischemic stroke.
The increasing use of endovascular treatments has led to higher recanalization rates and better clinical outcomes compared to intravenous thrombolysis alone. Stent retrievers represent the latest development for recanalization of large vessel occlusions. Decompressive hemicraniectomy has proved beneficial in patients suffering from rising intracranial pressure after malignant stroke. We investigated the effect of the implementation of stent retriever treatment on the frequency of hemicraniectomy as a surrogate marker for infarct size and thus for poor neurological outcome.

**METHOD AND MATERIALS**

Patients with acute ischemic stroke were retrospectively studied. We compared the frequency of hemicraniectomy following proximal artery occlusion of the internal carotid artery and middle cerebral artery main stem in the years before (2009 and 2010) and after (2012 and 2013) introducing stent retrievers.

**RESULTS**

Overall, 497 patients with proximal arterial occlusion were included in the study. Of 253 patients admitted in the years 2009 and 2010 44 (17.4 %) and of 244 patients admitted in 2012 and 2013 20 (8.2 %) received a hemicraniectomy. This decrease in the proportion of hemicraniectomies was statistically significant (p<0.01).

**CONCLUSION**

The findings in this study illustrate a significantly reduced rate of hemicraniectomies in patients with proximal artery occlusions after implementation of thrombectomy with stent retriever. Hereby we could show a significant reduction of malignant infarctions after thrombectomy with stent retriever.

**CLINICAL RELEVANCE/APPLICATION**

Stent retriever is a safe and effective device and improves clinical outcome.

**RC305-13  Hallmarks of Pediatric Ischemic Stroke**

Tuesday, Dec. 1 11:35AM - 12:00PM Location: N230

Participants
Arastoo Vossough, MD, PhD, Philadelphia, PA (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Define the epidemiological features and risk profiles of stroke in different pediatric patient populations. 2) Classify the types of pediatric stroke and features of vasculopathies leading to stroke. 3) Identify major mimickers of pediatric arterial ischemic stroke. 4) Specify current approved treatment options available for pediatric stroke 5) Identify recent and ongoing clinical trials in pediatric stroke.
First Trimester Ultrasound (An Interactive Session)
Tuesday, Dec. 1 8:30AM - 10:00AM Location: S402AB

Participants
Active Handout: Carol Beer Benson

Sub-Events
RC310A Ectopic Pregnancy

Participants
Anne M. Kennedy, MD, Salt Lake City, UT (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Diagnose tubal ectopic. 2) Differentiate Cesarean scar implantation from a normal, low-lying pregnancy. 3) Recognize the more unusual sites of ectopic pregnancy (cervical, interstitial, abdominal). 4) Understand the indications for expectant vs. medical vs. surgical management.

ABSTRACT
Ectopic pregnancy can be a life-threatening condition for young, healthy women. The availability of sensitive urine pregnancy tests means that we are seeing patients at a time when it may be very difficult to see any sonographic findings of pregnancy. The session will review and illustrate examples of the recommended descriptive terms 'pregnancy of unknown location', probable ectopic' and 'definite ectopic' both of which refer to tubal ectopics. We will also review the appearance of heterotopic pregnancy and non-tubal ectopics including Cesarean scar implantation, interstitial and cervical implantation, and abdominal and ovarian ectopic with demonstration of the role of color Doppler, 3D ultrasound and other imaging modalities. Modern management of ectopic pregnancy has become much less aggressive, in part because the diagnosis is made so much earlier. The indications for the various treatment options will be outlined with illustrative case of local injection as well as intraoperative photos during laparoscopy.

Active Handout: Anne M. Kennedy

RC310B Diagnosis of Miscarriage

Participants
Peter M. Doubilet, MD, PhD, Boston, MA, (pdoubilet@partners.org) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Know the sonographic criteria for definite miscarriage and probable miscarriage in the early first trimester. 2) Understand that any saclike intrauterine structure (rounded edges, no yolk sac or embryo) in a woman with a positive pregnancy test is highly likely to be a gestational sac. 3) Understand that nonvisualization of an intrauterine gestational sac in a woman with hCG above the 'discriminatory' level (2000 mIU/ml) does not exclude the possibility of a normal pregnancy.

ABSTRACT
This lecture will cover the diagnosis of early first trimester miscarriage in two settings: (i) ultrasound demonstrates no intrauterine gestational sac ('pregnancy of unknown location'); (ii) ultrasound demonstrates an intrauterine gestational sac but no embryo or heartbeat. In the first of these settings, the role of the quantitative hCG level will be discussed, including whether a single measurement can be used to rule out a normal intrauterine pregnancy. In the second setting, the currently accepted criteria for definite miscarriage and for probable miscarriage will be presented. The lecture will also address findings that indicate a high likelihood of impending pregnancy failure when an embryo with heartbeat is seen on ultrasound.

Active Handout: Peter Michael Doubilet

RC310C Mid-late First Trimester

Participants
Carol B. Benson, MD, Boston, MA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Recognize the importance of evaluating the developing fetal head during the late first trimester for early detection of large neural tube defects. 2) Incorporate measurement of the nuchal translucency into their assessment of the fetuses of gestational age 11-14 weeks. 3) Recognize sonographic abnormalities of the ventral wall to distinguish normal physiologic bowel herniation from defects including omphalocele and gastroschisis.

ABSTRACT
This lecture will discuss the sonographic appearance of fetal anatomy in the latter part of the third trimester in order to help participants recognize abnormalities of the fetus at this early gestational age. While many anomalies cannot be detected until later in pregnancy, the discussion will focus on those anomalies that can be detected in the first trimester. Specific topics covered will be central nervous system anomalies, including anencephaly, encephalocele and holoprosencephaly, ventral wall defects including omphalocele and gastroschisis, bladder outlet obstruction, and skeletal anomalies including skeletal dysplasias. Detection of anomalies early in gestation, before the second trimester, permits time to assess the fetus for other anomalies, syndromes, and aneuploidy.
**RC353**

**Tools and Use Cases for Text Information Extraction in Radiology**

Tuesday, Dec. 1 8:30AM - 10:00AM Location: S403B

**IN**

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

**Participants**
Paras Lakhani, MD, Philadelphia, PA, (Paras.lakhani@jefferson.edu) (Moderator) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Place natural language processing (NLP) in context of the history of radiology reporting. 2) Review how NLP is used in disciplines outside of radiology. 3) Understand basic NLP methods. 4) Assess the applicability of NLP to radiology reports.

**ABSTRACT**

Natural Language Processing (NLP) refers to the automated extraction of meaningful information from narrative text. Some NLP systems use simple rules to categorize text according to whether a particular concept may be present. More sophisticated systems use part-of-speech tagging and grammatical parsing to extract concepts and relationships from text. Some NLP systems use statistical approaches that can learn to categorize text automatically based on a test set of positive and negative examples. When applied to radiology reports, NLP systems are most frequently used to identify and retrieve reports of interest, such as reports containing a critical result, an incidental finding, or a recommendation for follow up. NLP systems are simpler to construct and more accurate when the structure of the analyzed text is constrained in some manner. Several real-world examples of both simple and sophisticated NLP systems in radiology will illustrate the spectrum of applicable techniques and the potential benefit to radiology practice.

**Sub-Events**

**RC353A**  
**Natural Language Processing to Solve Problems in Clinical Practice**

Participants
Michael E. Zalis, MD, Boston, MA (Presenter) Co-founder, QPID Health Inc; Chief Medical Officer, QPID Health Inc; Stockholder, QPID Health Inc

**LEARNING OBJECTIVES**

View learning objectives under main course title. In greater detail: 1) demonstrate gaps of function that exist with current EHR and PACS approaches to handling unstructured data 2) describe general approaches to NLP and assisted reasoning in addressing these gaps, 3) provide some specific examples of novel solutions that address these gaps and improve clinical efficiency.

**RC353B**  
**The Good, The Bad, and The Ugly: Using Natural Language Processing to Understand Information Content in Radiology Reports**

Participants
Brian E. Chapman, PhD, Salt Lake City, UT (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Become familiar with programming tools that can be used to build simple NLP applications. 2) Understand how the similarities and differences between medical and natural language affect natural language processing applications. 3) Understand how these tools can be used to estimate information content and clarity in radiology reports.

**RC353C**  
**Use Cases in Radiology: Extracting Critical Results and Structured Reporting Using Natural Language**

Participants
Paras Lakhani, MD, Philadelphia, PA, (Paras.lakhani@jefferson.edu) (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) See a real-world example of an NLP solution used to identify critical radiology results and documentation of communication. 2) Understand logic of text-mining algorithms designed to identify critical test results, and how they can be applied to large databases. 3) Demonstrate results of an NLP system used to identify critical radiology results. 4) Demonstrate how NLP can be used to make structured radiology reports.

**ABSTRACT**

The Joint Commission requires timely communication of critical results to an appropriate healthcare provider, and the American College of Radiology’s Practice Guideline for Communication recommends documentation of communication of critical results in the radiology report. NLP techniques can be used identify radiology reports containing critical results and documentation of communication with high accuracy. Such algorithms may be used for Joint Commission compliance, performance monitoring, and quality assurance initiatives. Examples of specific text-mining algorithms that identify critical results will be provided. Also, the process of validating and determining the effectiveness of such algorithms using precision and recall will be discussed. Structured reporting is felt to have many advantages over free-text reporting, including that it is preferred by clinicians, facilitates data-mining, business analytics, retrospective research, and quantitative imaging. However, traditional SR reporting applications are found to be time-consuming by some radiologists, resulting in decreased productivity. Thus, an NLP solution to automatically create standardized reports from free-text radiology dictations will be demonstrated. Such a solution may provide the benefits of structured reporting with without loss in productivity.
RC353D Navigating the Available Tools and Methods for Natural Language Processing

Participants
Wendy Chapman, PhD, Salt Lake City, UT (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Review information extraction methods for building rule-based, grammar-based, and machine-learning NLP systems with examples of when to use each. 2) Demonstrate the creation of manually created reference standards against which to measure NLP systems. 3) Present a survey of open-source tools for NLP and manual chart review and how these can be built upon.

ABSTRACT

Natural language processing (NLP) is a term that describes a range of techniques for identifying, understanding, and analyzing information from text. Some of the earliest applications of NLP in medicine were on imaging reports. Attendees will be walked through both simple and complex NLP methods with examples of how and when they are best used in imaging. Several open-source tools will be demonstrated with information provided on how these tools can easily be built upon for customized needs.
Participants
Marnix T. van Holsbeeck, MD, Detroit, MI, (marnix@rad.hfh.edu) (Moderator) Consultant, General Electric Company Consultant, Koninklijke Philips NV Stockholder, Koninklijke Philips NV Stockholder, General Electric Company Grant, Siemens AG Grant, General Electric Company
Jon A. Jacobson, MD, Ann Arbor, MI, (jjacobsn@umich.edu) (Moderator) Consultant, BioClinica, Inc; Royalties, Reed Elsevier; ;

LEARNING OBJECTIVES
1) The 'Ultrasound' Series Course will review musculoskeletal sonography through live instruction by expert refresher course instructors, interspersed with scientific presentations.

Sub-Events
RC304-01 Elbow Ultrasound (Demonstration)

Participants
Jon A. Jacobson, MD, Ann Arbor, MI (Presenter) Consultant, BioClinica, Inc; Royalties, Reed Elsevier; ;

RC304-02 Ultrasound of the Distal Biceps Brachii Tendon Using Four Approaches: Reproducibility and Reader Preference

Participants
Shefali P. Kothary, MD, New York, NY (Presenter) Nothing to Disclose
Theodore T. Miller, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Gabrielle P. Konin, MD, Philadelphia, PA (Abstract Co-Author) Nothing to Disclose
Ogonna K. Nwawka, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Yoshimi Endo, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Gregory R. Saboeiro, MD, New York, NY (Abstract Co-Author) Research funded, Terumo Corporation Speakers Bureau, Bioventus LLC

PURPOSE
To determine which sonographic appearance of the distal biceps tendon is preferred by readers and if images obtained by two different operators are reproducible.

METHOD AND MATERIALS
An IRB approved, HIPAA compliant prospective study was performed evaluating the distal biceps brachii tendon in 40 elbows in 20 volunteers. The subjects had no history of biceps injury or abnormality, and were without antecubital pain. There were 8 males and 12 females, ages 24 to 67 years (mean age of 37) with a body mass index (BMI) of 18.3 to 31.1 (mean BMI of 24.7). Distal biceps brachii tendons of each subject were scanned in long axis using a 6-15 MHz linear transducer on a GE Logic 9 by two experienced musculoskeletal radiologists independently (operator A and B) using four different approaches: anterior, lateral, medial, and posterior. Five musculoskeletal radiologists independently reviewed the static images, and ranked the 4 approaches based on overall combination of echogenicity of the tendon, visualized length, and visualization of the insertion.

RESULTS
The appearance of the distal tendon obtained via the medial approach was preferred by readers in 78.5% (314/400) of cases (74.5% performed by operator A and 82.5% performed by operator B). The anterior approach was preferred by readers in 19.25% (77/400) of cases (24.0% by operator A and 14.5% by operator B). The lateral approach was preferred in 2.25% (9/400) of cases (1.5% by operator A and 3% by operator B), and the posterior approach was never preferred.

CONCLUSION
The appearance of the distal biceps brachii tendon using the medial approach is preferred by readers and is reproducible between different operators.

CLINICAL RELEVANCE/APPLICATION
When sonographically evaluating the elbow for suspected pathology of the distal biceps tendon, the medial approach should be the primary method of visualization, supplemented by the other approaches if necessary.

**RC304-03 Shear Wave Elastography (SWE) Improves Treatment Monitoring of Patients with Tendinopathies**

*Tuesday, Dec. 1 9:10AM - 9:20AM Location: E450A*

**Participants**
- Timm Dimrichs, Aachen, Germany (Presenter) Nothing to Disclose
- Christiana K. Kuhl, MD, Bonn, Germany (Abstract Co-Author) Nothing to Disclose
- Valentin Quack, Aachen, Germany (Abstract Co-Author) Nothing to Disclose
- Simone Schrading, MD, Aachen, Germany (Abstract Co-Author) Nothing to Disclose

**PURPOSE**
It has been shown that SWE is useful for the evaluation of tendoninopaties. Purpose of this prospective clinical study was to analyze the correlation between clinical symptoms and tendon stiffness in patients undergoing treatment of tendinopathies. Aim is to establish SWE as tool for monitoring tendon healing under therapy.

**METHOD AND MATERIALS**
Prospective study in 35 patients with 47 symptomatic tendons (17 achilles, 15 patellar tendons and 15 humeral epicondyllits) who underwent a standardized multi-modality US protocol consisting of B-mode US, power Doppler (PD-US), and SWE, using a high-resolution linear 15 MHz probe (Aixplorer, Supersonic). All patients underwent this multi-modality US protocol three times: prior to any therapy, after 4 week of therapy and after 6 months of therapy. At each visit, patients were seen by an orthopedic surgeon who ranked the patients' clinical symptoms by standardized orthopedic scores (VISA-A, VISA-P, DASH). Clinical scores of symptom severity were correlated with ultrasound findings by using the Spearman correlation.

**RESULTS**
Clinical scores revealed symptom relief in 46.8% (22/47) of patients after 4 weeks and in 68.0% (32/47) after 6 months. A change of structural tendon abnormalities as observable by B-mode US was detectable in one single patient after 4 weeks (1/22; 4.5%) as well as after 6 months (1/32; 3.1%). A decrease in neovascularization as observed by PD-US was detectable in 9 patients after 4 weeks (9/22; 40.9%) and in 13 patients after 6 months (13/32; 39.4%). An increase in tendon stiffness as determined by SWE was found in 18 patients after 4 weeks (18/22; 81.8%) and in 28 patients after 6 months (28/32; 90.6%). At quantitative analysis, the 32 patients whose clinical symptoms improved exhibited an increase of mean SWE values by 23 kPa (from 41.7 to 64.2 kPa) after 4 weeks and by 64 kPa (from 41.7 to 105.5 kPa) after 6 months. Clinical scores correlated poorly with findings at B-mode (r = 0.24), moderately with findings at PD-US (r = 0.59), and perfectly with findings made at SWE(r = 0.80.)

**CONCLUSION**
Shear wave elastography correlates better with clinical symptoms and seems to display tendon healing better and earlier than B-mode and Power Doppler.

**CLINICAL RELEVANCE/APPLICATION**
Shear wave elastography appears to be useful to guide treatment and to develop new treatment approaches in patients with tendinopathies.

**RC304-04 Delayed Onset Muscle Soreness (DOMS) after Eccentric Resistance Training of the Elbow Flexor Muscles: Temporal Evolution of MRI, Diffusion Tensor Imaging and Ultrasound Shear-Wave Elastography Findings**

*Tuesday, Dec. 1 9:20AM - 9:30AM Location: E450A*

**Participants**
- Christoph A. Agten, MD, Zurich, Switzerland (Abstract Co-Author) Nothing to Disclose
- Florian M. Buck, MD, Langnau am Albis, Switzerland (Abstract Co-Author) Nothing to Disclose
- Linda Dyer, Zurich, Switzerland (Abstract Co-Author) Nothing to Disclose
- Christian W. Pfirrmann, MD, MBA, Forch, Switzerland (Abstract Co-Author) Advisory Board, Siemens AG; Consultant, Medtronic, Inc
- Andrea Roskopf, MD, Zurich, Switzerland (Presenter) Nothing to Disclose

**PURPOSE**
It has been shown that SWE is useful for the evaluation of tendoninopaties. Purpose of this prospective clinical study was to analyze the correlation between clinical symptoms and tendon stiffness in patients undergoing treatment of tendinopathies. Aim is to establish SWE as tool for monitoring tendon healing under therapy.

**METHOD AND MATERIALS**
Prospective study in 35 patients with 47 symptomatic tendons (17 achilles, 15 patellar tendons and 15 humeral epicondyllits) who underwent a standardized multi-modality US protocol consisting of B-mode US, power Doppler (PD-US), and SWE, using a high-resolution linear 15 MHz probe (Aixplorer, Supersonic). All patients underwent this multi-modality US protocol three times: prior to any therapy, after 4 week of therapy and after 6 months of therapy. At each visit, patients were seen by an orthopedic surgeon who ranked the patients' clinical symptoms by standardized orthopedic scores (VISA-A, VISA-P, DASH). Clinical scores of symptom severity were correlated with ultrasound findings by using the Spearman correlation.

**RESULTS**
Clinical scores revealed symptom relief in 46.8% (22/47) of patients after 4 weeks and in 68.0% (32/47) after 6 months. A change of structural tendon abnormalities as observable by B-mode US was detectable in one single patient after 4 weeks (1/22; 4.5%) as well as after 6 months (1/32; 3.1%). A decrease in neovascularization as observed by PD-US was detectable in 9 patients after 4 weeks (9/22; 40.9%) and in 13 patients after 6 months (13/32; 39.4%). An increase in tendon stiffness as determined by SWE was found in 18 patients after 4 weeks (18/22; 81.8%) and in 28 patients after 6 months (28/32; 90.6%). At quantitative analysis, the 32 patients whose clinical symptoms improved exhibited an increase of mean SWE values by 23 kPa (from 41.7 to 64.2 kPa) after 4 weeks and by 64 kPa (from 41.7 to 105.5 kPa) after 6 months. Clinical scores correlated poorly with findings at B-mode (r = 0.24), moderately with findings at PD-US (r = 0.59), and perfectly with findings made at SWE(r = 0.80.)

**CONCLUSION**
Shear wave elastography correlates better with clinical symptoms and seems to display tendon healing better and earlier than B-mode and Power Doppler.

**CLINICAL RELEVANCE/APPLICATION**
Shear wave elastography appears to be useful to guide treatment and to develop new treatment approaches in patients with tendinopathies.
CONCLUSION

Muscles changes can be detected 15 minutes after eccentric resistance training using diffusion-MRI and US shear-wave elastography. FA correlates negatively with subjective pain symptoms in men. ADC shows changes earlier than fluid-sensitive-MR sequences.

CLINICAL RELEVANCE/APPLICATION

ADC and US-elastography are recommended when looking for very early muscle changes after eccentric muscle exercise.

RC304-05  Ultrasound of the Post-arthroplastic Hip

Tuesday, Dec. 1 9:30AM - 9:40AM Location: E450A

Participants
David Robinson, BSC, Hampton East, Australia (Presenter) Nothing to Disclose
Steven Lee, FRANZCR, Windsor, Australia (Abstract Co-Author) Nothing to Disclose
Paul Marks, FRANZCR, Box Hill, Australia (Abstract Co-Author) Nothing to Disclose
Michal Schneider, PhD, Clayton, Australia (Abstract Co-Author) Nothing to Disclose

PURPOSE

Ultrasound has been recommended as an imaging modality in the follow-up of hip replacement surgery. However, no descriptions of typical ultrasound appearances of the major pathologies that may afflict the hip replacement have been published to date. We set out to characterize ultrasound findings of the post-arthroplastic hip.

METHOD AND MATERIALS

Patients presenting to the department for routine follow-up imaging of their hip prosthesis were consecutively recruited. Ultrasound imaging was performed of the anterior and posterior prosthesis and of the iliopsoas bursa and tendon.

RESULTS

Fifty two patients were prospectively recruited with a mean (±SD) age of 60.4 (±12) years. Twelve patients had bilateral hip prostheses, giving 64 hips for analysis. There were 45 Birmingham hip resurfacings (BHR), ten MITCH, five Articular Surface Replacement (ASR), three Total Hip Replacements (THR) and one ADEPT hip resurfacing. Mean age of the prosthesis in situ was 8.2 years. Ultrasound was able to reliably image the soft tissues of all hips. The average (±SD) maximal ante- posterior (AP) synovial thickness was 6.5 (± 7) millimeters and the AP Iliopsoas tendon measurement was 4.8 (± 0.94) millimeters. Forty four hips presented with normal ultrasonic appearances. There were 15 iliopsoas bursal effusions ranging from mild (a trace of fluid surrounding the ilipsoas tendon), to very large (fluid-filled masses anterosuperior to the prosthesis). Four hips showed enlargement of the prosthesis-to-bone "step" possibly indicating the process of osteolytic femoral neck thinning. One hip demonstrated mild synovial thickening at the anterior recess.

CONCLUSION

Ultrasound is able to detect and evaluate a range of soft tissue pathologies about the post-prosthetic hip, such as fluid or effusion of the iliopsoas bursa, iliopsoas tendon thickening and heterogeneity, synovial thickening of the anterior and posterior hip joint recesses. Ultrasound imaging has an important role to play in the follow-up of the post-prosthetic hip.

CLINICAL RELEVANCE/APPLICATION

Ultrasound of the post-prosthetic hip can demonstrate abnormalities during follow up and may serve as a useful tool in the management of patients with hip replacements.

RC304-06  Hip Ultrasound (Demonstration)

Tuesday, Dec. 1 9:40AM - 10:10AM Location: E450A

Participants
Marnix T. van Holsbeeck, MD, Detroit, MI, (marnix@rad.hfh.edu) (Presenter) Consultant, General Electric Company Consultant, Koninklijke Philips NV Stockholder, Koninklijke Philips NV Stockholder, General Electric Company Grant, Siemens AG Grant, General Electric Company
Kathy Quenneville, BS, RT, Commerce Township, MI, (kathyq@rad.hfh.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Demonstrate the osseous landmarks that guide the diagnostic work up of an adult hip. 2) Practice a step by step approach in the evaluation of anterior hip pain. 3) Rationalize the individual steps for the hip dynamic examination.

RC304-07  Ankle and Foot Ultrasound (Demonstration)

Tuesday, Dec. 1 10:20AM - 10:50AM Location: E450A

Participants
Andrew J. Grainger, MRCP, FRCR, Leeds, United Kingdom (Presenter) Speaker, General Electric Company; Equipment support, Siemens AG;

LEARNING OBJECTIVES

View learning objectives under main course title.

RC304-08  Semi-Quantitative Sonoelastography of Inflammatory Myopathies: Comparison with Clinical Examination, Magnetic Resonance (MR) Imaging, and Pathologic Finding

Tuesday, Dec. 1 10:50AM - 11:00AM Location: E450A
Participants
Yoonah Song, MD, Seoul, Korea, Republic Of (Presenter) Nothing to Disclose
Seunghun Lee, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Dae Hyun Yoo, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Sung Guk Kim, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

PURPOSE
To evaluate real-time sonoelastography (SE) in patients with inflammatory myopathies compared to clinical examination, MR imaging, and pathologic finding.

METHOD AND MATERIALS
The study was approved by the institutional review board, and informed consent was waived. Seventeen lesions of 16 consecutive patients with inflammatory myopathies (5 men, 11 women; mean age, 41 years; range, 11-67 years) were assessed with real-time SEL using Hitachi EUB-7500 ultrasound (US) system and software for elastography. Elastogram was obtained using freehand manipulation, compressing areas which were correlated with active inflammation on MR imaging. Using dedicated software for color information from the elastographic images, the relative strains for target muscle and reference muscle were measured. All lesions were underwent an US-guided percutaneous biopsy. The US and MR images were analyzed in conjunction with clinical symptom and biochemical data.

RESULTS
The strain ratio of target muscle was higher than adjacent muscle (mean 3.14; range, 0.95-5.93). There was no significant agreement between the strain ratios of the color parameters and the biochemical data. Sixteen of 17 specimens (94.1%) were confirmed by inflammatory myopathies. One lesion (5.9%) shows well preserved muscle fibers with few lymphocytes infiltration.

CONCLUSION
Muscle hardness as semi-quantitative measured by SEL, was increased in cases of inflammatory myopathies. The correlation between strain ratio from the elastographic images and the pathologic data suggest that SEL could be an important tool not only in the diagnosis but also in the management of the patients with inflammatory myopathies.

CLINICAL RELEVANCE/APPLICATION
High strain ratio could add knowledge regarding early development of inflammatory myopathy, which might have an impact on guidance before US-guided procedure to improve success rate for biopsy.

Real-time Sonoelastography Evaluation of the Achilles Tendon Following Ultrasound-guided Platelet-rich Plasma Injection for Refractory Achilles Tendinopathy

Tuesday, Dec. 1 11:00AM - 11:10AM Location: E450A

Participants
Chin Chin Ooi, MMedSc,BSc, Singapore, Singapore (Presenter) Nothing to Disclose
Michal Schneider, PhD, Clayton, Australia (Abstract Co-Author) Nothing to Disclose
Peter Malliras, Melbourne, Australia (Abstract Co-Author) Nothing to Disclose
David Connell, Melbourne, Australia (Abstract Co-Author) Nothing to Disclose

PURPOSE
To investigate the clinical feasibility of sonoelastography (SE) in depicting changes in Achilles tendon stiffness following platelet-rich plasma (PRP) injection for Achilles tendinopathy, and to correlate SE findings with clinical outcome at 12 months post-injection.

METHOD AND MATERIALS
Between January 2013 and January 2014, consecutive patients with unilateral refractory Achilles tendinopathy were enrolled. B-mode ultrasound (US), color Doppler (CD) and SE were performed at baseline, 4-6 weeks, 6 months and 12 months post treatment. The strain ratio (strain value between Achilles tendon and Kager's fat) during SE, and the proportion of tendons with intratendinous hypoehogenicities and neovascularities were documented. Clinical outcomes were assessed by the Victorian Institute of Sport Assessment-Achilles (VISA-A) questionnaire at all time points and correlated with the sonographic findings.

RESULTS
Forty-five Achilles tendons from 45 patients (33 males, 12 females, mean age 51, mean symptom duration 15.3 months) were examined. The clinical VISA-A improved significantly from 38.4 (±14.1) at baseline, 77.2 (±12.5) at 6 months (p <0.001) to 81.2 (±21.8) at 12 months (p <0.001). The mean strain ratio values were 2.16 (±1.42) at baseline, 2.03 (±0.67) at 4-6 weeks, 1.81 (±0.62) at 6 months and 1.19 (±0.34) at 12 months (p <0.001) while B-mode ultrasound (US), color Doppler (CD) and SE did not show a significant change in the distribution of tendons with hypoehogenicities and neovascularities was only observed at 12 months in comparison to baseline (p <0.001). At 12 months evaluation, none of the tendons regained a normal echotexture despite improvement in VISA-A. Strain ratio demonstrated a significant moderate correlation with VISA-A (r =0.610, p <0.001) while B-mode and CD US did not show a significant correlation (r =0.041, p =0.817, and r =0.116, p =0.514).

CONCLUSION
The treated Achilles tendons showed progressive stiffening, along with improvement in clinical findings up to one year follow-up. SE using strain ratio could be a promising supplementary tool for monitoring the progress of Achilles tendon healing after treatment.

CLINICAL RELEVANCE/APPLICATION
The supplementation of SE to conventional US may improve the specificity in routine monitoring of Achilles tendon healing and provide more objective data for safer return to activities.
PRP is more effective than corticosteroid injection for the long-term treatment of refractory chronic plantar fasciopathy. CLINICAL RELEVANCE/APPLICATION

Multi-armed studies are now needed to establish a new standard of care treatment algorithm.

CONCLUSION

Over time (0.86 for PRP vs 0.81 for SOC, p = 0.80). There were no complications.

Improvement than SOC over time (decrease of 0.42/visit, SD 0.13 in PRP vs 0.004/visit in SOC; p = 0.003). Hyperemia did not change.

Mean of 0.33 mm (p < 0.001) in both groups but no difference between groups (p = 0.74). PRP showed greater echotexture improvement than SOC over time (decrease of 0.42/visit, SD 0.13 in PRP vs 0.004/visit in SOC; p = 0.003). Hyperemia did not change over time (0.86 for PRP vs 0.81 for SOC, p = 0.80). There were no complications.

CONCLUSION

US guidance offers better results and slightly decrease of skin complications than blind collagenase injection being a good alternative to fasciectomy, although not statistically significant. More significant results are seen on lateral cords on PIP contractions, where US is recommended. MR and US can identify collagenous and cellular components, thus potentially improving effectiveness, however US is more variable.

CLINICAL RELEVANCE/APPLICATION

US has added value in targeting Dupuytren cords for injection of collagenase with better outcome and lower rate of complications especially for lateral cords on PIP contractions.

PURPOSE

Collagenase clostridium histolyticum (collagenasa) injections have been proven an effective, safe treatment for Dupuytren disease, an alternative to fasciectomy. Our objective was to analyze the additional value of US guided injections and to study the correlation of US and MR for the diagnosis of Dupuytren disease.

RESULTS

All patients were male but 2; average age 66.5yo; 5th finger was the most frequently affected, (group A 50% and B 60.41%) pretendinous cord was the most frequent 71% and 52% (group A/B) followed by lateral cord 13% and 28.6% (group A/B). US appearance is variable (combined 45%, hyperechogenic 36%, hypoechogetic 18%), mean distance from skin 1.8mm, average size of the cord 3.9mm (1.6-5.5mm). On T1WI MR is mainly low SI (36%) or combined 45%. Complete extension (<5% contraction) was achieved in 36.97% and 57.14% (group A/B), the percentage of correction was 70% and 76% (group A/B), p = 0.095, being statistically significant for PIP, 54%/76% (group A/B), p = 0.020. VAS in 68% and 76% (group A/B), failure in 32% and 23% (group A/B). No nerve damage or tendon rupture occurred. Skin complications 32% and 23.8% (group A/B).

CONCLUSION

US-guided PRP injection may be an effective treatment option for refractory chronic PF compared to corticosteroid injection. Larger multi-armed studies are now needed to establish a new standard of care treatment algorithm.
PRP is more effective than corticosteroid injection for the long-term treatment of refractory chronic plantar fasciopathy.

Participants
Kenneth S. Lee, MD, Madison, WI (Presenter) Research Consultant, SuperSonic Imagine; Consultant, Echometrix, LLC; Royalties, Reed Elsevier

LEARNING OBJECTIVES
View learning objectives under main course title.
Learning Objectives

1) Appreciate the need for and value of recommendations for managing incidental findings. The participants should also be able to choose from a variety of methods to bring these recommendations to the point of interpretation. 2) Identify incidental adnexal cystic lesions that require further evaluation to include the type and timing of follow up examinations. 3) Apply appropriate imaging criteria and thresholds to better distinguish benign adrenal adenomas from more clinically important lesions. 4) Manage incidental renal masses, even when they are incompletely characterized, such as when they are too small to characterize or detected on an examination that is not designed to evaluate them fully. Please bring your charged mobile wireless device (phone, tablet or laptop) to participate.
Participants

Sub-Events

**RC309A  Pitfalls in Bowel Imaging**

Participants

David H. Kim, MD, Madison, WI (Presenter) Consultant, Viatronix, Inc; Co-founder, VirtuoCTC, LLC; Medical Advisory Board, Digital ArtForms, Inc; Stockholder, Cellectar Biosciences, Inc

**LEARNING OBJECTIVES**

1) List the advantages/disadvantages of positive and negative oral contrast 2) Recognize common pitfalls that mimic disease 3) Devise practical approaches to manage common bowel imaging scenarios

**RC309B  Atypical Liver Lesions**

Participants


**LEARNING OBJECTIVES**

1) To understand the typical imaging appearance of various focal liver lesions on CT and MR and how they can present in an atypical fashion (i.e. the imaging spectrum).

**ABSTRACT**

Active Handout: Rendon C. Nelson


**RC309C  Pitfalls in Hepatic Doppler Sonography**

Participants

Jonathan B. Kruskal, MD, PhD, Boston, MA, (jkruskal@bidmc.harvard.edu) (Presenter) Author, UpToDate, Inc

**LEARNING OBJECTIVES**

1) Discuss the common technical pitfalls that occur when performing the liver Doppler examination, and how these can be mitigated. 2) Discuss the perceptual and interpretive errors that occur when performing the liver Doppler examination, and how these can be minimized. 3) Describe the clinical impact of technical and interpretive errors.

**ABSTRACT**

**Honored Educators**

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Jonathan B. Kruskal, MD, PhD - 2012 Honored Educator

**RC309D  Pearls and Pitfalls in Pancreatic Diseases**

Participants

Khaled M. Elsayes, MD, Ann Arbor, MI (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Describe most commonly encountered imaging pitfalls of the pancreas. 2) Describe relevant technical background. pathophysiology and hemodynamics of these pitfalls. 3) Discuss tips to avoid erroneous diagnosis and pearls to reach correct diagnosis.

**ABSTRACT**

There is a wide range of common pitfalls in pancreas imaging, which can lead to frequent incorrect diagnoses mainly because many radiologists are not completely familiar with anatomical, morphological, physiological, hemodynamic and biological principles as well as deficiency of modern clinical and radiological knowledge. This leads to common misinterpretations which would further results in
wrong management with potentially negative outcome. In this course, we will review important typical features of common pancreatic pathologies and mimics of these pathologies that may require different treatment and improved prognosis.

**Honored Educators**

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Khaled M. Elsayes, MD - 2014 Honored Educator
Participants

Sub-Events

RC351A Practical Approach to Understanding Gene Mutations with Interpretation of Imaging in Gynecologic Malignancy

Participants
Priya R. Bhosale, MD, Houston, TX (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) To learn the genetic mutations present in Endometrial and Ovarian Cancer. 2) Pathogenesis of Ovarian Cancer. 3) Implications on image interpretation.

ABSTRACT
Endometrial cancer is the most common female gynecologic malignancy. Epithelial ovarian cancer is the most common cause of gynecological cancer death in the United States. More recently epithelial ovarian tumors have been broadly classified into two distinct groups. The type I tumors have low grade serous, clear cell, endometrioid, and mucinous histological features. Typically, these tumors are slow growing and confined to the ovary, and are less sensitive to standard chemotherapy. BRAF and KRAS somatic mutations are relatively common in these tumors, which may have important therapeutic implications. Type II tumors are high grade serous cancers of the ovary, peritoneum, and fallopian tube. These tumors are clinically aggressive and are often widely metastatic at the time of presentation. We will discuss the gene mutations associated with different endometrial and epithelial ovarian cancer, pathogenesis, implications on therapy and imaging.

Honored Educators
Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Priya R. Bhosale, MD - 2012 Honored Educator

RC351B Pearls and Pitfalls in Prostate MRI

Participants
Aradhana M. Venkatesan, MD, Houston, TX, (avenkatesan@mdanderson.org) (Presenter) Institutional research agreement, Koninklijke Philips NV

LEARNING OBJECTIVES
1) List the elements of common prostate MRI acquisition protocols, defining the roles for each pulse sequence in prostate cancer detection. 2) List imaging findings critical to accurate prostate cancer detection and staging. 3) Identify imaging pitfalls in the detection and staging of prostate cancer. 4) Describe common MRI findings of treated prostate cancer. 5) List the elements of the Prostate Imaging-Reporting and Data System (PI-RADS) structured reporting scheme. 6) List the updated changes reflected in the most recent PI-RADSv2 structured reporting scheme.

ABSTRACT
Prostate cancer is one of the most frequently diagnosed cancers in the male population. It is the second most common type of cancer detected in American men and their second leading cause of cancer death. The proposed refresher course will provide an overview of MRI for prostate cancer imaging, including a discussion of salient imaging findings on multi-parametric MRI, pitfalls in imaging interpretation, and an overview of existing standardized reporting templates for prostate MR interpretation.

RC351C How to Perform and Interpret MRI of the Bladder and Urethra: Anatomy, Technique, and Applications

Participants
Mukesh G. Harisinghani, MD, Boston, MA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) MR techniques to image the bladder and urethra will be discussed. 2) Pointers for optimal MR evaluation will be discussed. 3) Pointers for accurate diagnosis on MRI will be discussed.

ABSTRACT
The proposed course will be provide an overview of applying MR for imaging the bladder and urethral region
Breast Series: Emerging Technologies in Breast Imaging

Tuesday, Dec. 1 8:30AM - 12:00PM Location: Arie Crown Theater

BR  MR
AMA PRA Category 1 Credits ™: 3.25
ARRT Category A+ Credits: 4.00
FDA Discussions may include off-label uses.

Participants
Emily F. Conant, MD, Philadelphia, PA (Moderator) Speaker, Hologic, Inc; Scientific Advisory Board, Hologic, Inc; Consultant, Siemens AG
Margarita L. Zuley, MD, Pittsburgh, PA (Moderator) Research Grant, Hologic, Inc;
Bonnie N. Joe, MD, PhD, San Francisco, CA (Moderator) Nothing to Disclose

Sub-Events

RC315-01  MRI Acquisition and DWI

Tuesday, Dec. 1 8:30AM - 8:50AM Location: Arie Crown Theater

Participants
Savannah C. Partridge, PhD, Seattle, WA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Review the basics of clinical breast MRI acquisition. 2) Identify factors that may impact image quality and interpretation. 3) Describe advanced MRI approaches with potential value for breast imaging.

ABSTRACT

RC315-02  Correlation of R2* Value Using Iterative Decomposition of Water and Fat with Echo Asymmetry and Least-squares Emission (IDEAL) with Histologic Prognostic Factor and Hypoxic Biomarker

Tuesday, Dec. 1 8:50AM - 9:00AM Location: Arie Crown Theater

Participants
Mari Miyata, MD, Kitakyushu, Japan (Presenter) Nothing to Disclose
Takatoshi Aoki, MD, PhD, Kitakyushu, Japan (Abstract Co-Author) Nothing to Disclose
Atsuji Matsuyama, MD, Kitakyushu, Japan (Abstract Co-Author) Nothing to Disclose
Shohei Shimajiri, MD, Kitakyushu, Japan (Abstract Co-Author) Nothing to Disclose
Shunsuke Kinoshita, Kitakyushu, Japan (Abstract Co-Author) Nothing to Disclose
Yukunori Korogi, MD, PhD, Kitakyushu, Japan (Abstract Co-Author) Nothing to Disclose
Yoshiko Hayashida, MD, Fukuoka, Japan (Abstract Co-Author) Nothing to Disclose

PURPOSE

Hypoxic breast cancers are difficult to treat by radiation and chemotherapy, and a fibrotic focus (FF) induced by hypoxia is an important predictor of early tumor recurrence. The purpose of this study is to correlate R2* value using iterative decomposition of water and fat with echo asymmetry and least-squares emission (IDEAL) with FF and hypoxic biomarker (HIF-1α) in breast carcinoma.

METHOD AND MATERIALS

This study consisted of 30 patients who were diagnosed with invasive carcinoma of breast and underwent breast MRI including IDEAL before surgery. The scan time of IDEAL R2* map imaging was 23 sec. Entire region of interest (ROI) was delineated on the R2* map carefully, and average tumor R2* value was calculated for each ROI. Histological specimens were evaluated for the presence of FF (a scar-like lesion near the center of a carcinoma) and the grading of HIF-1α (0, no staining; 1, weakly positive and/or positive cells in less than 10 %; 2, moderately positive and/or positive cells in 10-50 %; 3, strongly positive and/or positive cells in more than 50 %) by 2 pathologists and final decision was reached by consensus.

RESULTS

Fibrotic focus was identified in 43.3% (13/30) breast carcinomas. Average R2* value for breast carcinoma with FF (45.1±18.9) was significantly higher than that without FF (29.8±13.9) (p<0.05). Spearman rank correlation suggested that average R2* value correlated with the grade of HIF-1α (p<0.05), and the grade of HIF-1α with FF was significantly higher than that without FF (p < 0.01).

CONCLUSION

Quantification of tumor R2* using IDEAL is associated with the presence of FF and the overexpression of HIF-1α, and may therefore be a useful prognostic and hypoxic biomarker for breast carcinoma.

CLINICAL RELEVANCE/APPLICATION

In vivo IDEAL-R2*imaging is simple to perform without extrinsic contrast agent and the R2* value may be useful for therapeutic strategy for breast carcinoma.

RC315-03  Apparent Diffusion Coefficient Values of Breast Cancer and Normal Breast Tissue in Diffusion-weighted Imaging: Effects of the Menstrual Cycle and Menopausal Status

Participants

Emily F. Conant, MD, Philadelphia, PA (Moderator) Speaker, Hologic, Inc; Scientific Advisory Board, Hologic, Inc; Consultant, Siemens AG
Margarita L. Zuley, MD, Pittsburgh, PA (Moderator) Research Grant, Hologic, Inc;
Bonnie N. Joe, MD, PhD, San Francisco, CA (Moderator) Nothing to Disclose

LEARNING OBJECTIVES

1) Review the basics of clinical breast MRI acquisition. 2) Identify factors that may impact image quality and interpretation. 3) Describe advanced MRI approaches with potential value for breast imaging.

ABSTRACT

RC315-02  Correlation of R2* Value Using Iterative Decomposition of Water and Fat with Echo Asymmetry and Least-squares Emission (IDEAL) with Histologic Prognostic Factor and Hypoxic Biomarker

Tuesday, Dec. 1 8:50AM - 9:00AM Location: Arie Crown Theater

Participants
Mari Miyata, MD, Kitakyushu, Japan (Presenter) Nothing to Disclose
Takatoshi Aoki, MD, PhD, Kitakyushu, Japan (Abstract Co-Author) Nothing to Disclose
Atsuji Matsuyama, MD, Kitakyushu, Japan (Abstract Co-Author) Nothing to Disclose
Shohei Shimajiri, MD, Kitakyushu, Japan (Abstract Co-Author) Nothing to Disclose
Shunsuke Kinoshita, Kitakyushu, Japan (Abstract Co-Author) Nothing to Disclose
Yukunori Korogi, MD, PhD, Kitakyushu, Japan (Abstract Co-Author) Nothing to Disclose
Yoshiko Hayashida, MD, Fukuoka, Japan (Abstract Co-Author) Nothing to Disclose

PURPOSE

Hypoxic breast cancers are difficult to treat by radiation and chemotherapy, and a fibrotic focus (FF) induced by hypoxia is an important predictor of early tumor recurrence. The purpose of this study is to correlate R2* value using iterative decomposition of water and fat with echo asymmetry and least-squares emission (IDEAL) with FF and hypoxic biomarker (HIF-1α) in breast carcinoma.

METHOD AND MATERIALS

This study consisted of 30 patients who were diagnosed with invasive carcinoma of breast and underwent breast MRI including IDEAL before surgery. The scan time of IDEAL R2* map imaging was 23 sec. Entire region of interest (ROI) was delineated on the R2* map carefully, and average tumor R2* value was calculated for each ROI. Histological specimens were evaluated for the presence of FF (a scar-like lesion near the center of a carcinoma) and the grading of HIF-1α (0, no staining; 1, weakly positive and/or positive cells in less than 10 %; 2, moderately positive and/or positive cells in 10-50 %; 3, strongly positive and/or positive cells in more than 50 %) by 2 pathologists and final decision was reached by consensus.

RESULTS

Fibrotic focus was identified in 43.3% (13/30) breast carcinomas. Average R2* value for breast carcinoma with FF (45.1±18.9) was significantly higher than that without FF (29.8±13.9) (p<0.05). Spearman rank correlation suggested that average R2* value correlated with the grade of HIF-1α (p<0.05), and the grade of HIF-1α with FF was significantly higher than that without FF (p < 0.01).

CONCLUSION

Quantification of tumor R2* using IDEAL is associated with the presence of FF and the overexpression of HIF-1α, and may therefore be a useful prognostic and hypoxic biomarker for breast carcinoma.

CLINICAL RELEVANCE/APPLICATION

In vivo IDEAL-R2*imaging is simple to perform without extrinsic contrast agent and the R2* value may be useful for therapeutic strategy for breast carcinoma.

RC315-03  Apparent Diffusion Coefficient Values of Breast Cancer and Normal Breast Tissue in Diffusion-weighted Imaging: Effects of the Menstrual Cycle and Menopausal Status
although not yet able to avoid histological characterization. Unenhanced MR imaging of the breast including STIR, T2-weighted TSE and DWIBS sequences could characterize breast lesions, allowing to detect breast lesions while T2-weighted TSE sequences and ADC values could be useful for lesion characterization.

Breast UE-MRI could represent an accurate diagnostic tool and a valid alternative to CE-MRI for evaluating breast lesions. STIR and diffusion-weighted imaging of the breast to a certain phase of the menstrual cycle. Since ADC values are not influenced by the change in the menstrual cycle, it is not necessary to restrict the timing of performing diffusion-weighted imaging of the breast to a certain phase of the menstrual cycle.

The ADC values of normal fibroglandular tissue were significantly higher in premenopausal women than in postmenopausal women (1.74±0.22×10⁻³ vs. 1.77±0.25×10⁻³ mm²/s; P = 0.007). In premenopausal women, the ADC values of the breast tumor did not differ significantly between the proliferative and secretory phases of the menstrual cycle (0.92±0.128×10⁻³ vs. 0.93±0.150×10⁻³ mm²/s; P = 0.421). No significant differences were observed in the ADC values of normal breast tissue in relation to the menstrual cycle phase (1.74±0.22×10⁻³ vs. 1.77±0.25×10⁻³ mm²/s; P = 0.202). In postmenopausal women, there were no significant differences in the ADC values of either breast tumors or normal fibroglandular tissue between the two time intervals (P = 0.983 and P = 0.363, respectively); the magnitude of the ADC differences was similar in women who were taking estrogen-replacement therapy and those who were not (P = 0.368 and P = 0.418, respectively). The intra- and interobserver agreement was excellent for all of the ADC measurements, with ICCs ranging from 0.84 to 0.94.

CLINICAL RELEVANCE/APPLICATION

The ADC values of breast cancer and normal fibroglandular tissue are not affected by the change in the menstrual cycle and the menopausal status.

RESULTS

The ADC values of normal fibroglandular tissue were significantly higher in premenopausal women than in postmenopausal women (1.74±0.22×10⁻³ vs. 1.77±0.25×10⁻³ mm²/s; P = 0.007). In premenopausal women, the ADC values of the breast tumor did not differ significantly between the proliferative and secretory phases of the menstrual cycle (0.92±0.128×10⁻³ vs. 0.93±0.150×10⁻³ mm²/s; P = 0.421). No significant differences were observed in the ADC values of normal breast tissue in relation to the menstrual cycle phase (1.74±0.22×10⁻³ vs. 1.77±0.25×10⁻³ mm²/s; P = 0.202). In postmenopausal women, there were no significant differences in the ADC values of either breast tumors or normal fibroglandular tissue between the two time intervals (P = 0.983 and P = 0.363, respectively); the magnitude of the ADC differences was similar in women who were taking estrogen-replacement therapy and those who were not (P = 0.368 and P = 0.418, respectively). The intra- and interobserver agreement was excellent for all of the ADC measurements, with ICCs ranging from 0.84 to 0.94.

CONCLUSION

The ADC values of breast cancer and normal fibroglandular tissue are not affected by the change in the menstrual cycle and the ADC measurements are highly reproducible within and across observers.

METHOD AND MATERIALS

The institutional review board approved this prospective study, and informed consent was obtained from each participant. Forty-six patients (20 premenopausal and 26 postmenopausal) with newly diagnosed breast cancer underwent diffusion-weighted (DW) imaging with b values of 0 and 1,000 s/mm² twice (interval 12-21 days) before surgery. Two radiologists independently measured the ADC values of the breast tumor and normal fibroglandular breast tissue of the contralateral breast and the differences according to the phases of the menstrual cycle and postmenopausal breast were evaluated. The reproducibility of the ADC measurement was analyzed using the intraclass correlation coefficient (ICC).

RESULTS

The ADC values of normal fibroglandular tissue were significantly higher in premenopausal women than in postmenopausal women (1.74±0.22×10⁻³ vs. 1.77±0.25×10⁻³ mm²/s; P = 0.007). In premenopausal women, the ADC values of the breast tumor did not differ significantly between the proliferative and secretory phases of the menstrual cycle (0.92±0.128×10⁻³ vs. 0.93±0.150×10⁻³ mm²/s; P = 0.421). No significant differences were observed in the ADC values of normal breast tissue in relation to the menstrual cycle phase (1.74±0.22×10⁻³ vs. 1.77±0.25×10⁻³ mm²/s; P = 0.202). In postmenopausal women, there were no significant differences in the ADC values of either breast tumors or normal fibroglandular tissue between the two time intervals (P = 0.983 and P = 0.363, respectively); the magnitude of the ADC differences was similar in women who were taking estrogen-replacement therapy and those who were not (P = 0.368 and P = 0.418, respectively). The intra- and interobserver agreement was excellent for all of the ADC measurements, with ICCs ranging from 0.84 to 0.94.

CONCLUSION

The ADC values of breast cancer and normal fibroglandular tissue are not affected by the change in the menstrual cycle and the ADC measurements are highly reproducible within and across observers.

CLINICAL RELEVANCE/APPLICATION

Since ADC values are not influenced by the change in the menstrual cycle, it is not necessary to restrict the timing of performing diffusion-weighted imaging of the breast to a certain phase of the menstrual cycle.

RESULTS

The ADC values of normal fibroglandular tissue were significantly higher in premenopausal women than in postmenopausal women (1.74±0.22×10⁻³ vs. 1.77±0.25×10⁻³ mm²/s; P = 0.007). In premenopausal women, the ADC values of the breast tumor did not differ significantly between the proliferative and secretory phases of the menstrual cycle (0.92±0.128×10⁻³ vs. 0.93±0.150×10⁻³ mm²/s; P = 0.421). No significant differences were observed in the ADC values of normal breast tissue in relation to the menstrual cycle phase (1.74±0.22×10⁻³ vs. 1.77±0.25×10⁻³ mm²/s; P = 0.202). In postmenopausal women, there were no significant differences in the ADC values of either breast tumors or normal fibroglandular tissue between the two time intervals (P = 0.983 and P = 0.363, respectively); the magnitude of the ADC differences was similar in women who were taking estrogen-replacement therapy and those who were not (P = 0.368 and P = 0.418, respectively). The intra- and interobserver agreement was excellent for all of the ADC measurements, with ICCs ranging from 0.84 to 0.94.

CONCLUSION

The ADC values of breast cancer and normal fibroglandular tissue are not affected by the change in the menstrual cycle and the ADC measurements are highly reproducible within and across observers.

CLINICAL RELEVANCE/APPLICATION

Since ADC values are not influenced by the change in the menstrual cycle, it is not necessary to restrict the timing of performing diffusion-weighted imaging of the breast to a certain phase of the menstrual cycle.

RESULTS

The ADC values of normal fibroglandular tissue were significantly higher in premenopausal women than in postmenopausal women (1.74±0.22×10⁻³ vs. 1.77±0.25×10⁻³ mm²/s; P = 0.007). In premenopausal women, the ADC values of the breast tumor did not differ significantly between the proliferative and secretory phases of the menstrual cycle (0.92±0.128×10⁻³ vs. 0.93±0.150×10⁻³ mm²/s; P = 0.421). No significant differences were observed in the ADC values of normal breast tissue in relation to the menstrual cycle phase (1.74±0.22×10⁻³ vs. 1.77±0.25×10⁻³ mm²/s; P = 0.202). In postmenopausal women, there were no significant differences in the ADC values of either breast tumors or normal fibroglandular tissue between the two time intervals (P = 0.983 and P = 0.363, respectively); the magnitude of the ADC differences was similar in women who were taking estrogen-replacement therapy and those who were not (P = 0.368 and P = 0.418, respectively). The intra- and interobserver agreement was excellent for all of the ADC measurements, with ICCs ranging from 0.84 to 0.94.

CONCLUSION

The ADC values of breast cancer and normal fibroglandular tissue are not affected by the change in the menstrual cycle and the ADC measurements are highly reproducible within and across observers.

CLINICAL RELEVANCE/APPLICATION

Since ADC values are not influenced by the change in the menstrual cycle, it is not necessary to restrict the timing of performing diffusion-weighted imaging of the breast to a certain phase of the menstrual cycle.

RESULTS

The ADC values of normal fibroglandular tissue were significantly higher in premenopausal women than in postmenopausal women (1.74±0.22×10⁻³ vs. 1.77±0.25×10⁻³ mm²/s; P = 0.007). In premenopausal women, the ADC values of the breast tumor did not differ significantly between the proliferative and secretory phases of the menstrual cycle (0.92±0.128×10⁻³ vs. 0.93±0.150×10⁻³ mm²/s; P = 0.421). No significant differences were observed in the ADC values of normal breast tissue in relation to the menstrual cycle phase (1.74±0.22×10⁻³ vs. 1.77±0.25×10⁻³ mm²/s; P = 0.202). In postmenopausal women, there were no significant differences in the ADC values of either breast tumors or normal fibroglandular tissue between the two time intervals (P = 0.983 and P = 0.363, respectively); the magnitude of the ADC differences was similar in women who were taking estrogen-replacement therapy and those who were not (P = 0.368 and P = 0.418, respectively). The intra- and interobserver agreement was excellent for all of the ADC measurements, with ICCs ranging from 0.84 to 0.94.

CONCLUSION

The ADC values of breast cancer and normal fibroglandular tissue are not affected by the change in the menstrual cycle and the ADC measurements are highly reproducible within and across observers.

CLINICAL RELEVANCE/APPLICATION

Since ADC values are not influenced by the change in the menstrual cycle, it is not necessary to restrict the timing of performing diffusion-weighted imaging of the breast to a certain phase of the menstrual cycle.
Breast Cancer: Feasibility and Preliminary Experience of Diffusion Kurtosis Imaging for Detection and Assessment of Invasive Ductal Carcinoma Comparing with Intravoxel Incoherent Motion and Conventional Diffusion-weighted Imaging

Participants
Kun Sun, Shanghai, China (Presenter) Nothing to Disclose
Fuhua Yan, MS, Shanghai, China (Abstract Co-Author) Nothing to Disclose

PURPOSE
To assess the feasibility of diffusion-kurtosis imaging (DKI) for distinguishing benign from malignant breast lesions in comparison with IVIM and conventional DWI.

METHOD AND MATERIALS
The institutional review board approved this retrospective HIPAA-compliant study and waived informed consent. Twenty-five breast disease patients who underwent surgery from January 2014 and April 2014 were retrospectively analyzed. Multi-b-value diffusion images with five b values (range: 0–2800 s/mm²) were acquired and processed using the DKI model, yielded kurtosis (K), and corrected diffusion (D) coefficient, similarly, IVIM model was also acquired with 5 b values (range: 0–200 s/mm²), yielded D*, D, f, ADC, and Conventional DWI model with 2 b values (50, 1000). Two radiologists reviewed these maps and measured the all these parameters. Two independent sample t-test was employed and receiver operating characteristic curves were plotted for data analysis.

RESULTS
Among the 25 patients, 15 (60%) were invasive ductal carcinoma and 10 (40%) were fibroadenoma. The area under the curve for all these parameters as following: DKI model: 0.973 for K, 0.967 for D; IVIM model: 0.74 for D*, 0.793 for D, 0.673 for f, 0.947 for ADC; Conventional DWI: 0.90 for ADC. Then we chosen K represent DWI model, IVIM-ADC represent IVIM model, ADC represent Conventional DWI model to compare the diagnostic accuracy. Although the area under the curve of K was relatively higher than IVIM-ADC and Conventional ADC, there's no significant difference (P>0.05). K was significantly higher in the malignant lesions than in the benign lesions (0.91±0.13 vs 0.68±0.10, P<0.0001). IVIM-ADC and Conventional ADC were significantly lower in the malignant lesions than in the benign lesions (0.93±0.14 vs 1.05±0.20 and 1.53±0.35 vs 1.60±0.43, respectively, P<0.0001).

CONCLUSION
DKI model had a similar diagnostic ability with IVIM and DWI model in assessing benign and malignant breast lesions. Performing DKI model with quantification K-values reduces the overlap between benign and malignant lesion than ADC values from IVIM and DWI model.

CLINICAL RELEVANCE/APPLICATION
DKI model had a similar diagnostic ability with IVIM and DWI model in assessing benign and malignant breast lesions.

Detection and Classification of Calcifications on Two-dimensional Mammography: Comparison of Synthetic Mammography Reconstructed from Digital Breast Tomosynthesis and Full-field Digital Mammography

Participants
Ji Soo Choi, MD, PhD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Eun Young Ko, MD, PhD, Seoul, Korea, Republic Of (Presenter) Nothing to Disclose
Ga Ram Kim, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Boo-Kyung Han, MD, PhD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Eun Sook Ko, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Soo Yean Hahn, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

PURPOSE
To evaluate the interpretative performance of two-dimensional (2D) synthetic mammography (SM) reconstructed from digital breast tomosynthesis (DBT) in the detection and classification of calcifications, compared to 2D full-field digital mammography (FFDM).

METHOD AND MATERIALS
The institutional review board approved this study, and the patients' informed consent was waived. Between January and October 2013, 73 patients with 81 calcifications (40 biopsy proven malignant calcifications, 24 biopsy-proven benign calcifications, 17 typical benign calcifications) were consecutively enrolled. For each patient, FFDM and DBT were performed, and SM was reconstructed from each set of DBT slices. Three breast radiologists, blinded to the histology, interpreted SM and FFDM images and recorded the conspicuity (three-point scale; 1 low conspicuity, 2 medium conspicuity, 3 high conspicuity) and the presence of calcifications, and corresponding BI-RADS categories. Diagnostic performance of SM was compared with that of FFDM in terms of percentage of detected calcifications (detection sensitivity) and the percentage of times each detected calcifications was...
correctly classified as benign or malignant. BI-RADS category 2 was assigned as negative and BI-RADS category greater than or
equal to 3 was assigned as positive.

RESULTS

There was no significant difference in detection sensitivity of calcifications between SM (range 91.4-95.1%) and FFDM (range
85.2-90.1%) for all readers (P>0.05). The conspicuity scores of SM and FFDM were also not significantly different for each observer
(range of mean scores 1.9-2.8 for SM, 1.9-2.8 for FFDM; P > 0.05). For correct classification of calcifications, there was no
significant difference between SM (68.9-74.0%) and FFDM (62.1-69.6%) for all readers (P>0.05). Of discordant cases between SM
and FFDM, correct classifications were more frequent with SM, compared to FFDM for all readers.

CONCLUSION

Diagnostic performance of SM and FFDM are comparable for detection and classification of calcifications. Therefore, our results
indicate that SM may overcome the limitation that DBT may underestimate the calcifications during DBT-based screening.

CLINICAL RELEVANCE/APPLICATION

SM may overcome the limitation that DBT may underestimate the calcifications. DBT with SM may be sufficient in the detection and
classification of calcifications during DBT-based screening, without addition of FFDM.

RC315-08 Comparison of Low Dose Tomosynthesis Plus Synthesized Mammography and Digital Mammography

Alone for Breast Cancer Screening

Tuesday, Dec. 1 10:00AM - 10:10AM Location: Arie Crown Theater

Participants
Tokiko Endo, MD, Nagoya, Japan (Presenter) Institutional research support, FUJIFILM Holdings Corporation
Takao Morita, MD, Nagoya, Japan (Abstract Co-Author) Nothing to Disclose
Mikinao Oota, Nagoya, Japan (Abstract Co-Author) Nothing to Disclose
Namiko Suda, Nagoya, Japan (Abstract Co-Author) Nothing to Disclose
Misaki Shiraiwa, MD, Nagoya, Japan (Abstract Co-Author) Nothing to Disclose
Kazuaki Yoshikawa, MD, Hamada, Japan (Abstract Co-Author) Nothing to Disclose
Yukie Hayashi, Nagoya, Japan (Abstract Co-Author) Nothing to Disclose
Hiroshi Ogawa, Nagoya, Japan (Abstract Co-Author) Nothing to Disclose
Takao Horita, Kagamihara, Japan (Abstract Co-Author) Nothing to Disclose
Yasuyuki Satoh, Nagoya, Japan (Abstract Co-Author) Nothing to Disclose
Shu Ichihara, Nagoya, Japan (Abstract Co-Author) Nothing to Disclose
Naokazu Kamiya, Ashigarakami-gun, Japan (Abstract Co-Author) Employee, FUJIFILM Holdings Corporation
Takahisa Arai, Ashigarakami-gun, Japan (Abstract Co-Author) Employee, FUJIFILM Holdings Corporation
Tomonari Sendai, Ashigarakami-Gun, Japan (Abstract Co-Author) Employee, FUJIFILM Holdings Corporation

PURPOSE

To compare the diagnostic performance (sensitivity, specificity and AUC) of breast tomosynthesis (DBT) plus synthesized
mammography (S2D) with several-levels of dose reduction versus conventional digital mammography (FFDM) alone in breast cancer
screening.

METHOD AND MATERIALS

An institutional review board approved this study and informed consent was provided by all patients. Images of 200 breasts were
acquired from 100 subjects aged 27-86 years (mean, 53 years) who underwent FFDM and DBT with the same positioning and
included both mediolateral oblique and craniocaudal views. All FFDM images were acquired at normal dose (AGD 0.65 ~ 4.16mGy).
For DBT, half the patients were imaged at the same dose level (AGD 0.95 ~ 3.19mGy) of FFDM and the remainder at about 75%
(AGD 0.87 ~ 2.7mGy). In addition, DBT + S2D images with 60% dose were generated virtually using approximately half the normal
projection images. The DBT + S2D images with dose reduction were processed by improved reconstruction algorithms. Eight
radiologists specialized in breast imaging were divided equally into two groups and each group reviewed images of 100 breasts
retrospectively. The FFDM and DBT + S2D images were interpreted independently with an interval of minimum 4 weeks for memory
washout. Diagnostic performance was assessed by comparing sensitivity, specificity and area under the receiver operating
characteristic (ROC) curve.

RESULTS

We found no significance difference in sensitivity and specificity between FFDM and DBT + S2D acquired with normal dose.
Furthermore, FFDM and DBT + S2D acquired with 75% dose showed a significant difference in sensitivity (P = .043) keeping
specificity and AUC because spiculated or lobulated masses were more precisely identified by the improved DBT images.

CONCLUSION

Dose reduction is possible with DBT + S2D in screening with the same sensitivity and specificity as FFDM. In addition, the
improvement of reconstruction algorithm has the potential to provide higher sensitivity, even when the dose is reduced more than
25% compared to FFDM.

CLINICAL RELEVANCE/APPLICATION

Screening by DBT + S2D with the improved reconstruction algorithm contributes to not only dose reduction, but also improved
sensitivity keeping specificity.

RC315-09 Impact on Recall Rates Following Implementation of Synthesized 2D Mammography in Digital Breast

Tomesynthesis Screening

Tuesday, Dec. 1 10:10AM - 10:20AM Location: Arie Crown Theater

Awards

Trainee Research Prize - Resident
The combination of digital breast tomosynthesis (DBT) with full field digital mammography (DM) decreases recall rates and improves cancer detection in breast cancer screening compared to using DM alone. Synthesized 2D images (s2D) are being used to replace conventional DM as a method to reduce dose. However, the reconstructed s2D images frequently have a different appearance varying by breast density and lesion type, particularly “calcification-only” lesions. We have evaluated the early implementation of s2D in a population screened entirely with s2D/DBT and compared recall rates and recall finding types to similar historic outcomes from DM/DBT screening. Comparison of cancer detection rate is on-going.

METHOD AND MATERIALS
Recall rates and lesion type were compared for 15,571 women screened with DM/DBT from October 1, 2011-February 28, 2013 and 2,090 women screened with s2D/DBT from January 7th, 2015 to March 20th, 2015. Data collection is on-going. Differences between groups were compared using Wilcoxon rank sum test.

RESULTS
Overall recall rate for s2D/DBT was 8.3% compared to 8.8% for DM/DBT (p=0.45). In addition, s2D/DBT screening was not associated with a significant change in the distribution of recalled lesion type. The percentage of screened patients recalled for calcifications, masses, asymmetries, architectural distortion and technical reasons was 1.6, 2.4, 3.8, 1.1, and 0.05 for s2D/DBT compared to 1.6, 2.7, 4.5, 1.0, and 0.2 for DM/DBT (p=ns). Specifically, there was no change in the rate of recall for calcific lesions.

CONCLUSION
Preliminary data demonstrates stable recall rates and lesion types with the replacement of DM with s2D in combination with DBT. Ongoing data collection will allow comparison of cancer detection rates and PPVs.

CLINICAL RELEVANCE/APPLICATION
The replacement of DM with s2D in combination with DBT will lead to decreased radiation dose in screening with DBT with maintenance of recall reduction.

RC315-10  Synthesized 2D Mammography+Tomosynthesis: Can We See Clearly?

Participants
Melissa A. Durand, MD, New Haven, CT (Presenter) Research Grant, Hologic, Inc
Madhavi Raghu, MD, New Haven, CT (Abstract Co-Author) Nothing to Disclose
Jaime L. Geisel, MD, New Haven, CT (Abstract Co-Author) Consultant, QView Medical, Inc; Consultant, Siemens AG
Regina J. Hooley, MD, New Haven, CT (Abstract Co-Author) Nothing to Disclose
Xiaopan Yao, PhD, New Haven, CT (Abstract Co-Author) Nothing to Disclose
Liane E. Philpotts, MD, New Haven, CT (Abstract Co-Author) Nothing to Disclose

PURPOSE
Compare synthesized 2D mammography+tomosynthesis (C-view+Tomo) to 2D mammography+tomosynthesis (2D+Tomo) in a clinical setting.

METHOD AND MATERIALS
Screening mammograms were performed with C-view+Tomo and 2D+Tomo from 8/1/2014-1/9/2015. A hanging protocol showed C-view+Tomo first, followed by 2D+Tomo. Findings (calcifications, asymmetries, masses, architectural distortions) on C-view+Tomo were prospectively assessed as better, equally, or less well seen compared to 2D+Tomo. Separate BI-RADS final assessments were recorded and Kappa statistics assessed agreement. Recall and cancer detection rates were compared with Fisher’s exact test. Multivariate logistic regression models were used to determine effect of breast density or age on visualization of C-view+Tomo findings.

RESULTS
201 C-view+Tomo and 2D+Tomo mammograms were performed. 4 types of findings were recorded (calcifications 50.8%,102/201; asymmetries 28.9%,58/201; masses 14.4%,29/201; architectural distortions 6.0%,12/201). 53.7% (108/201) were not dense and 46.3% (93/201) were dense; average age 56 years. 82.1% (165/201) of findings were equally/better seen with C-view+Tomo, 17.9% (36/201) less well seen. This was most evident for architectural distortions and calcifications (architectural distortions 100%,12/12; calcifications 96.1%,98/102; asymmetries 63.8%,37/58; masses 62.1%,18/29). Logistic regression models showed neither density nor age had a significant effect on visibility of findings (p=ns). Kappa statistics showed perfect agreement in BIRADS assessment for architectural distortions (Κ=1.0000), strong agreement for asymmetries (Κ=0.9695) and masses (Κ=0.9247), moderate agreement for calcifications (Κ=0.7850). Recall rates were not significantly different (C-view: 10.9%,22/201; 2D: 9.45%,19/201; p=0.7421). All recalled patients returned for diagnostic imaging. 6 biopsies were performed and 2 malignancies found (PPV1:10.5%;PPV3:33.3%). Cancer detection rate was the same as both cancers were identified on both modalities.

CONCLUSION
C-view+Tomo shows the majority of mammographic findings equally well/better than 2D+Tomo, regardless of breast density or age, with equitable recall rates and cancer detection.
**Synthesized Digital Mammography Compared to Conventional Digital Mammography in a Diagnostic Setting**

**Tuesday, Dec. 1 10:30AM - 10:40AM Location: Arie Crown Theater**

**Participants**
Giovanna Mariscotti, Turin, Italy (Abstract Co-Author) Nothing to Disclose
Manuela Durando, Turin, Italy (Presenter) Nothing to Disclose
Camilla Bogetti, MD, Turin, Italy (Abstract Co-Author) Nothing to Disclose
Pier Paolo Campanino, Turin, Italy (Abstract Co-Author) Nothing to Disclose
Elisa Regini, Torino, Italy (Abstract Co-Author) Nothing to Disclose
Mirella Fasciano, Turin, Italy (Abstract Co-Author) Nothing to Disclose
Guila Schivazappa, Turin, Italy (Abstract Co-Author) Nothing to Disclose
Enrica Caramia, Turin, Italy (Abstract Co-Author) Nothing to Disclose
Alessia Milan, Torino, Italy (Abstract Co-Author) Nothing to Disclose
Paolo Fonio, Vercelli, Italy (Abstract Co-Author) Nothing to Disclose
Giovanni Gandini, MD, Torino, Italy (Abstract Co-Author) Nothing to Disclose

**PURPOSE**
To compare the diagnostic performances of conventional Digital Mammography (DM) versus Synthetized Digital Mammography (SDM) used alone (without combination with Digital Breast Tomosynthesis (DBT) images) in the identification and characterization of breast malignant and benign lesions in a diagnostic setting.

**METHOD AND MATERIALS**
A retrospective observer performance study was performed using anonymized images acquired between August 2014 and January 2015 (compliant to protocols approved by the Institutional Ethic Committee). The sample included 120 consecutive patients with 73 biopsy-proven cancer (confirmed histologically) and 64 biopsy-proven benign lesions. All patients (after signing an informed consent) had undergone DM combined to DBT; SDM images were obtained in both standard views. Two dedicated breast radiologists, blinded to the clinical information and histological diagnosis, retrospectively reviewed all the studies. The readers reviewed separately DM images and then SDM studies, in a different order. BIRADS category was used for the classification of the findings in both techniques. Mammographic features (mass, architectural distortion, microcalcification, asymmetry) were also indicated. A statistical analysis was performed on the data, by evaluating the differences in sensitivity (SE), specificity (SP), negative and positive predictive value (NPV and PPV) between DM and SDM. Accuracy was calculated by using areas under the receiver operating characteristic curve (AUC) for both techniques.

**RESULTS**
The SE and SP were respectively 78.6% and 67.9% for DM and 87.1% and 63.5% for SDM. No significant differences were found regarding SE and SP between DM and SDM (p=0.14, and 0.63). The AUC was 0.75 for DM and 0.81 for SDM. There were not significant differences between both AUC's (p=0.27). By stratifying the results according to mammographic features, SDM better identified and classified (according to BIRADS category) architectural distortions than DM.

**CONCLUSION**
In our study, SDM alone is comparable in performance to DM, demonstrating a similar SE, SP and AUC values; SDM could be used instead of DM in addition to DBT images as part of routine clinical study.

**Clinical Evidence of DBT Utility**

**Tuesday, Dec. 1 10:50AM - 11:10AM Location: Arie Crown Theater**

**Participants**
Sarah M. Friedewald, MD, Chicago, IL (Presenter) Consultant, Hologic, Inc; Research Grant, Hologic, Inc
Vivek B. Kalra, MD, New Haven, CT (Abstract Co-Author) Consultant, Siemens AG
Jaquelyn Crenshaw, RT, New Haven, CT (Abstract Co-Author) Consultant, Siemens AG
Jacquelyn Crenshaw, RT, New Haven, CT (Abstract Co-Author) Consultant, Siemens AG
Liane E. Philpotts, MD, New Haven, CT (Abstract Co-Author) Consultant, Siemens AG

**LEARNING OBJECTIVES**
1) Acquire brief knowledge of the basics of tomosynthesis acquisition, interpretation and implementation. 2) Learn the clinical evidence that supported FDA approval for tomosynthesis. 3) Describe the European Clinical Evidence. 4) Describe the American Clinical Evidence. 5) Be aware of the additional studies needed for further research.

**Tomosynthesis in Diagnostic Mammography - Continued Change after Three Years of Experience**

**Tuesday, Dec. 1 11:10AM - 11:20AM Location: Arie Crown Theater**

**Participants**
Reni S. Butler, MD, New Haven, CT (Presenter) Nothing to Disclose
Vivek B. Kalra, MD, New Haven, CT (Abstract Co-Author) Nothing to Disclose
Jaime L. Geisel, RT, New Haven, CT (Abstract Co-Author) Consultant, Siemens AG
Jacquelyn Crenshaw, RT, New Haven, CT (Abstract Co-Author) Consultant, Siemens AG
Liane E. Philpotts, MD, New Haven, CT (Abstract Co-Author) Consultant, Siemens AG

**PURPOSE**
To assess how the initial impact of tomosynthesis on the diagnostic work-up changes with increasing experience over a 3 ½ year period.
METHOD AND MATERIALS

After IRB approval, a HIPAA-compliant retrospective review of diagnostic mammography examinations was performed before and at three time points over a 3½ year period after tomosynthesis implementation. Diagnostic exams were performed on 2D digital mammography units (Selenia, Hologic, Bedford, MA) prior to tomosynthesis implementation and on both 2D and 3D digital breast tomosynthesis units (Dimensions, Hologic, Bedford, MA) in the 3½ years after implementation. Total number of additional views (AV), spot compression views (SCV) and magnification views (MV), were recorded during a one month period immediately prior to tomosynthesis (2D) and compared to one month periods during the second (3D1), third (3D2), and fourth year (3D3) after tomosynthesis utilization. The number of "routine" diagnostic studies, consisting only of MLO and CC views, was recorded for each time point. Statistical analysis was performed using the two-tailed student t-test with unequal variance.

RESULTS

The study population consisted of 497 2D diagnostic mammograms (2D) and 350 (3D1), 410 (3D2), and 314 (3D3) tomosynthesis diagnostic exams. AV, SCV and MV per exam decreased each year from 2.07, 0.84 and 0.85 (2D) to 1.42, 0.59 and 0.73 (3D1), 1.11, 0.33 and 0.41 (3D2), and 0.53, 0.23 and 0.20 (3D3), respectively. Significant differences were observed in all categories between 2D and 3D1, 3D1 and 3D2, and 3D2 and 3D3 (p < 0.01). Concordantly, the number of routine diagnostic exams increased from 29.9% (2D) to 41.4% (3D1), 44.9% (3D2), and 73.3% (3D3), (p < 0.01).

CONCLUSION

In the first 3½ years after tomosynthesis implementation, there has been a continual shortening of the diagnostic work-up from year to year. This data suggests a learning curve exists in developing comfort with utilizing tomosynthesis in the diagnostic setting and that, with time, fewer additional views are seen to be necessary. The majority of diagnostic cases require only the routine views, making the difference between screening and diagnostic mammography start to blend.

CLINICAL RELEVANCE/APPLICATION

Reported experience from a diagnostic center where tomosynthesis was adopted early may aid in shortening the learning curve at centers implementing tomosynthesis presently or in the future.

RC315-14 Biopsy Outcomes Following Diagnostic Work-up with Digital Breast Tomosynthesis

Tuesday, Dec. 1 11:20AM - 11:30AM Location: Arie Crown Theater

Participants
Madhavi Raghu, MD, New Haven, CT (Presenter) Nothing to Disclose
Melissa A. Durand, MD, New Haven, CT (Abstract Co-Author) Research Grant, Hologic, Inc
Liva Andrejeva-Wright, MD, Wallingford, CT (Abstract Co-Author) Nothing to Disclose
Regina J. Hooley, MD, New Haven, CT (Abstract Co-Author) Nothing to Disclose
Jaime L. Geisel, MD, New Haven, CT (Abstract Co-Author) Consultant, QView Medical, Inc; Consultant, Siemens AG
Liane E. Philpotts, MD, New Haven, CT (Abstract Co-Author) Nothing to Disclose

PURPOSE

To compare the positive predictive value of biopsies performed (PPV3) before and after the implementation of tomosynthesis.

METHOD AND MATERIALS

A retrospective review of all biopsies performed following diagnostic work-up with mammography before (2D: June 2010-June 2011) and three consecutive years (3D1:1/1/2012-12/31/2012; 3D2:1/1/2013-12/31/2014; 3D3:1/1/2014-12/31/2014) following the implementation of tomosynthesis was conducted. The recorded mammographic features of lesions recommended for biopsy (masses, architectural distortions (AD), calcifications (Ca++) and asymmetries) and subsequent pathology were evaluated. The PPV3 was compared and trends from year to year were evaluated.

RESULTS

A total of 3567(2D), 3385(3D1), 4542(3D2) and 4507 (3D3) diagnostic mammograms were performed. There was a nonsignificant slight decrease in the proportion of BI-RADS 4,5 studies: 2D 8.5% (304/3567), 3D1 7.9% (269/3385), 3D2 8.4% (384/4542), 3D3 7.7% (345/4507) as well as biopsies performed over time: 2D 94% (287/304); 3D1 96% (257/269); 3D2 93% (358/384); 3D3 93% (321/345). With tomosynthesis, there was a 40% increase in the PPV3 over time, from 29% in 2D (85/287) to 41.2% (287/3567) (3D1:1/1/2012-12/31/2012) (p = .005), 45% (3D2:162/358;p<.0001) and 51.1% (3D3:164/321;p<.0001). Of the total malignancies in the 2D group, 69% were masses, 2.3% AD, 28% Ca++ and 0% asymmetries. With tomosynthesis there was an increase in the proportion of malignancies manifesting as noncalcified lesions, particularly masses (66%(3D1), 78%(3D2), 80%(3D3)) and AD (4.7%(3D1), 3.0%(3D2), 5.5%(3D3)), with a small proportion of cancers manifesting as asymmetries (3.8% (3D1), 1.9% (3D2) and 0%(3D3)). Over time, calcifications made up a smaller proportion of the malignancies (24.5%(3D1), 16.7%(3D2), 15.2%(3D3)).

CONCLUSION

Utilization of tomosynthesis resulted in a significant increase of 40% in the PPV3 for BIRADS 4, 5 lesions, demonstrating increased diagnostic acumen in characterizing lesions requiring biopsy.

CLINICAL RELEVANCE/APPLICATION

Diagnostic work up with tomosynthesis resulted in a significant and steady increase in the PPV.

RC315-15 Clinical and Imaging Features of Tomosynthesis Occult Breast Cancer and Reasons for Non-Detection

Tuesday, Dec. 1 11:30AM - 11:40AM Location: Arie Crown Theater

Participants
Liva Andrejeva-Wright, MD, Wallingford, CT (Abstract Co-Author) Nothing to Disclose
Regina J. Hooley, MD, New Haven, CT (Presenter) Nothing to Disclose
Kaitlin Eng, MD, New Haven, CT (Abstract Co-Author) Nothing to Disclose
Jonathan R. Weisiger, MD, New Haven, CT (Abstract Co-Author) Nothing to Disclose
Madhavi Raghu, MD, New Haven, CT (Abstract Co-Author) Nothing to Disclose
Reni S. Butler, MD, New Haven, CT (Abstract Co-Author) Nothing to Disclose
Liane E. Philpotts, MD, New Haven, CT (Abstract Co-Author) Nothing to Disclose
Laura S. Sheiman, MD, New Haven, CT (Abstract Co-Author) Nothing to Disclose

PURPOSE
To investigate the clinical and imaging features of tomosynthesis (DBT) occult cancers and determine reasons for non-detection of these cancers.

METHOD AND MATERIALS
This is a HIPAA compliant study with IRB approval. Between August 2011 and December 2014, a retrospective database review identified 32 cancers in 32 women diagnosed by breast ultrasound (US) or MR within one year of a normal combined DBT + 2D mammogram. Patient breast cancer risk, mammographic density, and tumor histology were assessed. Three radiologists blinded to clinical outcomes and study purpose reviewed each mammogram to determine if the cancers were truly mammographically occult. Two radiologists unblinded to clinical outcomes also reviewed each case in order to determine reasons why cancers were undetected.

RESULTS
The average patient age was 57 years (range 41-82). Breast cancer risk was average in 44% (14/32), intermediate in 22% (7/32), and increased in 34% (11/32). Breast density was scattered fibroglandular in 13% (4/32), heterogeneously dense in 69% (22/32), and extremely dense in 19% (6/32). Cancer detection was made by US in 75% (24/32) and by MR in 25% (8/32), with 4/9 MR detected cancers also identified on MR-directed US. Four cancers were DCIS and 28 were invasive, including 20 ductal and 8 lobular tumors. Of the invasive cancers 12 were grade 1, 13 were grade 2, and 3 were grade 3. 63% (20/32) of the cancers were diagnosed more than two years since implementation of DBT. Upon case review, 72% (23/32) cases were truly occult on DBT and 28% (9/32) were seen retrospectively, including subtle findings in 16% (5/32) and interpretative errors in 13% (4/32). Of 4 cancers missed due to interpretive error, three were spiculated masses and one was a subtle architectural distortion (avg. tumor size 30 mm, range 13 - 66 mm).

CONCLUSION
The majority of DBT occult cancers were invasive, detected in women with dense breast tissue, and identified on US. These cancers may be seen in women across all risk groups and may occur despite more than two years of reader experience. Subtle masses and architectural distortions were the common findings in tumors identified retrospectively. Cancers missed due to interpretive error tended to be large.

CLINICAL RELEVANCE/APPLICATION
Despite the increased sensitivity of tomosynthesis combined with 2D mammography, some cancers may still be occult and radiologists should be aware of the limitations of tomosynthesis.

RC315-16 Comparing the Performance of Full-Field Digital Mammography (FFDM), Digital Breast Tomosynthesis (DBT) and Whole Breast Ultrasound (WBUS) in the Initial Staging Evaluation of Breast Cancer: Interim Results of a Prospective Study

Tuesday, Dec. 1 11:40AM - 11:50AM Location: Arie Crown Theater

Participants
Rosalind P. Candelaria, MD, Houston, TX (Presenter) Nothing to Disclose
Monica L. Huang, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose
Beatriz E. Adrada, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose
Elsa M. Ambas, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose
Marion E. Scoggins, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose
Wei T. Yang, MD, Houston, TX (Abstract Co-Author) Researcher, Hologic, Inc
Jennifer G. Schopp, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose
Mark J. Dryden, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose
H. Carisa Le-Petross, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose
Tanya W. Moseley, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose
Gary J. Whitman, MD, Houston, TX (Abstract Co-Author) Book contract, Cambridge University Press
Galiane M. Rauch, MD, PhD, Houston, TX (Abstract Co-Author) Nothing to Disclose
Lumarie Santiago, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose

PURPOSE
To determine the incremental cancer detection rate (ICDR) of FFDM+DBT and FFDM+DBT+WBUS when compared to FFDM alone in the local staging of patients with recently diagnosed invasive breast cancer (BI-RADS 6) and patients with mammograms and/or ultrasound highly suspicious for invasive breast carcinoma (BI-RADS 5).

METHOD AND MATERIALS
This IRB-approved, prospective study was performed in a single, large tertiary cancer center. Informed written consent was obtained. We enrolled the first 100 women who were referred to our center from 12/2014-3/2015, met inclusion criteria and agreed to participate. All women had FFDM with DBT followed by WBUS; FFDM interpretation occurred blinded to DBT images. WBUS was performed with knowledge of FFDM/DBT results. Suspicious lesions on FFDM, DBT or WBUS farthest apart in the breast were biopsied to determine disease extent and to establish multifocality and/or multicentricity. Gold standard for diagnosis of malignancy was histopathology from needle biopsy and/or surgery. A separate surgical plan was recorded for each patient based on findings from FFDM alone, FFDM+DBT and FFDM+DBT+WBUS. In patients who did not have mastectomy, true negatives were defined by negative clinical and imaging assessment at 12-month follow-up (pending).

RESULTS
Median patient age was 54 years, range 26-82. Mean index tumor size was 2.1 cm, range 0.4-15. Mean satellite tumor size was 1.2
Breast tissue density among the study group was predominantly fatty (1%), scattered fibroglandular (26%), heterogeneously dense (70%) and extremely dense (3%). ICDR of FFDM+DBT when compared to FFDM alone was 1% (exact 95% CI:0.02%-5.4%) in the ipsilateral and 0% (exact 95% CI:0%-5.7%) in the contralateral breast. ICDR of FFDM+DBT+WBUS when compared to FFDM alone was 20% (exact 95% CI:12.7%-29.2%) in the ipsilateral and 1.6% (exact 95% CI:0.04%-8.7%) in the contralateral breast. FFDM+DBT findings changed the surgical plan in 1% while FFDM+DBT+US findings changed the surgical plan in 20%.

CONCLUSION
Our interim analysis indicates that there is a greater increase in cancer detection in the ipsilateral and contralateral breasts when adding WBUS to FFDM, compared to adding DBT to FFDM.

CLINICAL RELEVANCE/APPLICATION
In large tertiary cancer centers, use of FFDM+DBT provides no significant advantage over FFDM when staging breast cancer; more studies are needed to establish proper indications for DBT in the diagnostic setting.

Participants
Liane E. Philpotts, MD, New Haven, CT (Presenter) Nothing to Disclose
Cameron Thomson, Montreal, QC (Abstract Co-Author) Nothing to Disclose
Melissa A. Durand, MD, New Haven, CT (Abstract Co-Author) Research Grant, Hologic, Inc
Madhavi Raghu, MD, New Haven, CT (Abstract Co-Author) Nothing to Disclose
Regina J. Hooley, MD, New Haven, CT (Abstract Co-Author) Nothing to Disclose

PURPOSE
While digital breast tomosynthesis (DBT) has been shown to increase specificity in screening mammography, the sensitivity of this new modality has not yet been determined. The purpose of this study was to assess the false negative cases in patients undergoing screening with different technologies - 2D FFDM, DBT, +/− supplemental screening ultrasound.

METHOD AND MATERIALS
An IRB-approved, retrospective search of the breast imaging database (PenRad, MN) was performed to identify all screening mammograms over a two year period (8/1/11 - 7/31/13) when both DBT and 2D machines were utilized (Hologic Dimensions or Selenia) yielding 14,295 DBT (8,291 not dense, 6,004 dense) and 10,132 2D (6,943 not dense, 3,189 dense) exams. Thirty percent of women with dense tissue underwent supplemental screening ultrasound (US). All false negative exams were identified through PenRad and reviewed for method of diagnosis, breast density, and cancer type and size.

RESULTS
The 2D cancer detection rate (per 1000) was significantly different for dense and non dense (7.3 versus 3.4, p=0.02) however, it was similar in the DBT group (not dense 5.3, dense 5.4). Eleven cancers were identified as false negatives (10 Invasive, 1 DCIS): 6 in the 2D group (6/10,132, 0.6 per 1000) and 5 in the DBT group (5/14,295, 0.3 per 1000)(p=0.56, NS). Five were palpable interval cancers (4 in the 2D group and 1 in the DBT group). Missed cancers in the DBT group were smaller (mean 10mm, range 5-15mm) and more likely to be diagnosed by MRI (3/5, 60%) compared to those in the 2D group, which were larger (mean 20mm, range 10-45mm) and palpable (4/6, 67%). The missed cancer rate in the dense patients (6/9,193, 0.7 per 1000) was not significantly different to not dense patients (5/15,234, 0.3 per 1000)(p=0.39, NS). Of 3000 patients undergoing screening US, only two interval cancers were identified; one as a palpable mass 8 months after screening US, and the other as a new 8mm mass found on 6 months follow up of a different BI-RADS 3 lesion.

CONCLUSION
In our current practice, missed cancers were infrequent and occurred at a similar rate in dense as in non dense women. Cancers in false negative DBT exams were smaller and more likely to be found by MRI.

CLINICAL RELEVANCE/APPLICATION
Current screening modalities including DBT and screening US are proving to result in a very low rate of missed and interval cancers.
**Interventional Series: Embolotherapy**

**Tuesday, Dec. 1 8:30AM - 12:00PM Location: E351**

**VA IR**

**AMA PRA Category 1 Credits ™:** 3.25

**ARRT Category A+ Credits:** 3.50

**FDA** Discussions may include off-label uses.

**Participants**

Brian S. Funaki, MD, Riverside, IL (Moderator) Data Safety Monitoring Board, Novate Medical

Rakesh C. Navuluri, MD, Chicago, IL (Moderator) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Describe rationale of bariatric embolization. 2) Explain the rationale and treatment of high flow malformations. 3) Describe the preparation of cyanoacrylates for embolization. 4) List two complications related to embolization. 5) Recognize the significance of Type III endo leaks. 6) Describe approach to treatment of visceral aneurysms.

**Sub-Events**

**RC314-01 Using Glue-How I Do It**

**Tuesday, Dec. 1 8:30AM - 8:45AM Location: E351**

**Participants**

Yasuaki Arai, Tokyo, Japan (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

View learning objectives under main course title.

**RC314-02 Empiric Embolization in Endoscopically Confirmed Non-variceal Acute Upper Gastrointestinal Hemorrhage is Expensive and Fails to Improve Clinical Outcome**

**Tuesday, Dec. 1 8:45AM - 8:55AM Location: E351**

**Participants**

Kanthakaravel Kanuppasamy, MBBS, FRCR, Westlake, OH (Presenter) Nothing to Disclose

Bradley Martin, Cleveland, OH (Abstract Co-Author) Nothing to Disclose

Gordon McLennan, MD, Chagrin Falls, OH (Abstract Co-Author) Research Grant, Siemens AG; Research Grant, C. R. Bard, Inc;

Research Consultant, C. R. Bard, Inc; Research Consultant, Medtronic, Inc; Research Consultant, Siemens AG; Research Consultant, Surefire Medical, Inc; Research Consultant, Rene Medical; Advisory Board, Siemens AG; Advisory Board, Surefire Medical, Inc; Advisory Board, Medtronic, Inc;

Abraham Levitin, MD, Cleveland, OH (Abstract Co-Author) Nothing to Disclose

Baljendra S. Kapoor, MBBS, Cleveland, OH (Abstract Co-Author) Advisory Board, BTG International Ltd; Speaker, F. Hoffmann-La Roche Ltd

Mark J. Sands, MD, Cleveland, OH (Abstract Co-Author) Nothing to Disclose

Ram Kishore R. Gurajala, MBBS, FRCR, Beachwood, NJ (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To compare clinical outcomes, radiation exposure and costs of empiric embolization to no embolization after a negative angiogram in patients with esophagogastroduodenoscopically (EGD) confirmed non-variceal acute upper gastrointestinal source of bleeding (GIB).

**METHOD AND MATERIALS**

A retrospective review was performed of patients who had angiogram after EGD confirmed upper GIB between May 2011 and April 2013. 64 patients (43 male, 21 female) had no contrast extravasation. They were divided into two groups. Group 1 (n=30) had no embolization. Group 2 (n=34) had empiric embolization of gastroduodenal artery (n=23) or left gastric artery (n=11). Logistic and linear regression analyses were used to compare the groups. After adjusting for age and Rockall score, following clinical outcomes were measured: 30-day mortality, hospital stay, repeat procedures and transfusion requirements. Radiation exposure (fluoroscopy time and reference point air kerma) in both groups and cost of embolization in group 2 were collected.

**RESULTS**

Patients in groups 1 and 2 were similar in age and had similar Rockall scores (68.3 vs. 67.5 years, p=0.80, and 7.1 vs. 7.3, p=0.53, respectively). The 30-day mortality (30.0% vs. 23.5% (p=0.58)) and the mean hospitalization after angiogram (25.2 vs. 23.0 days (p=0.67)) were similar. Patients who had at least one repeat procedure (angiogram or endoscopy) after the initial angiogram was similar (53% vs. 50%, p=1.0). Among the available transfusion records (group 1=15; group 2=14), there was no difference in the units of packed red blood cells transfused after the initial angiogram (4.6 vs. 5.4, p=0.80). Reference point air kerma was similar (2147 vs. 2773 mGy, p=0.19) but the fluoroscopy time was significantly higher in group 2 (17.7 vs 24.7 min, p=0.03). A total of 183 coils and 34 coil pushers were used during 32 angiograms in group 2. The mean combined cost of coils and coil pushers was $1747 (SD 1573, range 30 to 6213).

**CONCLUSION**

In the absence of contrast extravasation, empiric embolization in acute non-variceal upper GIB fails to improve clinical outcomes compared to no embolization and is associated with higher fluoroscopy time and embolization costs.

**CLINICAL RELEVANCE/APPLICATION**
Small retrospective reviews have supported empiric embolization in acute upper GIB. However, with one of the largest series, our review fails to support the same which is associated with higher fluoroscopy time and costs.

**RC314-03  Endovascular Management of Delayed Postpancreatectomy Hemorrhage**

Tuesday, Dec. 1 8:55AM - 9:05AM Location: E351

**Participants**
- Maxime Ronot, MD, Clichy, France (Abstract Co-Author) Nothing to Disclose
- Edwige Pottier, Villejuif, France (Abstract Co-Author) Nothing to Disclose
- Sebastien Gaujoux, Clichy, France (Abstract Co-Author) Nothing to Disclose
- Alain Sauvanet, MD, Clichy, France (Abstract Co-Author) Nothing to Disclose
- Valerie Vilgrain, MD, Clichy, France (Presenter) Nothing to Disclose

**PURPOSE**
To assess the efficacy of endovascular management of delayed postpancreatectomy hemorrhage (PPH) as first line treatment.

**METHOD AND MATERIALS**
Between January 2005 and November 2013, all consecutive patients referred for endovascular treatment of PPH were included. Presence of active bleeding, pseudoaneurysm, arterial stenosis, collection, and culprit artery were recorded on pretreatment CT scans. Endovascular procedures were classified as technical success if bleeding origin was identified and treated, technical failure if identified bleeding was incompletely treated; and radiologic abstention if no abnormality was depicted and no treatment performed. Factors associated with postprocedural rebleeding were analyzed, together with second line treatments.

**RESULTS**

69 patients (53 men) were included with a mean age of 59 years (32-75). Pretreatment CT showed 27 (39%) active bleeding, 25 (36%) pseudoaneurysms, 2 (3%) arterial stenosis, and 44 (64%) postoperative collections. In 22 (32%) cases, no obvious culprit artery was found. Technical success, technical failure, or radiologic abstention were observed in 48 (70%), 9 (13%), and 12 patients (17%), respectively. 30 patients (44%) experienced rebleeding after a median delay of 2 days (range 0-46). Rebleeding rates were 29%, 58%, and 100% in case of success, abstention or failure at the first endovascular procedure, respectively (p < 0.001). Treatment efficacy was the only factor associated with rebleeding (success vs failure p < 0.001; success vs. abstention p = 0.09, abstention vs. failure p = 0.04, overall p < 0.001). Rebleeding was treated by endovascular treatment, surgery, or both, in 12 (40%), 11 (37%) and 7 (23%) patients, respectively. Overall, 72% of the patients were successfully treated by endovascular procedures alone.

**CONCLUSION**
After a first endovascular procedure for PPH, almost half of patients rebleed. Rebleeding risk depends on the initial success of the procedure. Most patients are successfully treated by endovascular approach alone.

**CLINICAL RELEVANCE/APPLICATION**
Despite a high rebleeding rate, embolization should be proposed as first line treatment of post pancreatectomy hemorrhage because the majority of patients can be successfully treated by endovascular approach alone.

**RC314-04  Preoperative Embolization to Enhance Collateral Blood Flow via the Gastroduodenal Artery in Patients Undergoing Distal Pancreatectomy with Resection of the Celiac Axis**

Tuesday, Dec. 1 9:05AM - 9:15AM Location: E351

**Participants**
- Markus Zimmermann, MD, Aachen, Germany (Presenter) Nothing to Disclose
- Martin Liebl, MD, Aachen, Germany (Abstract Co-Author) Nothing to Disclose
- Maximilian F. Schulte-Hagen, MD, Aachen, Germany (Abstract Co-Author) Nothing to Disclose
- Federico Pedersoli, Aachen, Germany (Abstract Co-Author) Nothing to Disclose
- Maximilian Schmelzing, Aachen, Germany (Abstract Co-Author) Nothing to Disclose
- Peter Isfort, MD, Aachen, Germany (Abstract Co-Author) Nothing to Disclose
- Christiane K. Kuhl, MD, Bonn, Germany (Abstract Co-Author) Nothing to Disclose
- Philipp Bruners, MD, Aachen, Germany (Abstract Co-Author) Nothing to Disclose

**PURPOSE**
Locally advanced pancreatic cancer with infiltration of the celiac axis carries a grave prognosis and has previously widely been considered as irresectable. Nevertheless, selected patients may benefit from distal pancreatectomy with resection of the celiac axis (DP-CAR). However, resection of the celiac axis may result in postoperative hepatic or gastric ischemia if collateral blood flow from the superior mesenteric artery (SMA) is insufficient. We present a technique for preoperative angiographic evaluation and possibly enhancement of blood flow in this collateral by embolization of the celiac axis (CA) or the common hepatic artery (CHA).

**METHOD AND MATERIALS**
Between 2010 and 2015 six patients with locally advanced pancreatic cancer with invasion of the celiac axis underwent preoperative angiography and embolization of the celiac axis (4) or the common hepatic artery (2) before DP-CAR. SF sheaths were placed in both common femoral arteries and through one sheath a catheter was introduced and placed in the SMA. Through the other sheath another catheter was simultaneously placed in the CA/CHA and an Amplatzer™ vascular plug was deployed - without releasing it - for temporary occlusion of the CA/CHA. Subsequently, an angiography of the SMA was performed to evaluate retrograde blood flow from the SMA via the GA to the proper hepatic artery. If sufficient retrograde flow via the GA was present, the Amplatzer™ plug was permanently released in order to further increase the flow rate in this collateral.

**RESULTS**
All six patients demonstrated sufficient collateral blood flow via the GA and consecutively underwent successful embolization of
CONCLUSION

The presented technique allows safe preoperative angiographic evaluation and possibly enhancement of collateral bloodflow from the SMA via the GA in patients undergoing DP-CAR, in order to reduce the risk of postoperative morbidity from hepatic or gastric ischemia.

CLINICAL RELEVANCE/APPLICATION

Our technique allows preoperative evaluation and possibly enhancement of collateral blood flow from the SMA via the gastroduodenal artery in patients undergoing DP-CAR.

RC314-05  Embolotherapy-My Worst Cases
Tuesday, Dec. 1 9:15AM - 9:30AM Location: E351

Participants
Robert A. Morgan, MD, London, United Kingdom, (robert.morgan@stgeorges.nhs.uk) (Presenter) Proctor, Medtronic, Inc

LEARNING OBJECTIVES

View learning objectives under main course title.

ABSTRACT

The most important aspect of embolization of high-flow vascular malformations is an understanding of the anatomy of the vascular communications within them as this has a bearing both upon the method of vascular occlusion and on the final result. Whatever the anatomy, however, the general principle is that occlusion is performed at the site of the abnormal arteriovenous shunts and not in the vessel proximal to this point. The embolization of arterial feeding vessels, which was performed for many years with metallic coils or particulate matter such as polyvinyl alcohol, is akin to proximal surgical ligation and must be avoided. It has little effect upon symptoms in most individuals and renders subsequent treatment more difficult because the arterial inflow vessels have been occluded. If, however, the embolization is directed at the AV communications themselves, from an arterial approach, via a direct percutaneous puncture or retrogradely from the venous side, and these are totally obliterated - often with a liquid embolic agent - then a long-term improvement in symptoms can be achieved. This presentation will concentrate on the radiological management of these high-flow lesions. The cure of a high flow vascular anomaly is uncommon although there is no doubt that radiological and clinical obliteration of more malformations has come with a better understanding of their radiological anatomy and the use of agents that are directed at the AV shunts themselves rather than at the proximal feeding vessels.

RC314-06  The Type III Endoleak-The Great Pretender
Tuesday, Dec. 1 9:30AM - 9:45AM Location: E351

Participants
Brian S. Funaki, MD, Riverside, IL (Presenter) Data Safety Monitoring Board, Novate Medical

LEARNING OBJECTIVES

View learning objectives under main course title.

ABSTRACT

The most important aspect of embolization of high-flow vascular malformations is an understanding of the anatomy of the vascular communications within them as this has a bearing both upon the method of vascular occlusion and on the final result. Whatever the anatomy, however, the general principle is that occlusion is performed at the site of the abnormal arteriovenous shunts and not in the vessel proximal to this point. The embolization of arterial feeding vessels, which was performed for many years with metallic coils or particulate matter such as polyvinyl alcohol, is akin to proximal surgical ligation and must be avoided. It has little effect upon symptoms in most individuals and renders subsequent treatment more difficult because the arterial inflow vessels have been occluded. If, however, the embolization is directed at the AV communications themselves, from an arterial approach, via a direct percutaneous puncture or retrogradely from the venous side, and these are totally obliterated - often with a liquid embolic agent - then a long-term improvement in symptoms can be achieved. This presentation will concentrate on the radiological management of these high-flow lesions. The cure of a high flow vascular anomaly is uncommon although there is no doubt that radiological and clinical obliteration of more malformations has come with a better understanding of their radiological anatomy and the use of agents that are directed at the AV shunts themselves rather than at the proximal feeding vessels.

RC314-07  Case of the Session-Splenic Artery Embolization (or Lack Thereof)
Tuesday, Dec. 1 10:05AM - 10:20AM Location: E351

Participants
Brian S. Funaki, MD, Riverside, IL (Presenter) Data Safety Monitoring Board, Novate Medical

LEARNING OBJECTIVES

View learning objectives under main course title.

ABSTRACT

The most important aspect of embolization of high-flow vascular malformations is an understanding of the anatomy of the vascular communications within them as this has a bearing both upon the method of vascular occlusion and on the final result. Whatever the anatomy, however, the general principle is that occlusion is performed at the site of the abnormal arteriovenous shunts and not in the vessel proximal to this point. The embolization of arterial feeding vessels, which was performed for many years with metallic coils or particulate matter such as polyvinyl alcohol, is akin to proximal surgical ligation and must be avoided. It has little effect upon symptoms in most individuals and renders subsequent treatment more difficult because the arterial inflow vessels have been occluded. If, however, the embolization is directed at the AV communications themselves, from an arterial approach, via a direct percutaneous puncture or retrogradely from the venous side, and these are totally obliterated - often with a liquid embolic agent - then a long-term improvement in symptoms can be achieved. This presentation will concentrate on the radiological management of these high-flow lesions. The cure of a high flow vascular anomaly is uncommon although there is no doubt that radiological and clinical obliteration of more malformations has come with a better understanding of their radiological anatomy and the use of agents that are directed at the AV shunts themselves rather than at the proximal feeding vessels.

RC314-08  High Flow Malformations-How I Treat Them
Tuesday, Dec. 1 10:20AM - 10:35AM Location: E351

Participants
James E. Jackson, MD, London, United Kingdom (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) To understand the indications for treatment of high-flow vascular malformations. 2) To understand the differing vascular anatomy of arteriovenous malformations and how this affects treatment approach and outcome. 3) To understand those methods of embolization of arteriovenous malformations that are likely to improve results and reduce complications.

ABSTRACT

The most important aspect of embolization of high-flow vascular malformations is an understanding of the anatomy of the vascular communications within them as this has a bearing both upon the method of vascular occlusion and on the final result. Whatever the anatomy, however, the general principle is that occlusion is performed at the site of the abnormal arteriovenous shunts and not in the vessel proximal to this point. The embolization of arterial feeding vessels, which was performed for many years with metallic coils or particulate matter such as polyvinyl alcohol, is akin to proximal surgical ligation and must be avoided. It has little effect upon symptoms in most individuals and renders subsequent treatment more difficult because the arterial inflow vessels have been occluded. If, however, the embolization is directed at the AV communications themselves, from an arterial approach, via a direct percutaneous puncture or retrogradely from the venous side, and these are totally obliterated - often with a liquid embolic agent - then a long-term improvement in symptoms can be achieved. This presentation will concentrate on the radiological management of these high-flow lesions. The cure of a high flow vascular anomaly is uncommon although there is no doubt that radiological and clinical obliteration of more malformations has come with a better understanding of their radiological anatomy and the use of agents that are directed at the AV shunts themselves rather than at the proximal feeding vessels.

RC314-09  Value of Embolization in the Management of Pelvic Venous Incompetence
Tuesday, Dec. 1 10:35AM - 10:45AM Location: E351

Participants
Marc Antoine Jegonday, Caen, France (Presenter) Nothing to Disclose
Vincent Le Pennec Sr, MD, Caen, France (Abstract Co-Author) Educator, Cook Group Incorporated
Audrey Fohlen, Caen, France (Abstract Co-Author) Nothing to Disclose
Bertrand Lamy, Caen, France (Abstract Co-Author) Nothing to Disclose
PURPOSE
To assess the efficacy of embolotherapy to treat symptomatic pelvic venous incompetence (PVI).

METHOD AND MATERIALS
Retrospective evaluation of women with symptomatic PVI treated with embolization. Primary clinical success defined as decrease in pelvic and lower limb pain using a visual analogue scale (VAS). Associated symptoms including dyspareunia, vulvar pain or lower limb venous insufficiency as well as complications were also assessed.

RESULTS
A total of 114 women (mean age 40.9 ± 10.3 years) including 74% with pelvic pain (VAS of 6.5 ± 1.8) and 64% with lower limb pain (VAS of 5.6 ± 2.1) were treated. The most common incompetent veins were the left ovarian (82%), internal pudendal (right 49%; left 39%), inferior gluteal (right 32%; left 31%) and uterine (right 19%; left 23%) veins. Technical success was 89%. Follow-up included consultation organized after 3.5 ± 4.0 months and consultation or telephone interview after 50 ± 34.6 months, respectively. Pelvic pain VAS decreased to 1.6 ± 2.4 (p<0.0001) and 1.0 ± 2.2 (p<0.0001) at the first and second visits, respectively, with a long term success of 94%. Mean lower limb pain VAS decreased to 3.6 ± 2.7 (p<0.0001) and 2.5 ± 2.6 (p<0.0001) at the 2 time-points, with a long term success of 88%. VAS decreased significantly between short and long term evaluations. Clinical improvement of associated symptoms was also observed. Major complication rate was low (9%).

CONCLUSION
Embolization of symptomatic PVI is a safe and effective treatment in well-selected patients, with a progressive and long-lasting clinical success.

CLINICAL RELEVANCE/APPLICATION
Embolization is safe and effective to treat symptomatic PVI and is recommended when a pelvic venous origin of symptoms is established.

RC314-10 Endovascular Management of Hemoptysis Including Coil and/or Particle Embolization: 6 Year Single Institution Comparative Experience

Tuesday, Dec. 1 10:45AM - 10:55AM Location: E351

Participants
Orrie N. Close, MD, Pittsburgh, PA (Presenter) Nothing to Disclose
Kevin M. McCluskey, MD, Pittsburgh, PA (Abstract Co-Author) Nothing to Disclose
Donghoon Shin, MS, Pittsburgh, PA (Abstract Co-Author) Nothing to Disclose
Kevin Ching, MD, Pittsburgh, PA (Abstract Co-Author) Nothing to Disclose
Robert F. Short, MD, PhD, Charlottesville, VA (Abstract Co-Author) Nothing to Disclose

PURPOSE
To evaluate clinical outcomes for endovascular treatment of hemoptysis with microcoils and/or microparticles for bronchial and non-bronchial systemic artery embolization

METHOD AND MATERIALS
A single institution IRB-approved review included all patients who underwent embolization for hemoptysis from 12/2008 to 12/2014. Patient demographics, technical details, angiographic findings, complications, rate of recurrence, and need for repeat intervention were reviewed. Person-years were calculated to evaluate the incidence of recurrence by endovascular treatment method. Statistical analyses were performed using Fisher's exact and chi-square tests.

RESULTS
114 embolizations were performed in 97 patients for hemoptysis. 56 embolization procedures performed in 48 patients (mean: 58 y; range 20-91y) employed microcoils (<0.18 inch). (Of these, 10 patients received microcoil embolization only.) 58 microparticle embolizations were performed in 49 patients (52 y; range 24-84y). Rebleeding occurred following 23 (41.1%) coil embolizations and 24 (42.1%) microparticle embolizations (p=1.00). Incidence of rebleeding in the coil and particle embolization groups were 50.6 and 64.6 per 100 person-years respectively (p=1.0). The incidence ratio between the groups was 1.28 (95% CI: 0.69, 2.37).

Complication rate was 7.1% in the coil group (bronchial arterial dissections: n= 4) vs. 10.3% in the particle embolization only group (arterial dissections: n= 4, spinal cord infarction: n= 1, and access site retroperitoneal hemorrhage: n= 1). (p= 1.0). One procedure for recurrent hemorrhage was impeded by previously placed embolization coils.

CONCLUSION
Transcatheter embolization for hemoptysis is safe and effective using microcoils and/or microparticles. The incidence rate of recurrent hemoptysis following microcoil vs. microparticle embolization is not significantly different.

CLINICAL RELEVANCE/APPLICATION
Use of microcoils for transcatheter embolization in the treatment of hemoptysis can be safely performed with similar clinical efficacy and complication rates as that of microparticles.

RC314-11 Amplatz Plugs versus Coils for Pulmonary Arteriovenous Malformations Embolization in HHT Patients - Long Term Results

Tuesday, Dec. 1 10:55AM - 11:05AM Location: E351

Participants
Morbid obesity is a prevalent and deadly public health problem. Obesity affects about 30% of the United States population. It is responsible for numerous comorbidities including diabetes mellitus and its complications, cardiovascular disease, sleep apnea, and premature osteoarthritis. This is the first use of left gastric artery embolization in the Western Hemisphere to treat morbid obesity.

**METHOD AND MATERIALS**

This is an FDA-IDE pilot study. 5 patients have been approved to undergo the left gastric artery embolization procedure for the purpose of weight loss using Beadblock 300-500 micron particles. All patients will undergo EGD follow up pre and post procedure. Ghrelin, Leptin and CCK levels will also be measured at baseline and post procedure per follow up protocol. Inclusion Criteria Moribd obesity with a BMI ≥ 40 Age ≥ 22years Ability to lay supine on an angiographic table <400lbs due to table weight limits Appropriate anesthesia risk as determined by certified anesthesia provider evaluation preprocedure Subjects who have failed previous attempts at weight loss through diet, exercise, and behavior modification (as it is recommended that conservative options, such as supervised low-calorie diets combined with behavior therapy and exercise, should be attempted prior to enrolling in this study).

**RESULTS**

The first patient has lost 30lbs at 3 months. Second patient has lost 12lbs at 1 month. Third patient has lost 6lbs in 1 week. There have been no major adverse events. The final 2 patients in this study are still being selected.

**CONCLUSION**

This is the first experience in the United States of performing left gastric artery embolization for the purpose of treating morbid obesity. Early results are promising and show no major adverse events thus far. The radial artery has also proven to be a feasible approach to performing this procedure with implications for a safer access site.

**CLINICAL RELEVANCE/APPLICATION**

Morbid obesity is the first use of left gastric artery embolization in the Western Hemisphere to treat morbid obesity.
This is also the first radial artery access experience with implications for the morbidly obese where groin access may be more challenging.

**RC314-13  Bariatric Embolization. Is This the Next Big Thing?**

Participants
Mubin I. Syed, MD, Dayton, OH (Presenter) Consultant, CareFusion Corporation;

LEARNING OBJECTIVES
View learning objectives under main course title.

**ABSTRACT**
Bariatric embolization is an exciting new procedure for the potential treatment of obesity. This talk outlines the background behind the procedure as well as the latest human experience.

**RC314-14  Visceral Aneurysms**

Participants
Michael D. Darcy, MD, Saint Louis, MO (Presenter) Speakers Bureau, W. L. Gore & Associates, Inc; Speaker, Cook Group Incorporated;

LEARNING OBJECTIVES
1) The incidence and presentation of visceral aneurysms. 2) The indications for treating visceral aneurysms. 3) Techniques for treating visceral aneurysms. 4) Potential complications from treatment of visceral aneurysms.

**RC314-15  Wrap Up and Discussion**

Participants
Interactive Quiz Cases in Neuro-oncologic Imaging (An Interactive Session)

Tuesday, Dec. 1 8:30AM - 10:00AM Location: E352

AMA PRA Category 1 Credits™: 1.50
ARRT Category A+ Credits: 1.50

Participants
LEARNING OBJECTIVES
Please bring your charged mobile wireless device (phone, tablet or laptop) to participate.

Sub-Events

RC318A Spine

Participants
James C. Anderson, MD, Portland, OR (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Review imaging of tumors of the spine. 2) Identify aspects of spinal tumors that affect staging, treatment and management
3) Highlight roles of various imaging modalities.

ABSTRACT
Review imaging of tumors of the spine Review aspects of spinal tumors that affect staging, treatment and management Review roles of various imaging modalities

RC318B Head and Neck/ENT

Participants
Suresh K. Mukherji, MD, Northville, MI (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Review common head and neck tumors. 2) Identify pertinent imaging findings that show how imaging affects staging. 3) Highlight specific imaging findings that will affect staging, treatment and management.

ABSTRACT
Review common tumors of the head and neck Review imaging findings in head and neck malignancies that specifically change staging Review the value of imaging in directly affecting management and treatment

RC318C Brain

Participants
Megan K. Strother, MD, Nashville, TN (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Identify basic anatomic, pathologic, and physiologic principles as they apply to neuro-oncologic imaging of the brain.

ABSTRACT
Five interactive neuro-oncologic cases will be presented in an interactive format. Participants will review basic knowledge and skills that are relevant to the clinical practice of neuroradiology, while evaluating the results of the latest research in neuro-oncologic imaging.
Participants
Shreyas S. Vasanawala, MD, PhD, Palo Alto, CA (Moderator) Research collaboration, General Electric Company; Consultant, Artery; Research Grant, Bayer AG;
Lorna Browne, MD, FRCR, Denver, CO (Moderator) Nothing to Disclose
Rajesh Krishnamurthy, MD, Houston, TX (Moderator) Research support, Koninklijke Philips NV; Research support, Toshiba Corporation
R. Paul Guillerman, MD, Houston, TX (Moderator) Nothing to Disclose

Sub-Events
RC313-01 Imaging of Aortopathies
Tuesday, Dec. 1 8:30AM - 8:50AM Location: E353A
Participants
Cynthia K. Rigsby, MD, Chicago, IL, (crigsby@luriechildrens.org) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Define aortopathy. 2) Describe the imaging features of common aortopathies. 3) Show potential complications associated with aortopathies.

RC313-02 4D flow MRI Based Volumetric Aortic Peak Velocity Quantification: Efficiency, Observer Variability and Comparison to 2D Phase Contrast MRI
Tuesday, Dec. 1 8:50AM - 9:00AM Location: E353A
Participants
Michael Rose, Chicago, IL (Presenter) Nothing to Disclose
Kelly Jarvis, Chicago, IL (Abstract Co-Author) Nothing to Disclose
Varun Chowdhary, MD, BS, Chicago, IL (Abstract Co-Author) Nothing to Disclose
Alex Barker, Chicago, IL (Abstract Co-Author) Nothing to Disclose
Bradley D. Allen, MD, Chicago, IL (Abstract Co-Author) Nothing to Disclose
Joshua D. Robinson, MD, Chicago, IL (Abstract Co-Author) Nothing to Disclose
Michael Markl, PhD, Chicago, IL (Abstract Co-Author) Nothing to Disclose
Susanne Schnell, Chicago, IL (Abstract Co-Author) Nothing to Disclose
Cynthia K. Rigsby, MD, Chicago, IL (Abstract Co-Author) Nothing to Disclose

PURPOSE
Standard methods for measuring peak blood flow velocity include Doppler echocardiography and 2D CINE phase contrast (PC) MRI. Due to their reliance on single-direction velocity encoding and regional flow analysis (2D planes) both methods can underestimate peak velocities, especially in cases of complex flow jets as commonly seen in patients with abnormal aortic valves. The aim of this study was to test the feasibility and efficiency of a new method for volumetric peak velocity quantification of aortic peak systolic blood flow velocities in a cohort of pediatric BAV patients using 4D flow MRI and velocity maximum intensity projections (MIPs).

METHOD AND MATERIALS
51 pediatric BAV patients (age = 14 ± 5, range = 3-24 years, 18 female) underwent aortic 4D flow MRI (1.5T Aera, Siemens, Germany). After pre-processing (velocity anti-aliasing, phase offset correction) and 3D segmentation of the aorta, velocity MIPs were generated to determine peak velocities in the ascending aorta, arch, and descending aorta by two independent observers. 4D flow derived peak velocities were compared to results from 2D CINE PCMRI from the same study for 36 BAV patients.

RESULTS
4D flow peak systolic velocities were significantly higher than 2D CINE PC MRI (2.02±0.72 m/s vs 1.72±0.81 m/s, p = 0.0001, Welch's signed-rank test). Bland-Altman analysis of peak velocity assessment showed excellent inter-observer variability (mean difference = -0.005 m/s, limits of agreement = ± 0.192 m/s) with low average inter-observer error 2.0 %. The estimated time for 4D flow MRI pre-processing and segmentation was 20 min. Average analysis time (calculation of velocity MIP, ROI analysis) was 92 ± 49 s.

CONCLUSION
4D flow MRI in combination with 3D segmentation of the aorta and velocity MIP analysis can be used to determine aortic peak systolic velocity with high efficiency and low observer variability. The full volumetric coverage and 3-directional velocity of 4D flow MRI captures complex aortic flow patterns and is thus better suited to identify the highest velocity in an entire aortic segment compared to 2D CINE PC MRI, which underestimated peak velocities in our BAV cohort by 15%.

CLINICAL RELEVANCE/APPLICATION
In patients with aortic valve disease such as bicuspid aortic valve (BAV), the severity of valve disease is characterized using peak blood velocity to estimate the peak transvalvular pressure gradient (via the simplified Bernoulli equation).
The aim of this study was to assess the feasibility, image quality, and diagnostic performance of a prototype non-contrast enhanced self-navigated 3D (SN3D) whole-heart MRA acquisition in comparison with coronary CT angiography (cCTA) for delineating the coronary artery origin and proximal course in pediatric patients with suspected coronary artery anomalies.

**METHOD AND MATERIALS**

Seven patients (13±3 years) with suspected coronary artery anomalies underwent a reference standard cCTA (SOMATOM Flash, Siemens Healthcare, Erlangen, Germany) and a research non-contrast cardiac MRA (MAGNETOM Avanto 1.5T, Siemens Healthcare, Erlangen, Germany) for the assessment of the origin and proximal course of the coronary arteries. The steady-state free precession based SN3D MRA was performed using the following parameters: TR/TE 3.1/1.5ms, flip angle 115°, FOV 220mm, voxel size: 1.1mm³, and 12064 radial views distributed over 377 heartbeats. Subjective image quality of the SN3D MRA and cCTA was evaluated using a 4-grade scale (1, nondiagnostic; 2, sufficient; 3, good; 4, excellent). Visualization of the left main, left anterior descending (LAD), circumflex (LCX) and right coronary arteries (RCA), as well as the time of acquisition and signal to noise...
ratio (SNR), were assessed. Wilcoxon test was used to compare subjective image quality between cCTA and MRA.

RESULTS

The acquisition time of the SN3D MRA was 5.9±1.4min with an average heart rate of 81bpm, while the mean SNR was 27±4. MRA and cCTA image quality ratings were 2.3±0.7 and 3.3±0.7, respectively (p<0.05). SN3D MRA allowed the visualization of the left main, the LAD and the RCA with good agreement to cCTA in all cases, but failed to visualize the LCX in a single case.

CONCLUSION

In this preliminary study there was good agreement for the evaluation of coronary artery anatomy between SN3D MRA and cCTA. The novel radial SN3D sequence allows for the acquisition of an isotropic volume in a free-breathing fashion in about half the time as a standard respiratory-navigated coronary MRA, with an improved ease of use, without penalties in image quality, and without radiation exposure, contrast agent administration or the need for general anesthesia.

CLINICAL RELEVANCE/APPLICATION

This non-contrast self-navigated MRA sequence provides relatively rapid, free-breathing radiation-free evaluation of anomalies of the coronary artery origin and proximal course in children.

RC313-05 Contrast Material Injection via Fenestrated Catheters is Useful in Pediatric Patients with Congenital Heart Disease Undergoing CT Angiography

Tuesday, Dec. 1 9:20AM - 9:30AM Location: E353A

Participants
Takanori Masuda, Hiroshima, Japan (Presenter) Nothing to Disclose
Yoshinori Funana, PhD, Kumamoto, Japan (Abstract Co-Author) Nothing to Disclose
Masao Kiguchi, RT, Hiroshima, Japan (Abstract Co-Author) Nothing to Disclose
Takayuki Oku, Hiroshima, Japan (Abstract Co-Author) Nothing to Disclose
Naoyuki Imada, Hiroshima, Japan (Abstract Co-Author) Nothing to Disclose
Kazuo Awai, MD, Hiroshima, Japan (Abstract Co-Author) Research Grant, Toshiba Corporation; Research Grant, Hitachi, Ltd; Research Grant, Bayer AG; Research Grant, DAIICHI SANKYO Group; Medical Advisor, DAIICHI SANKYO Group; Research Grant, Eisai Co, Ltd; Research Grant, Nemoto-Kyourindo;
Tomoyasu Sato, Hiroshima, Japan (Abstract Co-Author) Nothing to Disclose
Noritaka Noda, Hiroshima, Japan (Abstract Co-Author) Nothing to Disclose

PURPOSE

While 3D CT angiography (CTA) images are useful for evaluating the complex anatomy in patients with congenital heart disease, they require higher contrast enhancement to identify blood vessels and soft tissues. However, the thin pediatric vessel wall imposes an injection pressure limit and can result in poor CT enhancement. As the gauge of the fenestrated- is smaller than of the conventional nonfenestrated catheter, optimal enhancement can be achieved by controlling the injection pressure. We compared the injection rate, aortic enhancement, and injection pressure when intravenous contrast material was injected with fenestrated-and conventional non-fenestrated catheters.

METHOD AND MATERIALS

We randomly divided 34 pediatric patients seen between December 2014 and March 2015 into two groups. Group A consisted of 18 children (age one week to 8 months, body weight 3.6 ± 1.2 kg) and group B of 16 (age one week to 12 months, body weight 3.3 ± 0.9 kg). In group A we delivered the contrast medium via a 22-gauge conventional non-fenestrated catheter and in group B we used a 24-gauge fenestrated catheter. Whole-heart helical CTA scans were performed on a 64-detector scanner (GE VCT, tube voltage 80 kVp, detector configuration 64 x 0.625 mm, rotation time 0.4s/r, helical pitch 1.375, preset AEC noise index 12) and the injection rate, aortic enhancement, and injection pressure were compared in groups A and B.

RESULTS

The mean injection rate and aortic enhancement were 0.9 ± 0.1 ml/sec and 468 ± 45.0 HU in group A and 0.87 ± 0.3 ml/sec and 444 ± 63.5 HU in group B. There was no significant difference in the injection rate and aortic enhancement (p = 0.34, p = 0.38). The maximum injection pressure was significantly lower in group B than group A (0.33 vs. 0.55 kg/cm2, p < 0.05).

CONCLUSION

Use of the fenestrated catheter decreases the injection pressure limit while retaining the injection rate and aortic enhancement of conventional catheters.

CLINICAL RELEVANCE/APPLICATION

With use of the fenestrated catheter, pediatric CT angiography obtains the optimal aortic enhancement by changing injection rate in safety.

RC313-06 The Impact of Dual-source Parallelradiofrequency Transmission with Patient-adaptive Shimming on the 3.0 T Cardiac Magnetic Resonance in Children

Tuesday, Dec. 1 9:30AM - 9:40AM Location: E353A

Participants
Haipeng Wang, Jinan, China (Abstract Co-Author) Nothing to Disclose
Cuiyan Wang, MD, PhD, Jinan, China (Abstract Co-Author) Nothing to Disclose
Qiuian Wang, MD, PhD, Jinan, China (Abstract Co-Author) Nothing to Disclose
Fei Gao, Jinan, China (Abstract Co-Author) Nothing to Disclose
Bin Zhao, MD, Jinan, China (Presenter) Nothing to Disclose

PURPOSE

To evaluate the effect of dual-source parallel RF transmission on the B1 homogeneity, the image quality (image contrast and off-resonance artifacts) in the cine b-SSFP sequence and the repeatability of left-ventricle cardiac function in 3.0T CMR of children.
METHOD AND MATERIALS
The prospective intraindividual comparison study was approved by the institutional ethics committee and written informed consent was obtained. The 3.0T cardiac magnetic resonance (CMR) was performed in 30 chronic myocarditis children by using the dual-source radiofrequency (RF) transmission with patient-adaptive RF shimming. B1 homogeneity and image contrast with and without RF shimming were quantitatively evaluated and t-test was used for statistical significance. The off-resonance artifacts were evaluated independently by two readers. Statistical significance was assessed by Cohen's kappa test. The inter-observer agreement of LV cardiac function with dual-source RF transmission was evaluated by Bland-Altman analysis and the intra-class correlation coefficient (ICC).

RESULTS
Compared with single-source RF transmission, dual-source RF transmission with patient-adaptive RF shimming performed a higher mean percentage of flip angle (FA), lower coefficient of variation (CV) and higher image contrast in both free-breath (NBH) and breath-hold (BH) scanning (P <0.05 for all). The scores of off-resonance artifacts with patient-adaptive RF shimming were lower than that without RF shimming (P <0.05) and inter-observer agreement between two readers was good to very good (kappa values from 0.66 to 0.86). A high level inter-observer agreement for cardiac function with RF shimming was acquired in NBH scanning (CV: 1.91%-11.84%; ICC, 0.83-0.98) and BH scanning (CV: 0.52%-4.44%; ICC, 0.98-0.99)

CONCLUSION
Dual-source parallel RF transmission with patient-adaptive RF shimming could significantly improve the B1 homogeneity and image quality and is suitable for the 3.0T cardiac magnetic resonance in children.

CLINICAL RELEVANCE/APPLICATION
Dual-source parallel RF transmission could significantly improve the B1 homogeneity and image quality and is suitable for the 3.0T cardiac magnetic resonance in children.

RC313-07 Estimation of Functional Lung Capacity and Correlation with the Results of Infant Pulmonary Function Test and Quantitative CT Assessment in Infants with Postinfectious Bronchiolitis Obliterans

Tuesday, Dec. 1 9:40AM - 9:50AM Location: E353A

Participants
Mi-Jung Lee, MD, PhD, Seoul, Korea, Republic Of (Presenter) Nothing to Disclose
Yoon Hee Kim, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Hyun Joo Shin, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Myung-Joon Kim, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Myung Hyun Sohn, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

PURPOSE
To investigate the possibility for estimating functional lung capacity from ventilation inhomogeneity using infant pulmonary function test (iPFT) and quantitative CT assessment for air trapping in infants with postinfectious bronchiolitis obliterans (BO).

METHOD AND MATERIALS
This prospective study included infants with clinically and radiologically proven BO since 2009. We performed iPFT in these patients and measured tidal volume (TV), functional residual capacity (FRC) and lung clearance index (LCI) by sulphur hexafluoride multiple breath washout using an ultrasonic flow meter. From chest CT, we calculated total lung volume (CT-TLV) and imaging functional lung volume (CT-FLV) which showed higher attenuation than the mean attenuation of the grossly normal and air trapping areas. We compared iPFT and CT parameters using Spearman correlation analysis.

RESULTS
Thirteen infants (M:F = 11:2) were included in this study. The age was 3-17 months with the mean of 10.4 ± 4.5 months. The mean body weight and height were 9.4 ± 1.7 kg and 75.9 ± 8.0 cm. The values of TV, FRC and LCI were 82.0 ± 19.9 ml, 184.1 ± 49.1 ml and 8.2 ± 1.3, respectively. For chest CT, the effective radiation dose was 0.2-1.8 mSv with the mean of 1.0 ± 0.5 mSv. The values of normal lung attenuation and air trapping attenuation on CT were -571.3 ± 63.1 HU and -767.1 ± 58.3 HU. And the mean percentage of flip angle (FA), lower coefficient of variation (CV) and higher image contrast in both free-breath (NBH) and breath-hold (BH) scanning (P <0.05 for all). The scores of off-resonance artifacts with patient-adaptive RF shimming were lower than that without RF shimming (P <0.05) and inter-observer agreement between two readers was good to very good (kappa values from 0.66 to 0.86). A high level inter-observer agreement for cardiac function with RF shimming was acquired in NBH scanning (CV: 1.91%-11.84%; ICC, 0.83-0.98) and BH scanning (CV: 0.52%-4.44%; ICC, 0.98-0.99)

CONCLUSION
Dual-source parallel RF transmission with patient-adaptive RF shimming could significantly improve the B1 homogeneity and image contrast, reduce the off-resonance artifacts in the b-SSFP cine image and show excellent reproducibility of cardiac function in the 3.0T CMR of children.

CLINICAL RELEVANCE/APPLICATION
Dual-source parallel RF transmission could significantly improve the B1 homogeneity and image quality and is suitable for the 3.0T cardiac magnetic resonance in children.

RC313-08 Coronary Artery Imaging in Children

Tuesday, Dec. 1 9:50AM - 10:10AM Location: E353A

Participants
Lorna Browne, MD, FRCR, Denver, CO (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) How to successively image the coronary arteries in children with both MR and CT. 2) How to interpret a range of coronary artery anomalies and pathologies.
**RC313-10 Comparison of a ROI-based and a Whole-lung Segmentation Based Approach for MR Lung Perfusion Quantification in Two-year Old Children after Congenital Diaphragmatic Hernia Repair**

**Participants**
Meike Weidner, Mannheim, Germany (Presenter) Nothing to Disclose
Verena Sommer, Mannheim, Germany (Abstract Co-Author) Nothing to Disclose
Frank G. Zoellner, Mannheim, Germany (Abstract Co-Author) Nothing to Disclose
Claudia Hagelstein, MD, Mannheim, Germany (Abstract Co-Author) Nothing to Disclose
Thomas Schaible, Mannheim, Germany (Abstract Co-Author) Nothing to Disclose
Stefan O. Schoenberg, MD, PhD, Mannheim, Germany (Abstract Co-Author) Institutional research agreement, Siemens AG
Wolfgang Neff, MD, PhD, Alzey, Germany (Abstract Co-Author) Nothing to Disclose

**PURPOSE**
By the means of a region-of-interest (ROI) based approach it has been demonstrated that 2-year old children after congenital diaphragmatic hernia (CDH) repair show reduced MR lung perfusion values on the ipsilateral side. As ROI-based approaches only cover parts of the lung tissue, this study aimed to evaluate if results can be reproduced by segmentation of whole lung, whether there are differences between both approaches and as a consequence which technique should be applied.

**METHOD AND MATERIALS**
DCE-MRI was performed in 30 children (24.3±1.8 month) after CDH repair using a 3D TWIST sequence (Siemens Healthcare, Germany). 0.05 mmol/kg body weight of contrast agent (Dotarem, Guerbet, France) were administered. Pulmonary blood flow (PBF) was calculated based on a pixel-by-pixel deconvolution approach. For ROI-based quantification, three circular ROIs (apical, middle and basal) per lung side were used both in the ventral and dorsal lung. Propagation of those circular ROIs through five adjacent sliced generated 6 cylindrical ROIs in the ventral and dorsal lung respectively. For whole-lung analysis, the whole lung was contoured. In both techniques larger vessels were excluded from analysis (Fig. A).

**RESULTS**
In the ROI-based approach, PBF was significantly reduced on the ipsilateral side (74.5±30.3 ml/100ml/min) in comparison to the contralateral side (113.1±40.4 ml/100ml/min; p<0.0001). Also in the whole-lung based approach ipsilateral PBF was significantly lower (73.9±25.5 ml/100ml/min) than in the contralateral lung (102.3±31.8 ml/100ml/min; p<0.0001). In the ipsilateral lungs, quantification results of the ROI-based and the whole-lung segmentation based approach were equal (p=0.50). In the contralateral lungs, the ROI-based approach significantly overestimated PBF in comparison to the whole-lung approach by approximately 9.5% (p=0.0013; Fig. B).

**CONCLUSION**
MR lung perfusion in 2-year children after CDH is significantly reduced ipsilaterally, both when quantified by a ROI-based and a whole-lung based approach. In the contralateral lung, the ROI-based approach significantly overestimates perfusion results and therefore whole lung segmentation should be preferred.

**CLINICAL RELEVANCE/APPLICATION**
With MR lung perfusion imaging, perfusion deficits after congenital diaphragmatic hernia can be depicted. Whole-lung segmentation for quantification is advisable, as a ROI-based approach can overestimate results.
**PURPOSE**

Quantification of regional effects of hypertonic saline (7% NaCl) by functional lung MRI in adolescents with cystic fibrosis (CF).

**METHOD AND MATERIALS**

The clinical effect of a single treatment with hypertonic saline inhalation in patients with CF is still under debate. 17 CF patients prospectively underwent two functional lung MRI scans and pulmonary function tests on the same day before and 1h after a single treatment of inhaled hypertonic saline (n=10, mean 15,2y, mean FEV1% 80±21) or without any treatment (n=7, mean 13,9y, mean FEV1% 80±20) at 1.5T. As a 2nd control group 12 healthy volunteers (mean 28,5y) were included. Assessed parameters for both cohorts were as follows: MRI-derived T1 relaxation measurements breathing room air (T1(21)) and 100% oxygen as well as the calculated oxygen transfer function (OTF), normalized fractional ventilation (FV) obtained by ventilation-weighted Fourier Decomposition MRI; pulmonary blood flow (PBF) obtained by dynamic contrast enhanced MRI, a morpho-functional CF-MRI score and the lung clearance index (LCI). After manual segmentation of each lobe mean and coefficient of variation (CoV) were calculated.

**RESULTS**

Comparing the CF group to healthy controls, mean values of T1(21) (1176ms vs. 1246 ms, p < 0.01 ) and FV (0.67 vs. 0.95, p <0.001) were significantly lower and the CoV significantly higher (CoV T1(21) 0.08 vs. 0.04; CoV FV 0.73 vs. 0.37, p <0.001 for all). In CF group receiving treatment, mean values in the whole lung of OTF (pre 13.1/post 12.7 10-4/s/%O2), FV (pre 0.69/post 0.76), PBF (pre 98/post 102m/100 ml/min), LCI (pre 12.1/post 13.1) and the morpho-functional score (pre 15 / post 17) did not show a significant difference between pre and post treatment measurements (p > 0.05). Also data on a lobar level in the treatment group as well as measurements in the CF-control group did not show any significant differences between the 2 MRI exams (p > 0.05).

**CONCLUSION**

Compared to healthy controls functional lung MRI detects significantly increased ventilation heterogeneity in CF patients. After a single treatment with inhalation of hypertonic saline (7% NaCl) neither functional lung MRI nor LCI detected a significant change in CF patients.

**CLINICAL RELEVANCE/APPLICATION**

This study shows the feasibility of functional lung MRI, as a non-invasive, radiation-free tool for visualization and quantification of potential regional treatment effects in patients with CF.
PURPOSE
To evaluate the value of computerized 3D texture analysis for differentiation of pulmonary metastases from non-metastatic lesions in pediatric osteosarcoma patients.

METHOD AND MATERIALS
Our study comprised 42 pathologically confirmed pulmonary nodules in 16 children with osteosarcoma who had undergone preoperative CT scans between January 2009 and December 2014. Each pulmonary nodule was manually segmented and its computerized texture features were extracted by using an in-house software program. Multivariate logistic regression analysis was performed to investigate the differentiating factors of metastatic nodules from non-metastatic lesions. A subgroup analysis was performed to identify significant differentiating parameters in non-calcified pulmonary nodules. The ROC curve was created to evaluate the discriminating performance of established model.

RESULTS
There were 24 metastatic pulmonary nodules and 18 non-metastatic pulmonary lesions. Pulmonary metastases and non-metastatic lesions exhibited significant differences in various histograms and volumetric parameters (P<.05). Multivariate analysis revealed that higher mean Hounsfield units (HU) (adjusted odds ratio OR, 1.02) and larger effective diameter (OR, 17.03) are significant differentiators (P<.05). The subgroup analysis with non-calcified pulmonary nodules (13 metastases and 18 non-metastases) revealed significant differences between metastases and non-metastases in various parameters. Multivariate logistic regression analysis revealed that lower entropy (OR, 0.01) and larger effective diameter (OR, 38.92) are significant predictors of non-calcified pulmonary metastases (P<.05). The established logistic regression model of subgroup showed excellent discriminating performance in ROC analysis (AUC, 0.927).

CONCLUSION
Metastatic pulmonary nodules from osteosarcoma can be accurately differentiated from non-metastatic pulmonary lesions by using computerized texture analysis. High HU and larger effective diameter were the significant predictors for pulmonary metastases, while lower entropy and larger effective diameter were for non-calcified pulmonary metastases from non-metastatic lesions.

CLINICAL RELEVANCE/APPLICATION
The computerized 3D texture analysis can accurately differentiate pulmonary metastases from non-metastatic pulmonary lesions in pediatric osteosarcoma patients.

RC313-14 Extralobar pulmonary sequestration: initial CT findings predicting spontaneous regression in neonates

Participants
Yeon Jin Cho, Seoul, Korea, Republic Of (Presenter) Nothing to Disclose
Young Hun Choi, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Yoo Jin Kim, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Ji-Eun Park, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Hyun Suk Cho, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Sang Joon Park, PhD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Jung-Eun Cheon, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Woo Sun Kim, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
In-One Kim, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

PURPOSE
In general, it is accepted that extralobar pulmonary sequestration (EPS) may spontaneously regress. However, radiologic features associated with spontaneous regression of EPS have not been well documented. Therefore, we tried to find the CT features predicting spontaneous regression of EPS.

METHOD AND MATERIALS
A total of 51 patients were included in our study with the following inclusion criteria: (a) antenatally diagnosed with EPS, (b) underwent a CT scan within 1 month after birth, and (c) had more than one follow-up CT without treatment. Spontaneous regression of EPS was determined by percent decrease of volume (PDV) and decrease in diameter of feeders. Volume of EPS and diameters of feeding systemic arteries (FSA) were evaluated on all 148 CT. For the enhancement degree of EPS and the back muscle were measured on initial CT and the ratio of EPS-to-back muscle was calculated. The PDV and the changes in diameter of FSA between initial and follow-up CT scans were calculated. Univariate and multivariate linear regression analysis were performed to assess factors related to PDV and decrease in diameter of FSA.

RESULTS
PDV more than 50% (PDV≥50%) was noted in 20 patients (38.5%) within one year, in other 12 patients (23.1%) between one and two years, and in 6 patients after two years. The enhancement degree of EPS was significantly different between 38 patients with PDV≥50% and 13 patients with PDV<50 % (1.0±5.4 vs 2.1±1.1, respectively, p<0.001). Enhancement degree of EPS was the only significant factors predicting PDV≥50% (B=-26.227, p<0.001), and the decrease in diameter of FSA (B=-21.476, p=0.009). In addition, PDV showed significant correlation with decrease in the diameter of the FSA (r=0.602, p<0.001).
CONCLUSION
The volume of EPS had spontaneously decreased more than 50% within 2 years without treatment in 63% of patients. The most important factor predicting spontaneous regression of the EPS was the enhancement degree on initial CT scan. Therefore, a significant volume regression and decrease in diameter of FSA can be expected without any treatment in a neonate with EPS showing hypoenhancement on initial CT scan.

CLINICAL RELEVANCE/APPLICATION
The enhancement degree of EPS on initial CT scan is significantly associated with spontaneous regression of EPS during follow-up. Based on this result, we can more confidently predict spontaneous regression of EPS in neonates.

RC313-15 Pediatric Chest Interventions
Tuesday, Dec. 1 11:40AM - 12:00PM Location: E353A

Participants
Kamlesh U. Kukreja, MD, Bellaire, TX (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1. Describe different types of chest interventions for children.
Characterization of Complex and Sonographically Indeterminate Adnexal Masses (An Interactive Session)

Tuesday, Dec. 1 8:30AM - 10:00AM Location: E353B

Overview of the Clinical Indications for Using MRI

Participants
Andrea G. Rockall, MRCP, FRCR, London, United Kingdom (Presenter) Nothing to Disclose

Learning Objectives
1) To be familiar with the typical clinical presentation of adnexal masses. 2) To understand the role of ultrasound in the initial evaluation and diagnosis of adnexal masses. 3) To know the current indications for MRI in the characterisation of adnexal masses.

Abstract
Clinical presentation of adnexal masses can be due to symptoms (such as acute or chronic pelvic pain or sepsis) or may be incidental. Ultrasound is the initial investigation in almost every case, although CT may be used initially in patients presenting with an acute abdomen. Ultrasound features that can differentiate benign from malignant adnexal masses are well defined and over 80% of cases can be confidently characterised on the basis of ultrasound findings. However, when the nature of a mass is indeterminate on ultrasound, MRI can be useful in further characterisation of the mass. This can be particularly useful in cases where fertility preservation is of paramount importance or where the risks of surgery are high due to other co-morbidities. This lecture will include a full discussion of the current indications for MRI in characterisation of adnexal masses.

Review of Scoring System for Complex and Sonographically Indeterminate Adnexal Masses (The RULES)

Participants
Isabelle Thomassin-Naggara, MD, Paris, France (Presenter) Speakers Bureau, General Electric Company; Research Consultant, Olea Medical

Learning Objectives
1) To learn how to optimise the MRI protocol and how to improve the characterisation of indeterminate complex adnexal masses. 2) To understand the added value of functional sequences (DCE MRI and DWI) in diagnosing adnexal masses. 3) To present a novel diagnostic score named ADNEX MR score for classified adnexal masses using MR imaging according to their positive predictive value.

Abstract
For complex adnexal masses, MR imaging add to conventional criteria of malignancy common to all imaging modalities (bilaterality, tumor diameter larger than 4 cm, predominantly solid mass, cystic tumor with vegetations, and secondary malignant features, such as ascites, peritoneal involvement, and enlarged lymph nodes) specific features based on the characterization of the solid tissue (including vegetation, thickened irregular septa and solid portion) of the adnexal tumor. Using ADNEX MR-SCORING system for adnexal masses, areas under the curve for diagnosis of malignancy is high both for experienced and junior reader (AUC/R2=0.980/0.961). A score is 4 or greater is associated with malignancy with a sensitivity of 93.5% (58/62) and specificity of 96.6% (258/267), the risk of malignancy is high, and the patient should be referred to a cancer center. When the diagnostic score is 3 or less, the association with malignancy is minimal and the patient may benefit from more imaging follow-up or conservative treatment. Finally, if the diagnostic score is 2, the mass has a very low risk to be malignant (<2%). This new MR diagnosis classification will be detailed with interactive clinical cases during this session.

Interactive Cases

Participants
Elizabeth A. Sadowski, MD, Madison, WI (Presenter) Nothing to Disclose
Isabelle Thomassin-Naggara, MD, Paris, France (Presenter) Speakers Bureau, General Electric Company; Research Consultant, Olea Medical

Learning Objectives
1) Develop a method for classifying adnexal masses on MRI by assessing their signal characteristics and enhancement patterns. 2) Assess the risk of ovarian cancer based on the MRI appearance of an adnexal lesion and clinical information. 3) Emphasize the role of MRI in the evaluation of adnexal lesions.

Abstract
There is a spectrum of ovarian neoplasms ranging from benign to malignant. Identifying the MR imaging features suggestive of benign versus worrisome lesions can help appropriately triage adnexal lesions into follow up versus surgical consultation. The purpose of the interactive session is to review the imaging features of benign and worrisome adnexal lesions on MRI and to discuss the appropriate follow up in each case.
Learn Image Segmentation Basics with Hands-on Introduction to ITK-SNAP (Hands-on)

Tuesday, Dec. 1 8:30AM - 10:00AM Location: S401AB

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

FDA Discussions may include off-label uses.

Participants
Paul Yushkevich, PhD, Philadelphia, PA, (pauly2@upenn.edu) (Presenter) Nothing to Disclose
Guido Gerig, Brooklyn, NY (Presenter) Nothing to Disclose
Jeffrey Ware, MD, Philadelphia, PA, (jeffrey.ware2@uphs.upenn.edu) (Presenter) Nothing to Disclose
Philipose G. Mulugeta, MD, Philadelphia, PA, (philipose.mulugeta@uphs.upenn.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) To use a free interactive software tool ITK-SNAP to view and manipulate 3D medical image volumes such as multi-parametric MRI, CT and ultrasound. 2) To label anatomical structures in medical images using a combination of manual and user-guided automatic segmentation tools.

ABSTRACT
Quantitative analysis of medical imaging data is increasingly relevant in a growing number of radiological applications. Almost invariably, such quantitative analysis requires some structures of interest (organs, tumors, lesions, etc.) to be labeled in the image. Labeling anatomical structures is a complex task, particularly when the imaging data is complex, such as in the case of multi-parametric MRI or fusion of different imaging modalities. ITK-SNAP is a free, open-source, and easy to use interactive software tool that allows users to view multiple image volumes of the same anatomy and label structures using information from all volumes concurrently. For example, ITK-SNAP allows users to label tumors (core, edema, necrosis) using a combination of T1-weighted, contrast-enhanced T2-weighted, T2-weighted and FLAIR MRI. ITK-SNAP provides easy to use user-guided automatic segmentation functionality rooted in statistical machine learning and deformable modeling algorithms, as well as built in tools for manual editing and correction of segmentations. ITK-SNAP runs on Windows, MacOS and Linux platforms. During this hands-on course, the participants will use ITK-SNAP to label organs and tumors in various imaging modalities. After completing the course, participants will be well equipped for performing quantitative analyses of medical image data using ITK-SNAP and other compatible free software tools.

Handout: Paul Yushkevich
Creating Radiology eBooks for the iPad (Hands-on)

Tuesday, Dec. 1 8:30AM - 10:00AM Location: S401CD

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Henry J. Baskin JR, MD, Salt Lake Cty, UT (Presenter) Nothing to Disclose
Justin Cramer, MD, Salt Lake City, UT (Presenter) Nothing to Disclose
Justin La Plante, MD, Sayre, PA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Become familiar with Apple's free ebook authoring tool, iBooks Author. 2) Create a sample radiology ebook during the course. 3) Learn how to freely share your ebook with others.

ABSTRACT
The iPad is rapidly becoming the de facto learning tool used by radiology residents and fellows. iBooks Author, a free authoring tool from Apple, enables the creation of ebooks with a near-limitless number of high-resolution images, movies, and other interactive elements. Unfortunately, most radiologists lack the expertise to leverage the advantages of this application. This hands-on workshop will cover the basics of iBooks Author. During the course, attendees will create their own interactive radiology ebook and learn how to freely share it with anyone who has an iPad. iBooks author is only available for Mac OS and bringing your own Mac is required for the hands-on portion of the course. Attendees are encouraged to download iBooks Author prior to attending; the link is provided below. Attendees are also encouraged to come with an idea for their own iBook, ideally with a text file and folder of images they would like to turn into an ebook during the course. Sample text and images will be provided for those who do not bring their own material.

URL
RC350

CTA from Head to Toe

Tuesday, Dec. 1 8:30AM - 10:00AM Location: S404AB

Participants
Alison Wilcox, MD, Los Angeles, CA (Moderator) Speaker, Toshiba Corporation

Sub-Events
RC350A  Cardiac CT- Pre, Peri and Post Procedural Management

Participants
Cameron Hassani, MD, Los Angeles, CA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Review pre-procedural patient preparation including appropriate patient selection, beta blockade, contraindications and alternatives to beta blockers 2) Discuss how to manage non-standard scenarios (atrial fibrillation, pacemaker, young adults) 3) Peri-procedural issues including vasodilation, continued heart rate control, and breathholding requirements. 4) Image acquisition including radiation dose reduction techniques, technique choice, and post CABG patient. 5) Postprocedural complications include contrast reactions and their management.

ABSTRACT
Cardiac CTA involve slightly more preparation than the standard CT acquisition. Heart rate control is the most important aspect that needs to be addressed prior to the patient arriving in the radiology department. Peri-procedural issues mostly involved how to optimize technique while having the lowest radiation dose especially in the new age of dose reduction. Almost as important as heart rate management is how to treat postprocedural complications especially contrast reactions. This presentation will discuss these aspects and include treatment options as well as their alternatives.

RC350B  TEVAR/EVAR- Pre, Post and Periprocedural Evaluation

Participants
Alison Wilcox, MD, Los Angeles, CA (Presenter) Speaker, Toshiba Corporation

LEARNING OBJECTIVES
1) What are some clinical indications for acute aortic imaging. 2) What are some CT parameters that can aid in various diagnosis? 3) What are some of common complications seen in TEVAR and EVAR? 4) What are the important measurements and vessel variants that help guide surgical approach. 5) New suggestions for type B management. 6) What are some imaging problems and pitfalls and some methods to assist. 7) Briefly discuss TAVR acquisition.

ABSTRACT
The acute aorta is part of a syndrome of diseases affecting the aorta with significant overlap of findings and clinical presentations. Clinically the diagnosis is difficult as there is overlap between patients with suspected coronary disease, pulmonary embolism and acute aortic syndrome. In the past several years, minimally invasive surgery with Thoracic Endovascular Aortic Repair (TEVAR) or Endovascular Aortic Repair (EVAR) have become increasingly popular. The images choices include gated vs non gated studies, non-contrast imaging, and delayed imaging. The literature is mixed on how and when to use these modalities. The complications of these procedures is often complex and subtle as well. Knowledge of these vascular complications is imperative for patient management. In addition, these patients often have significant atherosclerotic disease elsewhere that might be limiting factors for stent placement, including renal insufficiency. Newer scanners and imaging techniques can reduce radiation dose, and limit the amount of contrast delivery to preserve renal function while preserving image quality. TAVR is an example of another minimally invasive technique gaining popularity that has imaging challenges. Again, newer scanning techniques with limited contrast delivery can provide excellent image quality while limiting radiation dose and preserving renal function.

RC350C  Peripheral CTA-A How-to

Participants
Ilya Lekht, MD, Los Angeles, CA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Enhance knowledge of normal and abnormal coronary and cardiac anatomy, with an emphasis on differentiating benign from significant variants. 2) Demonstrate the spectrum of nonatherosclerotic congenital and acquired diseases that may affect the coronary arteries. 3) Demonstrate the spectrum of non-atherosclerotic congenital and acquired diseases that may affect the heart.

ABSTRACT
A variety of non-atherosclerotic conditions are detectable on cardiac CT scans, including diseases of the heart, and disease processes which may affect the coronary arteries, or other vascular structures. Cardiac CT has a number of unique advantages in detecting non-atherosclerotic conditions, including congenital and acquired diseases. The focus of this presentation will be non-atherosclerotic conditions of the coronary arteries and of the heart. Variants of normal and abnormal anatomy of the coronary arteries will be discussed, including tips for identifying when coronary anatomic variants are significant. Acquired, non-atherosclerotic diseases of the coronary arteries will also be discussed. This presentation will also discuss the spectrum of non-
atherosclerotic diseases of the heart which may be detected at cardiac CT, including congenital and acquired valvular and cardiac diseases. At the end of this exhibit, the viewer will have a better appreciation for abnormal coronary and cardiac anatomy and the broad spectrum of non-atherosclerotic cardiovascular diseases which may be seen at cardiac CT.
Meaningful Use for Radiology: Pros and Cons

Tuesday, Dec. 1 8:30AM - 10:00AM Location: S404CD

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Ramin Khorasani, MD, Roxbury Crossing, MA (Moderator) Consultant, Medicalis Corp
Ramin Khorasani, MD, Roxbury Crossing, MA (Presenter) Consultant, Medicalis Corp
Alberto F. Goldszal, PhD, MBA, East Brunswick, NJ, (AGoldszal@UniversityRadiology.com) (Presenter) Advisory Board, FUJIFILM Holdings Corporation; Advisory Board, MedInformatix, Inc
Keith D. Hentel, MD, MS, New York, NY, (keh9003@med.cornell.edu) (Presenter) Nothing to Disclose
James Whitfill, MD, Scottsdale, AZ (Presenter) President, Lumetis, LLC; Co-author, Hitachi, Ltd

LEARNING OBJECTIVES
1) Understand how a radiology practice that was a later adopter of meeting meaningful use criteria has achieved successful results for two years running. 2) Learn about CMS MU audits and the audit process 3) Learn about challenges for meaningful use stage 2 and radiology.

ABSTRACT
Case-based Review of Nuclear Medicine: PET/CT Workshop-Head and Neck Cancers (In Conjunction with SNMMI) (An Interactive Session)

Tuesday, Dec. 1 8:30AM - 10:00AM Location: S406A

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Janis P. O’Malley, MD, Birmingham, AL (Director) Nothing to Disclose
Jonathan E. McConathy, MD, PhD, Saint Louis, MO (Presenter) Research Consultant, Eli Lilly and Company; Research Consultant, Blue Earth Diagnostics Ltd; Research Consultant, Siemens AG; Research support, GlaxoSmithKline plc

LEARNING OBJECTIVES

1) Participants will use FDG-PET/CT more effectively in their clinical practice through better understanding of the anatomy, clinical scenarios, and differential diagnoses relevant to the diagnostic imaging of head and neck cancers.
Cardiac Series: Imaging of Coronary Artery Disease

Tuesday, Dec. 1 8:30AM - 12:00PM Location: S405AB

CA CT MR

AMA PRA Category 1 Credits ™: 3.25
ARRT Category A+ Credits: 4.00

FDA Discussions may include off-label uses.

Participants
Arthur E. Stillman, MD, PhD, Atlanta, GA (Moderator) Nothing to Disclose
Robert M. Steinor, MD, Philadelphia, PA (Moderator) Consultant, Educational Symposia; Consultant, Johnson & Johnson
Suhny Abbara, MD, Dallas, TX (Moderator) Author, Reed Elsevier; Editor, Reed Elsevier; Institutional research agreement, Koninklijke Philips NV; Institutional research agreement, Siemens AG

Sub-Events
RC303-01 MRI of Coronary Ischemia (Coronary MRA, Stress Perfusion)

Tuesday, Dec. 1 8:30AM - 9:10AM Location: S405AB

Participants
David A. Bluemke, MD, PhD, Bethesda, MD (Presenter) Research support, Siemens AG

LEARNING OBJECTIVES
1) Describe the role of CMR for evaluation of myocardial perfusion. 2) Describe the results of CMR for evaluation of myocardial ischemia. 3) Indicate potential uses and methods for coronary artery evaluation by CMR.

ABSTRACT
Cardiac MRI (CMR) is an established modality for evaluation of ischemic myocardial disease; appropriateness criteria increasingly recognize the role of CMR in this role. CMR has outstanding temporal resolution allowing for accurate representation of myocardial volumes and function. Excellent soft tissue contrast for myocardial ischemia evaluation is achieved with the use of a gadolinium contrast agent. Stress perfusion CMR during adenosine infusion compares favorably to nuclear medicine methods but can additionally assess volumes and mass very accurately. Stress CMR is used in combination with late gadolinium enhancement (LGE) techniques to depict viable myocardium to improve the specificity of the method. Coronary artery imaging with CMR is best performed at 1.5 T and is useful to assess for anomalous coronary artery imaging and confirm perfusion results. This session will describe the techniques, indications, results and interpretation of CMR for evaluation of ischemic disease of the myocardium.

Active Handout: David A. Bluemke


RC303-02 Evaluation of Obstructive Coronary Artery Disease in Patients with Agatston Score More than 500: Comparison of Computed Tomographic Angiography and Magnetic Resonance Angiography

Tuesday, Dec. 1 9:10AM - 9:20AM Location: S405AB

Participants
Makoto Amanuma, MD, Takasaki, Japan (Presenter) Nothing to Disclose
Takeshi Kondo, Takasaki, Japan (Abstract Co-Author) Nothing to Disclose
Hideyuki Matsutani, Takasaki, Japan (Abstract Co-Author) Nothing to Disclose
Takako Sekine, Takasaki, Japan (Abstract Co-Author) Nothing to Disclose
Tomoko Miyata, Saitama, Japan (Abstract Co-Author) Employee, Toshiba Corporation
Shigehide Kihara, MS, Otawara, Japan (Abstract Co-Author) Nothing to Disclose
Shinichi Takase, Takasaki, Japan (Abstract Co-Author) Nothing to Disclose

PURPOSE
One of the limitations of coronary computed tomographic angiography (CCTA) is poor diagnostic accuracy for segments with severe calcification. On the other hand, the effect of calcification is considered limited on coronary magnetic resonance angiography (CMRA). The purpose of this study was to compare clinical feasibility of CCTA and CMRA for evaluation of obstructive coronary artery disease in patients with severe calcification.

METHOD AND MATERIALS
Written informed consent was obtained from all patients. In 29 patients (72±12 years, M:F=21:8) with high grade calcification (Agatston score>500) CCTA and CMRA findings were compared with the ICA findings as a reference standard. A 320-row area detector CT system (Aquilion ONE/VISION Edition, Toshiba) was used for CCTA and a 1.5T MR unit (Vantage Titan, Toshiba) was used to obtain CMRA. For CCTA prospective one or two-beat scanning targeted at mid diastole was performed with the cardiac phase for scanning set to R-R 75%. For CMRA non-contrast 3D steady-state gradient echo technique with ECG gating and respiratory navigation technique was used. The coronary arteries were divided to 7 proximal segments (#1-#3, #5-#7, #11) based on the AHA classification and evaluated. Luminal stenosis (>50%) was judged both on CCTA and CMRA by consensus of two experienced readers with the ICA findings as a reference standard.

RESULTS
The mean Agatston score of the 29 patients was 1763 (SD: 1092, Range: 502-4674, median: 1348). With non-assessable segments considered to be stenotic, the diagnostic accuracy of CCTA and CMRA was 76.6% and 83.6% on a per-segment basis. When non-assessable segments were considered to be an incorrect diagnosis, the diagnostic accuracy of CCTA and CMRA was 72.1% and...
82.6\%, showing no statistically significant difference. When evaluation was limited to the segments with severe calcification involving 50\% or more of the vessel wall, accurately assessable segment was 49.1\% on CCTA and 78.4\% on CMRA, showing a statistically significant difference (p=0.0001).

**CONCLUSION**

CMRA provides a higher diagnostic accuracy than does CCTA in patients with severe calcification.

**CLINICAL RELEVANCE/APPLICATION**

Coronary MRA provides a high diagnostic accuracy and recommended for evaluation of obstructive coronary arterial disease in patients with severe calcification.

**RC303-03 Rosuvastatin Effect on Coronary Atherosclerosis Plaques Evaluated by 64-detector CT in Patients with Stable Coronary Heart Disease and Hyperlipidemia**

Tuesday, Dec. 1 9:20AM - 9:30AM Location: S405AB

Participants
Jian-Xing Qiu, MD, Beijing, China (Presenter) Nothing to Disclose
Xiaoying Wang, MD, Beijing, China (Abstract Co-Author) Nothing to Disclose
Xiaochao Guo, MD, Beijing, China (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To evaluate the coronary atherosclerosis plaque changes by 64-detector CT on the follow-up examination of the patients, who treated by rosuvastain, with stable coronary heart disease and hyperlipidemia.

**METHOD AND MATERIALS**

The study included 30 patients, (27 males and 3 females), with stable coronary heart disease (stable angina for more than one month) and hyperlipidemia (LDL-C≤130 mg/dl without treatment, LDL-C≤100 mg/dl with treatment). Every patient underwent 64-detector CT coronary angiography twice before and after 76 weeks treatment with Rosuvastatin 20 mg q.d. The initial CT angiography at least detected one or more soft plaques with lumen stenosis ≥25\%. We detected 35 target plaques totally. The volume of target plaques, the maximum sectional area (MASA) of plaques, the mean CT value (MCTV), the stenosis degree caused by the target plaques were measured on the initial and the follow-up CT examinations using the semi-automatic atherosclerosis plaque analysis software. The paired-samples t test was used to analyze the measurements in SPSS 10.0.

**RESULTS**

After Rosuvastatin treatment for 76 weeks, the volume of target plaques decreased significantly from 53.8±38.9 mm³ to 41.5±27.4 mm³ (p=0.011) after Rosuvastatin treatment, the MASA of target plaques decreased from 7.56±3.86 mm² to 6.11±2.81 mm² (p=0.038). The MCTV of target plaques had nonsignificant decrease from 66.4±28.62 Hu to 60.99±39.18 Hu (p=0.687), the stenosis degree caused by the target plaques decreased significantly from 55\% to 46\%.

**CONCLUSION**

The measurement change of target plaques demonstrated by 64-detector CT coronary angiography for the patients with stable coronary heart disease and hyperlipidemia include a decrease of the plaque volume, the maximum sectional area, and the stenosis degree.

**CLINICAL RELEVANCE/APPLICATION**

The 64-detector CT coronary angiography could analyze the effect of Statin for coronary atherosclerosis plaque.

**RC303-04 Late Gadolinium Enhancement**

Tuesday, Dec. 1 9:30AM - 10:10AM Location: S405AB

Participants
Scott D. Flamm, MD, Cleveland, OH (flamms@ccf.org) (Presenter) Medical Director, Precision Image Analysis, Inc; Board of Directors, Precision Image Analysis, Inc;

**ABSTRACT**

Learning Objectives: 1. Understand the distinct advantages of late gadolinium enhancement imaging by cardiac MRI. 2. Articulate the mechanisms responsible for the increased signal intensity in irreversibly damaged myocardium. 3. Recognize the clinical situations appropriate for cardiac MRI late gadolinium enhancement imaging. Abstract: CMR has the unique ability to evaluate several markers of myocardial viability that are of proven value. Reliable and accurate assessment of myocardial scar burden, coronary perfusion, and contractile reserve by CMR are all well established. Direct imaging of myocardial fibrosis has been possible for well over a decade using an inversion-recovery prepared T1-weighted sequence following the intravenous administration of a gadolinium-chelate (Gd). This CMR technique has been named "late gadolinium enhancement" (LGE) and demonstrates non-viable tissue as "hyperenhanced" or bright. Both interstitial and replacement fibrosis enhance similarly with LGE for reasons described below. The hyperenhancement of interstitial fibrosis is more commonly seen in infiltrative entities such as hypertrophic cardiomyopathy and amyloidosis, where the issue of viability is less prominent. The excellent spatial resolution and tissue characterization afforded by CMR makes it ideal for the measurement change of target plaques demonstrated by 64-detector CT coronary angiography for the patients with stable coronary heart disease and hyperlipidemia include a decrease of the plaque volume, the maximum sectional area, and the stenosis degree.

**RC303-05 Coronary CT Angiography and Perfusion/Scar Imaging**

Tuesday, Dec. 1 10:20AM - 11:00AM Location: S405AB

Participants
Wang, MD, Beijing, China (Abstract Co-Author) Nothing to Disclose
Guo, MD, Beijing, China (Abstract Co-Author) Nothing to Disclose
Qiu, MD, Beijing, China (Abstract Co-Author) Nothing to Disclose

**ABSTRACT**

Reliable and accurate assessment of myocardial scar burden, coronary perfusion, and contractile reserve by CMR are all well established. Direct imaging of myocardial fibrosis has been possible for well over a decade using an inversion-recovery prepared T1-weighted sequence following the intravenous administration of a gadolinium-chelate (Gd). This CMR technique has been named “late gadolinium enhancement” (LGE) and demonstrates non-viable tissue as “hyperenhanced” or bright. Both interstitial and replacement fibrosis enhance similarly with LGE for reasons described below. The hyperenhancement of interstitial fibrosis is more commonly seen in infiltrative entities such as hypertrophic cardiomyopathy and amyloidosis, where the issue of viability is less prominent. The excellent spatial resolution and tissue characterization afforded by CMR makes it ideal for the measurement change of target plaques demonstrated by 64-detector CT coronary angiography for the patients with stable coronary heart disease and hyperlipidemia include a decrease of the plaque volume, the maximum sectional area, and the stenosis degree.

**CLINICAL RELEVANCE/APPLICATION**

The 64-detector CT coronary angiography could analyze the effect of Statin for coronary atherosclerosis plaque.
When reporting reduced-dose CCTA with iterative reconstruction, blurred-border and false smooth plaque artifacts must be considered in diagnostic assessment and subsequent patient management.

**RC303-07 Prognostic Value of CT Coronary Angiography in Asymptomatic Patients with Suspected Coronary Artery Disease. Meta-Analysis of Observational Studies**

Tuesday, Dec. 1 11:10AM - 11:20AM Location: S405AB

Participants
PURPOSE
To assess the prognostic value of CCTA as a screening tool in asymptomatic patients with suspected coronary artery disease (CAD).

METHOD AND MATERIALS
A meta-analysis of observational coronary computed tomographic angiography (CCTA) imaging studies was conducted, by means of search in electronic scientific databases for studies investigating the use of CCTA in asymptomatic patients with suspected CAD. The endpoints were the incidence of acute coronary syndrome (ACS) requiring hospitalization, revascularization and cardiac death. Exclusion criteria were composite outcomes and duplicated data. Odds ratio (OR) with 95% confidence interval [CI 95%] was used as summary statistic.

RESULTS
A total of 7,931 asymptomatic patients from 6 studies received a CCTA for suspected CAD. The proportion of patients without CAD, with CAD<50% and with CAD>50% was 78%, 14% and 8%, respectively. After a median follow-up of 27.1 months [22.0-31.2], patients without CAD did not show any of the endpoints. Compared to patients with CAD>50%, patients with CAD<50% showed a similar risk of ACS (0.16 [0.02-1.50]; P=0.11) but a lower risk of revascularization (0.04 [0.02-0.10]; P<0.001) and death (0.05 [0.01-0.44]; P=0.007).

CONCLUSION
Two-third of asymptomatic patients receiving CCTA for suspected CAD had no evidence of disease and no events at follow-up. The presence of CAD>50% significantly increases the risk of revascularization and death as compared to CAD<50%, although the percentage is quite low. Nevertheless, patients with CAD>50% have a risk of ACS comparable to those with CAD<50%.

CLINICAL RELEVANCE/APPLICATION
In asymptomatic patients there is not evidence of the utility of CCTA as a screening tool.
Quality Improvement Symposium: The Value of Practice Quality Improvement

Tuesday, Dec. 1 8:30AM - 10:00AM Location: S406B

Participants
Ella A. Kazerooni, MD, Ann Arbor, MI (Moderator) Nothing to Disclose

Sub-Events

MSQ131A ABMS: Why Practice Quality Improvement is an MOC Requirement

Participants
Lois Margaret Nora, MD, JD, MBA, Chicago, IL (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Explain the role of practice assessment and performance improvement in Board Programs of Maintenance of Certification. 2) Explain new standards of MOC and how boards are increasing relevance and decreasing burden for practicing physicians doing practice assessment and performance improvement. 3) Assess the role of professional self-regulation in the future of health system change.

ABSTRACT
ABMS Board Certification is a longstanding and important component of the medical profession's professional self-regulation. The ABMS Program for Maintenance of Certification MOC (ABMS MOC®) activities emphasize ongoing professional development and assessment that is aligned with other professional expectations and requirements within health care. The ABMS Program for MOC incorporates the six core competencies defined by ABMS and the Accreditation Council for Graduate Medical Education (ACGME) [(1) practice-based learning and improvement, (2) patient care and procedural skills, (3) systems-based practice, (4) medical knowledge, (5) interpersonal and communication skills and (6) professionalism] within a four-part framework: Professionalism and Professional Standing; Lifelong Learning and Self-Assessment; Assessment of Knowledge, Judgment, and Skills; and, Improvement in Medical Practice. While these elements are consistent across all Member Boards, each board tailors the expectations within each element to meet the particular specialties for which it provides certification. This presentation will explain some of the changes and innovations that ABMS Member Boards are incorporating into their MOC Programs and particularly the element related to Improvement in Medical Practice.

MSQ131B ACR Perspective: How ACR Supports PQI

Participants
Bibb Allen JR, MD, Birmingham, AL (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Describe the mandate for higher value care and such as the federal Physician Quality Reporting System and the American Board of Radiology Practice Quality Improvement as it relates to Maintenance of Certification. 2) Describe the process for development of metrics appropriate to radiology. 3) Examine ways their practices can participate in these programs using workflow tools and registry reporting. 4) Examine how registry reporting can provide benchmarks and dashboards for continuing practice improvement.

ABSTRACT
In an article in the New England Journal of Medicine in March 2015, Health and Human Services Secretary Sylvia Burwell set new targets for value-based payments in Medicare. She states their goal is that 85% of Medicare fee-for-service payments will be tied to quality or value by 2016. Most likely this will be administered through the Medicare Physician Quality Reporting System (PQRS); however, has been difficult thus far for many radiology practices to achieve full participation in PQRS. Additionally, the American Board of Radiology requires documentation of Practice Improvement Project (PQI) for participation in Maintenance of Certification (PQI). In an effort to prepare radiologists to be successful in demonstrating higher value care and because we believe radiologists will be more likely to participate if what we measure provides value to ourselves and our patients, the American College of Radiology is working with CMS and the ABR to develop meaningful metrics for radiology to be used for quality reporting. Radiologists are also working to develop tools to capture the information as part of our daily workflow either through PACS, dictation software or EHR. While the information could be used internally for process improvement, if metrics are standardized, we have an opportunity for national registry reporting which offers not only opportunity for internal process improvement but also benchmarking, and since CMS now allows reporting PQRS metrics through a Qualified Clinical Data Registry, by reporting through these registries practices and individuals can qualify for PQRS and by using this reporting as a basis for ABR quality activities, physicians may seamlessly participate in PQI for MOC. Finally, registry reporting allows data mining and supports socioeconomic research in radiology, so we can learn where there are opportunities for further improvement in the care of our patients.

MSQ131C ABR Perspective: New PQI Efforts

Participants
Milton J. Guiberteau, MD, Houston, TX, (guiberteau@theabr.org) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1.) Explain the implications of the ABMS MOC 2015 Standards for tailoring the American Board of Radiology’s (ABR) MOC program requirements to the practice environments and culture of radiological professionals. 2) Articulate the rationale for changes in the
ABR MOC Program to alleviate duplication of effort and overall resource burden in complying with MOC program requirements. 3) Implement changes in diplomates' personal MOC compliance plans to meet the requirements of MOC employing new options. 4) Explain ABR efforts to explore additional improvements to promote diplomate satisfaction and sense of accomplishment in MOC participation in the future.

**ABSTRACT**

In the 2015 MOC Standards, ABMS has reiterated and expanded its acknowledgment that the fundamental structure of MOC intended for all ABMS Board MOC programs may be best implemented by creating options for compliance which recognize the unique cultures and practice environments of each medical specialty represented by its 24 member Boards. In response, the American Board of Radiology has instituted changes in its MOC program to alleviate duplication of effort in meeting the requirements of its MOC program by recognizing and giving credit for diplomate efforts already expended as part of their ordinary workday, especially those pertinent to Quality Improvement (MOC Part IV). By doing so, the ABR is delivering on its goal of reducing the time and resource burdens of meeting the requirements of MOC while increasing diplomate satisfaction and sense of accomplishment in MOC participation.
Quantitative Imaging Mini-course: Modality Independent Issues
Tuesday, Dec. 1 8:30AM - 10:00AM Location: S502AB

Participants
Michael F. McNitt-Gray, PhD, Los Angeles, CA (Director) Institutional research agreement, Siemens AG; Research support, Siemens AG; ;

Sub-Events

RC325A The Role of Physical Phantoms in Quantitative Imaging

Participants
Paul E. Kinahan, PhD, Seattle, WA (Presenter) Research Grant, General Electric Company; Co-founder, PET/X LLC

LEARNING OBJECTIVES
1) To understand the definitions and requirements of quantitative medical imaging. 2) To learn the role of phantoms and tradeoffs in comparison with simulations and patient studies. 3) To review the classes of phantoms available: Commercial, experimental, and virtual (digital reference objects).

ABSTRACT
This lecture will familiarize the audience with digital reference objects (DROs) and their place in the development of quantitative imaging biomarkers (QIBs). To determine whether a quantitative imaging study is measuring a pathological or physiological process in an unbiased way, the quantitative imaging result would need to be compared to an independently ascertained unbiased measurement in the imaged subject or animal. Unfortunately, obtaining a precise and unbiased measurement (also known as ground truth) is generally impractical or impossible. Frequently there are several software packages that can be used to create maps reflecting the spatial distribution of the QIB. Because different software packages often give different quantitative results, the choice of software contributes to the variability of the result. Without ground truth data, it can be difficult to determine which softwares calculate the underlying biomarker with sufficient precision and lack of bias to be applicable for a particular use case. DROs are synthetic images whose pixel values are partially or completely determined by mathematical equations. Although these images may be designed to mimic real imaging data, their content is ultimately determined by mathematical models. Even though DROs do not perfectly simulate real data, they are useful because they are created assuming particular underlying parameter values, which can be regarded as ground truth for these objects. DROs can be particularly valuable for evaluation of software packages. Because they are created using known ground truth, they can be used to determine whether a particular image analysis strategy introduces biases when used to extract a QIB. (This is not possible with real data if the ground truth is not known). Assuming that realistic image noise and/or artifact can be included in the DRO, they can also be used to estimate how precisely a software package is deriving quantitative metrics in real images. This lecture will describe how DROs are used in the RSNA Quantitative Imaging Biomarker Alliance (QIBA) process. Topics that will be discussed include: 1) the variety of metrics that can be used to evaluate software performance with DROs; 2) the differences between aggregated and disaggregated measures of performance, and the relevance of this for determining whether software complies with a standard; and 3) best practices for creation of DROs.

Honored Educators

Participants
Binsheng Zhao, DSc, New York, NY (Presenter) License agreement, Varian Medical Systems, Inc; License agreement, Keosys SAS; License agreement, Hinacom Software and Technology, Ltd; License agreement, ImBio, LLC; License agreement, AG Mednet, Inc

LEARNING OBJECTIVES
1) To familiarize the audience with the basic image analysis methods such as segmentation and feature extraction, using tumor
quantification in oncology as an example. 2) To discuss sources of variation in image analysis, using both phantom and in-vivo tumors as examples. 3) To raise awareness of the need for harmonization of imaging and quantification techniques in quantitative radiology.
Confluence of Diagnostic Radiology and Radiation Oncology in Management of Pediatric Malignancies

Tuesday, Dec. 1 8:30AM - 10:00AM Location: S403A

Participants
Stephanie A. Terezakis, MD, Baltimore, MD (Moderator) Speaker, Elekta AB

Sub-Events
RC320A  Supratentorial CNS Tumors

Participants
Stephanie M. Perkins, MD, Saint Louis, MO (Presenter) Nothing to Disclose
Tina Y. Poussaint, MD, Boston, MA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Identify the common supratentorial brain tumors of childhood. 2) Evaluate the imaging features of supratentorial brain tumors.

ABSTRACT
The most common type of solid tumor among children is the pediatric brain tumor, which is the second most frequent childhood malignancy after leukemia, and the leading cause of death from solid tumors in this population. Among children aged 0-19, the incidence rate for all primary brain and central nervous system tumors was roughly 5.3 per 100,000, with approximately 4550 cases of new cases of childhood primary malignant and non-malignant CNS tumors were expected to be diagnosed each year in the United States in 2013. Supratentorial tumors are most common in the first 2-3 years of life and in children older than 10 years, supratentorial and infratentorial are of equal frequency. This lecture will focus on the standard and advanced MR imaging features of the common supratentorial tumors of childhood affecting the cerebral hemispheres, suprasellar/sellar regions and pineal regions.

RC320B  Infratentorial Central Nervous System Tumors

Participants
David B. Mansur, MD, Cleveland, OH (Presenter) Nothing to Disclose
Thierry Huisman, MD, Baltimore, MD, (thuisma1@jhmi.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Identify the types of diagnostic imaging most useful in the management of infratentorial CNS tumors. 2) Describe how proper diagnostic imaging aids in target delineation, staging, and treatment planning in posterior fossa CNS radiotherapy. 3) Define how conventional and advanced neuroimaging may characterize and differentiate brain neoplasms from treatment-related imaging findings following radiotherapy.

ABSTRACT
The radiotherapeutic management of infratentorial CNS tumors requires close collaboration between neuroradiology and radiation oncology. This process begins with accurate initial tumor description and delineation in the pre-operative setting. Detection of drop metastases is another critical role for neuroimaging which can be done either preoperatively or postoperatively. Post-operative imaging is essential to assist with determining extent of resection as well as defining radiotherapy treatment volumes. Finally, neuroimaging after radiotherapy can aid in determining benign radiation therapy changes from recurrent or progressive tumor.

RC320C  Pediatric Sarcomas: MR Imaging

Participants
Oren Cahlon, Princeton, NJ (Presenter) Investor, ProCure Treatment Centers, Inc
Laura M. Fayad, MD, Baltimore, MD (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Examine the roles MRI plays in the evaluation of pediatric sarcomas. 2) Assess the utility of various imaging sequences for the initial assessment and post-treatment follow-up of sarcomas. 3) Apply anatomic, functional and metabolic techniques for the identification of tumor extent and character.

ABSTRACT
MRI plays a critical role in the assessment of pediatric musculoskeletal tumors, both osseous and soft tissue masses. Although such neoplasms may initially be evaluated on other modalities, such as sonography or radiography, the most salient role for MRI is in determining the extent of disease. MRI sequences also offer information for tumor detection, characterization, the assessment of treatment response and the distinction of post-operative scar from recurrence. With conventional MRI, excellent anatomic detail is obtained, but with the advent of non-contrast chemical shift imaging, diffusion weighted imaging and MR spectroscopy, functional and metabolic features of a neoplasm can be evaluated noninvasively. In this presentation, a comprehensive MRI approach to assessing pediatric musculoskeletal tumors will be reviewed, focusing on the roles of anatomic, functional and metabolic MRI sequences.
The RSNA Image Share Network - How It Operates and How to Put It into Your Office

Tuesday, Dec. 1 8:30AM - 10:00AM Location: S501ABC

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
David S. Mendelson, MD, Larchmont, NY (Moderator) Spouse, Employee, Novartis AG; Advisory Board, Nuance Communications, Inc; Advisory Board, General Electric Company; Advisory Board, Toshiba Corporation
Wyatt M. Tellis, PhD, San Francisco, CA (Presenter) Officer, EyePACS, LLC

LEARNING OBJECTIVES
1) Understand the goals of the RSNA Image Share project. 2) Understand the technical architecture of the RSNA Image Share. 3) Learn the steps necessary to implement in your local environment.

URL
Learning Objectives

1) Educate program directors about software tools and work strategies that can make data collection for the Next Accreditation System more efficient. 2) Illustrate hardware and software technology that is useful in delivery of educational content to residents during conferences and for just-in-time learning. 3) Learn about the tools developed by the RSNA that can be useful to residents and program directors for delivery of educational content and in residency program administration. 4) Discover ways that the popular video portal YouTube can be used to deliver educational content and track learning activities.

Abstract

Radiology residency administration is an increasingly time- and labor-intensive activity for Program Directors and Coordinators. Under the Next Accreditation System, learning activities for each of the 12 Radiology Resident Milestones must be developed, and each resident’s progress toward mastery must be tracked and reported semi-annually to the ACGME. Much work has been done in the Radiology community in developing materials that can be used for imparting both clinical and non-clinical skills to residents. This Refresher Course will present technologies and strategies that can be helpful to program directors to disseminate this information and content to resident learners, and to efficiently measure and report their progress to ACGME.

Active Handout: Terry S. Desser


Sub-Events

RC302A  Technologies for Educational Content Delivery

Participants
Harprit S. Bedi, MD, Boston, MA (Presenter) Nothing to Disclose

Learning Objectives

View learning objectives under main course title.

RC302B  RSNA Technologies for Resident Education

Participants
William J. Weadock, MD, Ann Arbor, MI (Presenter) Owner, Weadock Software, LLC

Learning Objectives

View learning objectives under main course title.

RC302C  YouTube: Pros and Cons as an Educational Outlet

Participants
Christopher F. Beaulieu, MD, PhD, Stanford, CA (Presenter) Nothing to Disclose

Learning Objectives

1) Describe the steps involved in creation and posting of a YouTube video. 2) List the benefits of free, worldwide accessible radiology education videos. 3) Explain current limitations of YouTube as pertaining to radiology education.

Abstract

Most radiology conferences are delivered locally to small groups of learners and are not recorded. For the presenter, these efforts involve many hours of preparation, and it can be disappointing that only a subset of trainees attend a given conference. YouTube makes it possible to post large video files at no cost, enabling any time, anywhere viewing. This makes teaching materials continuously accessible to large numbers of viewers. Creation of a video can be quite time efficient if it is recorded simultaneous to the live presentation. Several software programs provide both live web streaming and video/audio capture. For radiology, high quality video recording is critical. Audio quality can be excellent with use of a microphone. Benefits of YouTube include its no-cost hosting, high quality playback, the ability to obtain viewer comments, and quantitative “analytics” related to viewership. Analytics include number of views, location, viewing time, gender, and numerous other metrics. YouTube videos can also be “embedded” in other web sites. One can also elect to “monetize” content to collect a small amount of ad-sharing revenue (~0.2 cents per view) if ads are included. Disadvantages of YouTube include the time required to create and post the content, varying educators’ viewpoints in terms of whether they want to record and post, and limited feedback. There are also copyright and branding issues that have yet to be fully understood. Thus far, my experience with YouTube has been very positive. Residents and fellows appreciate the ability to view or review the content on their own time. Trainees can preview a didactic video before conference and use conference time for related cases. Worldwide viewership has resulted in over 50,000 views in the last year, translating into over 5000 virtual lecture hours (live lecture time 11 hours). To view my channel, see: https://www.youtube.com/user/MozchopsMD
Participants

LEARNING OBJECTIVES

1) Discuss the potential roles and limitations of PET imaging for amyloid and tau protein in evaluating patients with dementia. 2) Describe anatomic and functional MRI techniques for evaluating Alzheimer's disease. 3) Understand the clinical challenges of diagnosing and managing patients with dementia.

Sub-Events

RC311A PET Imaging, Tracers

Participants
Terence Z. Wong, MD, PhD, Chapel Hill, NC (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

View learning objectives under main course title.

RC311B MRI and fMRI

Participants
Jeffrey R. Petrella, MD, Durham, NC (Presenter) Advisory Board, Johnson & Johnson Speakers Bureau, Quintiles Inc Advisory Board, Piramal Enterprises Limited

LEARNING OBJECTIVES

View learning objectives under main course title.

RC311C Clinical Examples

Participants
P. M. Doraiswamy, MD, Durham, NC (Presenter) Research Consultant, Bristol-Myers Squibb Company Research Consultant, Eli Lilly and Company Research Consultant, Neuronetrix, Inc Research Consultant, Medivation, Inc Research Grant, Bristol-Myers Squibb Company Research Grant, Eli Lilly and Company Research Grant, Neuronetrix, Inc Research Grant, Medivation, Inc Stockholder, Sonexa Therapeutics, Inc Stockholder, Clarimedix, Inc Speaker, Forest Medical, LLC

LEARNING OBJECTIVES

View learning objectives under main course title.
LEARNING OBJECTIVES

1) Discuss the similarities and differences in the peer review process for the RSNA journals. 2) Discuss the functions of the reviewer in the peer review process. 3) Enumerate the desired elements for peer review of a manuscript 4) Detail how a reviewer can receive AMA PRA Category 1 CME credit for manuscript review

ABSTRACT

Peer review is, in a major way, responsible for the quality of the manuscripts published in a given journal. In this refresher course, the Editors of both of the peer-reviewed journals published by the RSNA will discuss the peer review processes of their respective journals. The Editors will also emphasize the important functions served by the peer reviewers and will indicate the types of information which they would like the peer reviewers to consider when the peer reviewers review a given manuscript. Benefits and responsibilities of the peer review process will be detailed. There will be ample time for questions and answers.
LEARNING OBJECTIVES

1) Describe the technique and optimally perform carotid Doppler ultrasound. 2) Describe the technique and optimally perform renal Doppler ultrasound. 3) Review qualitative and quantitative criteria for diagnosing abnormalities in carotid and renal ultrasound Doppler examinations.

ABSTRACT

This hands-on course will provide participants with a combination of didactic lectures and an extended 'live' scanning opportunity on normal human volunteers, as follows: Didactic lectures (30 minutes): 1. Carotid Doppler Ultrasound: scanning technique, diagnostic criteria and interesting teaching cases. 2. Renal Doppler Ultrasound: scanning technique, diagnostic criteria and interesting teaching cases. Mentored scanning (60 minutes): Following the didactic lectures, the participants will proceed to a scanning area with normal human volunteers and ultrasound machines from different manufacturers. Participants will be able to perform live scanning with direct assistance (if needed) by faculty. Faculty will be able to offer feedback, help participants improve their scanning technique as well as answer any questions. Faculty will also be available to answer general questions relating to all aspects of vascular Doppler, not limited to carotid and renal Doppler studies.

Honored Educators

Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Leslie M. Scoult, MD - 2014 Honored Educator
Sadhnna Verma, MD - 2013 Honored Educator
Participants

Sub-Events

MSES31A Large Airway Disease

Participants
Phillip M. Boiselle, MD, Boston, MA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Accurately identify normal large airway anatomy, variants, and common forms of pathology on MDCT scans. 2) Employ a pattern-based approach to facilitate accurate diagnosis of congenital and acquired causes of large airways disease on MDCT scans. 3) Recognize the overlap of MDCT airway findings between health and disease states.

ABSTRACT

1. Accurately identify normal large airway anatomy, variants, and common forms of pathology on MDCT scans. 2. Employ a pattern-based approach to facilitate accurate diagnosis of congenital and acquired causes of large airways disease on MDCT scans. 3. Recognize the overlap of MDCT airway findings between health and disease states.

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Phillip M. Boiselle, MD - 2012 Honored Educator

MSES31B Pleural Disease

Participants
Travis S. Henry, MD, San Francisco, CA (Presenter) Spouse, Medical Director, F. Hoffmann-La Roche Ltd

LEARNING OBJECTIVES

1) Identify pleural thickening and differentiate the appearance from normal pleura on imaging. 2) Differentiate different causes of unilateral and bilateral pleural effusions to help narrow a differential diagnosis or provide a specific diagnosis. 3) Identify different manifestations of asbestos-related pleura disease. 4) Provide a differential diagnosis for pleural tumors.

ABSTRACT

1) Identify pleural thickening and differentiate the appearance from normal pleura on imaging. 2) Differentiate different causes of unilateral and bilateral pleural effusions to help narrow a differential diagnosis or provide a specific diagnosis. 3) Identify different manifestations of asbestos-related pleura disease. 4) Provide a differential diagnosis for pleural tumors.

MSES31C HRCT Reticular Pattern

Participants
Susan J. Copley, MD, FRCR, London, United Kingdom, (sue.copley@imperial.nhs.uk) (Presenter) Consultant, Boehringer Ingelheim GmbH; Consultant, InterMune, Inc

LEARNING OBJECTIVES

1) Accurately identify the Reticular pattern on HRCT. 2) List the differential diagnosis for the reticular pattern. 3) Recognize distinguishing features of particular entities that may result in this pattern.

ABSTRACT

1) Accurately identify the Reticular pattern on HRCT. 2) List the differential diagnosis for the reticular pattern. 3) Recognize distinguishing features of particular entities that may result in this pattern.
Proton therapy has the potential to deliver very conformal dose distributions which may lead to higher cure rates or lower treatment toxicities than conventional or intensity modulated x-ray therapy. Like modern photon modalities, proton therapy relies heavily on advanced imaging techniques for treatment planning and dose calculation. This course will describe imaging requirements which are unique to proton therapy treatment planning. Much of the advantage of proton therapy is derived from the particle beam's finite range, and calculation of proton range within a patient requires a conversion between CT Hounsfield Units (HU) and proton stopping power. This calibration process is significantly different from the HU to electron density conversion which is performed for x-ray dose calculation. Uncertainties in the stopping power conversion are currently managed by expanding normal tissue margins around the clinical target volume and through appropriate beam selection. Improved CT techniques and alternative imaging modalities promise to deliver a more reliable image of stopping power within the patient, allowing for reduced treatment volumes. Tumor motion also presents a unique challenge in proton therapy, as a moving target exhibits not only variable position within a beam's eye view, but varying range as well. Modern proton therapy facilities which deliver treatments via a scanning beam are additionally susceptible to the interplay effect, in which the time dependent dose delivery is altered by motion of the target and surrounding anatomy. Four-dimensional imaging and dose calculation are then critically important in proton therapy to ensure that the treatment plan is robust against tumor motion.

LEARNING OBJECTIVES
1) Describe the stoichiometric calibration technique for deriving proton stopping power from CT Hounsfield Units. 2) Identify common sources of uncertainty in the predicted proton range within a patient. 3) Explain near- and long-term developments in CT imaging and alternative modalities which may reduce the uncertainty in proton range calculation.

LEARNING OBJECTIVES
1) Describe the impact of tumor motion on a proton dose distribution. 2) Compare the relative value of various four-dimensional imaging modalities in the evaluation of a proton plan for a mobile target. 3) Explain the process for incorporating four-dimensional imaging into dose calculation.
Mitigation of Litigation (Sponsored by the RSNA Professionalism Committee)

Tuesday, Dec. 1 8:30AM - 10:00AM Location: S104A

PR

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Leonard Berlin, MD, Skokie, IL (Moderator) Nothing to Disclose
David M. Yousem, MD, Baltimore, MD (Moderator) Royalties, Oakstone Publishing, LLC; Author with royalties, Reed Elsevier; Research Grant, Bayer AG; ;

LEARNING OBJECTIVES
1) To understand the implications of the four components of a medical negligence case: a. duty to the patient, b. breach in the standard of care, c. causation between breach and harm, and d) damages (economic, pain and suffering, punitive). 2) To reflect on the patient and physician experience in going through a malpractice trial. 3) To apply practice habits that reduce the chance that you will be the subject of a medical malpractice suit, enhance patient safety, increase the likelihood of good outcomes, and prevent frivolous lawsuits. 4) To learn dos and don'ts once sued. 5) To comprehend the role of medical experts in establishing the standard of care and ensuring an equitable and fair judicial process. 6) To discuss ethics of testifying as expert.

ABSTRACT
A medical malpractice case requires establishing four components of the case: 1) the duty of the physician to the patient, 2) a breach in the standard of care (what a reasonably prudent person would do in a similar situation), 3) the establishment that the breach caused the subsequent harm to the patient, and 4) damages to the patient. Most malpractice cases are won or lost in determining whether a deviation in the standard of care occurred and whether that deviation truly caused the patient’s damages. Expert witnesses are commonly employed to help establish the standard of care for the setting in question, although some experts also provide guidance as to the expected economic costs that will be incurred by the damaged plaintiff. Because of the high cost of medicolegal litigation, most cases that have minor damages never come to court but may be dropped or settled out of court.

Sub-Events

RC316A  Elements of Legal Suits: Duty, Breech, Causation, Damages and the Links between Them

Participants
Rosemary Schnall, Philadelphia, PA (Presenter) Stockholder, Johnson & Johnson
Kelly Yousem, JD, Owings Mills, MD (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
View learning objectives under main course title.

ABSTRACT
The purpose of this presentation is to understand the main elements of a medical malpractice lawsuit. You will gain an understanding of the process as well as the legal reasoning behind litigation objectives. Additionally, we will discuss the standards of proof required and how expert witnesses are a necessary requirement in this process, for both Plaintiffs and Defendants.

RC316B  Mitigation of Litigation: What the Radiologist Can Do To Reduce the Risk of Being Named in a Lawsuit

Participants
Michael M. Raskin, MD, JD, Tamarac, FL, (drraskin@bellsouth.net) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Identify the different types of errors radiologists may make. 2) Analyze and compare specific actions to reduce errors. 3) Demonstrate understanding why failure to communicate is one of the greatest problems facing radiologists today. 4) Apply survival strategies to reduce the risk of being named in a lawsuit.

ABSTRACT
Failure to diagnose and failure to communicate are the two most frequent reasons why a radiologist is named in a lawsuit. Perception and interpretation errors will be analyzed and specific actions to reduce these errors will be compared. The communication of unexpected findings directly impacts on the ability of the radiologist to deliver quality patient care. The courts have consistently held that timely communication may be as important as the diagnosis itself. Radiology is so advanced in imaging technology but not in communicating imaging findings. Specific examples of communication errors will be discussed and analyzed. Potential solutions involving closed-loop communication will be addressed. Finally, a plan for implementation of specific strategies will be suggested.

RC316C  Expert Witness Testimony: Ethics and Qualifications for Being an Expert Witness
Participants
Ronald L. Eisenberg, MD, JD, Boston, MA, (rleisenb@bidmc.harvard.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Understand the role of an expert witness in malpractice lawsuits and ethical issues to consider to become a more effective and valuable expert witness.

ABSTRACT

Expert witnesses play essential roles in malpractice lawsuits. Radiologists considering becoming expert witnesses need to clearly understand that their duty is to provide honest opinions on technical issues to educate members of the jury so that they can render a more accurate verdict, rather than being advocates for the party that engaged them.

Honored Educators

Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Ronald L. Eisenberg, MD, JD - 2012 Honored Educator
Ronald L. Eisenberg, MD, JD - 2014 Honored Educator

**Tuesday, Dec. 1 8:30AM - 12:00PM Location: S102AB**

**VA MR**

**AMA PRA Category 1 Credits ™**: 3.25

**ARRT Category A+ Credits**: 4.00

FDA Discussions may include off-label uses.

**Participants**
Dominik Fleischmann, MD, Palo Alto, CA (Moderator) Research support, Siemens AG;

**Sub-Events**

**RC312-01 Non-contrast MRA Techniques**

**Tuesday, Dec. 1 8:30AM - 8:55AM Location: S102AB**

**Participants**
Scott B. Reeder, MD, PhD, Madison, WI (Presenter) Institutional research support, General Electric Company Institutional research support, Bracco Group

**RC312-02 Depiction of Transplant Renal Vascular Anatomy and Complications: Unenhanced MR Angiography by Using Spatial Labeling with Multiple Inversion Pulses**

**Tuesday, Dec. 1 8:55AM - 9:05AM Location: S102AB**

**Participants**
Hao Tang, Wuhan, China (Presenter) Nothing to Disclose

**PURPOSE**
To evaluate the ability to depict anatomy and complications of renal vascular transplant with unenhanced magnetic resonance (MR) angiography with spatial labeling with multiple inversion pulses (SLEEK) and to compare the results with color Doppler (CD) ultrasonography (US), digital subtraction angiography (DSA), and intraoperative findings.

**METHOD AND MATERIALS**
This study was approved by the institutional review board, and written informed consent was received before examination. Seventy-five patients who underwent renal transplantation were examined with unenhanced MR angiography with SLEEK and CD US. DSA was performed in 15 patients. Surgery was performed in eight patients. The ability of SLEEK to show transplant renal vascular anatomy and complications was evaluated by two experienced radiologists who compared the results with CD US, DSA, and intraoperative findings.

**RESULTS**
Patients successfully underwent SLEEK MR angiography. Transplant renal vascular anatomy was assessed in 87 arteries and 78 veins. Renal vascular complications from transplantation were diagnosed in 23 patients, which included 14 with arterial stenosis, three with arterial kinking, two with arteriovenous fistulas, two with venous stenosis, one with pseudoaneurysms, and one with fibromuscular dysplasia. Three patients had two renal transplants and nine patients had nine accessory renal arteries. More accessory renal arteries were detected with SLEEK than with CD US. Correlation was excellent between the stenosis degree with SLEEK and DSA (r = 0.96; P < .05). For those with significant artery stenosis (.50% narrowing) proved with DSA (n = 7) or surgery (n = 3), positive predictive value was 91% (10 of 11).

**CONCLUSION**
Unenhanced MR angiography with SLEEK preliminarily proved to be a reliable diagnostic method for depiction of anatomy and complications of renal vascular transplant. It may be used for evaluation of patients with renal transplant, and in particular for those with renal insufficiency.

**CLINICAL RELEVANCE/APPLICATION**
Unenhanced MR angiography with SLEEK may be used for evaluation of patients with renal transplant, and in particular for those with renal insufficiency.

**RC312-03 Nonenhanced ECG-gated Quiescent-interval Single Shot (QISS) MRA of the Lower Extremity for Planning of Interventional Procedures: Results in 43 PAD Patients**

**Tuesday, Dec. 1 9:05AM - 9:15AM Location: S102AB**

**Awards**
RSNA Country Presents Travel Award

**Participants**
Peter Liersch, Duesseldorf, Germany (Presenter) Nothing to Disclose
Patric Kroepil, MD, Duesseldorf, Germany (Abstract Co-Author) Nothing to Disclose
Christoph K. Thomas, MD, Duesseldorf, Germany (Abstract Co-Author) Speaker, Siemens AG
Joel Aissa, Duesseldorf, Germany (Abstract Co-Author) Nothing to Disclose
Gerald Antoch, MD, Duesseldorf, Germany (Abstract Co-Author) Nothing to Disclose
Rotem S. Lanzman, MD, Duesseldorf, Germany (Abstract Co-Author) Nothing to Disclose
PURPOSE
To assess the clinical value of nonenhanced ECG-gated Quiescent-Interval Single-Shot MR angiography (QISS-MRA) for planning of interventional procedures in patients with peripheral artery disease (PAD).

METHOD AND MATERIALS
43 patients (mean age 68.5 ± 10.8 years) with peripheral artery disease were included in this study. Nonenhanced QISS-MRA of the distal aorta and the lower extremity were acquired at 1.5T with 3mm slice thickness, with 0.6 mm overlap and an inplane resolution of 1.0 x 1.0 mm, resulting in a total scan time of approx. 9 min. ECG-gating was applied for synchronization of the quiescent interval with the period of maximum systolic inflow. The degree of stenosis was assessed by using a 4-point scale (grade 1, normal appearing vessel; grade 2, vessel narrowing < 50%; grade 3, stenosis 50%-99%; grade 4, vessel occlusion) for 15 predefined anatomical segments. QISS-MRA was used to plan interventional procedures. Interventional digital subtraction angiography (DSA) served as the reference standard.

RESULTS
QISS-MRA was performed successfully in all patients. 434 of 645 segments visible on QISS-MRA were evaluated with DSA during interventional procedures and were considered for further analysis. With QISS-MRA the degree of stenosis was assessed correctly in 404 of 434 (93.1%) segments, overestimated in 26 of 434 (5.9%) segments and underestimated in 4 of 434 (0.9%) segments. As compared to DSA, QISS-MRA had a high sensitivity (99.3%), specificity (97.2%) as well as positive and negative predictive value (89.3% and 97.3%) for the detection of significant stenosis (grade 3 and 4). Based on QISS-MRA, an appropriate arterial access was selected in all patients and the estimated length of stenosis or vessel occlusion was assessed correctly. 6 of 6 (100%) stented segments were not assessable.

CONCLUSION
ECG-gated QISS-MRA is a solid nonenhanced imaging technique for assessment of stenosis of the lower extremities and provides a reliable basis for interventional procedures. A limitation of QISS-MRA is the evaluation of stented segments.

CLINICAL RELEVANCE/APPLICATION
QISS-MRA is a reliable and precise nonenhanced imaging technique for assessment of peripheral arterial disease and can be applied safely in patients with contraindications for contrast material.

RC312-O4 Qualitative and Quantitative Image Quality of Lower Extremity Angiography Using Non-Contrast-Enhanced Quiescent Interval Single-Shot (QISS) MRA: Comparison with CTA

Tuesday, Dec. 1 9:15AM - 9:25AM Location: S102AB

Participants
Akos Varga-Szemes, MD, PhD, Charleston, SC (Presenter) Nothing to Disclose
Giuseppe Muscogiuri, MD, Charleston, SC (Abstract Co-Author) Nothing to Disclose
Carlo N. De Cecco, MD,PhD, Charleston, SC (Abstract Co-Author) Nothing to Disclose
Pal Suranvi, MD, PhD, Charleston, SC (Abstract Co-Author) Nothing to Disclose
Julian L. Wichmann, MD, Charleston, SC (Abstract Co-Author) Nothing to Disclose
Stefanie Mangold, MD, Charleston, SC (Abstract Co-Author) Nothing to Disclose
Paola Maria Cannao, MD, San Donato Milanese, Italy (Abstract Co-Author) Nothing to Disclose
Shivraman Giri, PhD, Chicago, IL (Abstract Co-Author) Employee, Siemens AG
Thomas M. Todoran, MD, Charleston, SC (Abstract Co-Author) Nothing to Disclose

PURPOSE
To evaluate the qualitative and quantitative image quality of non-contrast quiescent interval single-shot (QISS) MRA in patients with peripheral artery disease (PAD).

METHOD AND MATERIALS
Twenty patients (67±6 years, 11 male) with PAD referred for a clinically indicated lower extremity CTA were consented for a non-contrast enhanced lower extremity MRA on a 1.5 clinical scanner (MAGNETOM Avanto, Siemens AG, Erlangen, Germany) using an investigational prototype QISS sequence (FOV 400x260mm², TR/TE 3.5/1.4ms, flip angle 90°, acquisition length 144mm). Contrast to noise ratio (CNR) based on the vascular and peri-vascular signal was measured according to an 18-segment model. The segmental vascular enhancement and the image noise were rated on five-point scales (1-poor/non-diagnostic, 5-excellent) by two readers. Additionally, the number of non-diagnostic segments were counted and compared between CTA and QISS-MRA.

RESULTS
A total of 360 segments were evaluated. The average CNR measured in QISS-MRA images was 63.4±17.5. QISS-MRA vascular enhancement ratings by the two readers were 3.7±0.5 and 3.8±0.4, respectively, while the CTA readings were 4.0±0.4 and 4.1±0.5, respectively, resulting in no significant difference between the two modalities. QISS-MRA image noise ratings were 3.4±0.7 and 3.6±0.5, respectively, while those for CTA were 4.0±0.5 and 4.2±0.5, respectively. Excellent inter-reader agreement was found in image quality ratings (κ>0.8). Thirty-one segments (8.6%) were excluded from the CTA analysis due to stent artifacts (11), total occlusion (14), or heavy calcification (6) and 26 segments (7.2%) were non-diagnostic at MRA due to major image artifacts (12) or total occlusion (14). Five out of the six heavily calcified segments were diagnostic at QISS MRA.

CONCLUSION
In this study, image quality of non-contrast QISS-MRA was comparable to that of contrast enhanced CTA. In certain circumstances, such as in heavily calcified segments, QISS-MRA provides superior lumen visibility compared to CTA. Such a non-contrast technique may have potential advantage in patients with severe renal disease or with other risk factors that prohibit the use of iodinated or gadolinium-based contrast material.

CLINICAL RELEVANCE/APPLICATION
QISS-MRA enables non-contrast evaluation of the lower extremity arteries with comparable image quality to CTA, and is potentially
RCT12-05  Role of Preoperative Dynamic Time Resolved MRA (DTR MRA) for Detection and Localization of Perforators in Patients Undergoing Free Fibula Flap (FFF) for Head and Neck Reconstruction

Tuesday, Dec. 1 9:25AM - 9:35AM Location: S102AB

Participants
Manohar Kuruva, MBBS, MD, Little Rock, AR (Presenter) Nothing to Disclose
Mauricio A. Moreno, MD, Little Rock, AR (Abstract Co-Author) Nothing to Disclose
Tarun Pandey, MD, FRCR, Little Rock, AR (Abstract Co-Author) Nothing to Disclose
Roopa Ram, MD, Little Rock, AR (Abstract Co-Author) Nothing to Disclose
Kedar Jambhekar, MD, Little Rock, AR (Abstract Co-Author) Nothing to Disclose

PURPOSE
This study aimed at evaluating the accuracy of preoperative DTR MRA for the detection and localization of lower extremity septo-cutaneous perforators in patients undergoing free fibula flap (FFF) for head and neck reconstruction.

METHOD AND MATERIALS
Retrospective chart review of 43 patients who underwent pre-operative DTR MRA prior to FFF in a tertiary academic setting from 2009-2015. DTR MRA scans were evaluated for presence of perforators and their location relative to fibular head, and subsequently correlated with intra-operative findings. We considered location of perforator to be in concordance if the vessel was within 3cms based on DTR MRA and surgical findings, and hypothesized that differences within this range could represent distal perforator branches presenting radiologically as separate vessels.

RESULTS
DTR MRA and surgery identified at least one perforator in 42/43, and 41/43 patients respectively. The technique appropriately detected the presence of perforators in 40/41 patients and ruled out perforators in 1/2 patients, yielding a sensitivity, specificity and accuracy of 97.5%, 50% and 95.3%. Collectively, DTR-MRA accurately predicted the location of the perforators in 75% of the cases (48/64). On a patient-based analysis, DTR MRA correctly predicted the location of at least one perforator in 37/41 patients yielding an accuracy of 90% for this purpose.

CONCLUSION
DTR MRA accurately predicts the presence and location of cutaneous perforators in patients undergoing FFF reconstruction.

CLINICAL RELEVANCE/APPLICATION
To our knowledge, this is one of the largest study validating the role of MRA for this purpose. Preoperative localization of the vessels significantly impacts surgical planning and may prevent unnecessary surgical explorations in a percentage of patients.

RCT12-06  One-stop-shop Preoperative Evaluation for Living Liver Donors with Gd-EOB-DTPA-enhanced MRI: Can it be More Cost-effective and Convenient?

Tuesday, Dec. 1 9:35AM - 9:45AM Location: S102AB

Participants
Shuanghuang Xie, Tianjin, China (Presenter) Nothing to Disclose
Wen Shen, Tianjin, China (Abstract Co-Author) Nothing to Disclose
Chenhao Liu SR, PhD, PhD, Tianjin, China (Abstract Co-Author) Nothing to Disclose
Tao Ren, Tianjin, China (Abstract Co-Author) Nothing to Disclose
Li Hua Chen, Tianjin, China (Abstract Co-Author) Nothing to Disclose
Lixiang Huang, MD, Tianjin, China (Abstract Co-Author) Nothing to Disclose
Yue Cheng, Tianjin, China (Abstract Co-Author) Nothing to Disclose
Qian Ji, PhD, Tianjin, China (Abstract Co-Author) Nothing to Disclose
Jianzhong Yin, MD, Tianjin, China (Abstract Co-Author) Nothing to Disclose

PURPOSE
To compare the efficacy, cost-effectiveness and convenience between one-stop-shop gadoxetic-acid-disodium (Gd-EOB-DTPA)-enhanced MR imaging (MRI) and multi-detector CT combined with conventional magnetic resonance cholangiopancreatography (MDCT-MRCP) in preoperative evaluation for living liver donors.

METHOD AND MATERIALS
Eighty living liver donors were included in this prospective study. They were randomly grouped in Gd-EOB-DTPA-enhanced MRI group (n=40) and MDCT-MRCP group (n=40). Anatomical variations determined by pre- and intra-operative findings, costs, and time for preoperative images were recorded. Image quality for the depiction of hepatic vessels, bile ducts and graft volume were ranked on a 4-point scale and compared between both groups.

RESULTS
Gd-EOB-DTPA-enhanced MRI provided better image quality than MDCT-MRCP for the depiction of hepatic and portal veins, and graft volume by both reviewers (P<0.01), and for the depiction of bile ducts by one reviewer (P<0.01). MDCT provided better image quality than Gd-EOB-DTPA-enhanced MRI for the depiction of hepatic arteries by both reviewers (P<0.01). Fifty nine living donors proceeded to liver donation (n=21 for Gd-EOB-DTPA-enhanced MRI group and n=38 for MDCT-MRCP group) with all anatomical findings of hepatic vessels and bile ducts accurately confirmed by intraoperative findings (P>0.05). The repeatability for graft volume measurements on Gd-EOB-DTPA-enhanced MRI was higher than MDCT-MRCP (US$519.72 vs US$631.85). The effective “in room” time in the Gd-EOB-DTPA-enhanced MRI was 3 minutes longer than MDCT-MRCP (25±5 min vs 28±4 min, P<0.05).

CONCLUSION
One-stop-shop Gd-EOB-DTPA-enhanced MRI is a more cost-effective and convenient modality with the similar diagnostic accuracy.
4D Flow can depict and quantify the prominent retrograde flow during early diastole, which is closely related to the presence of atherosclerosis. Prominent back flow collided with antegrade flow was also visually observed at early diastole in atherosclerotic patients and was considered to have induced instable shear stress directions, which resulted in higher OSI. The prominent retrograde flow represents reflected flow from the iliac arteries, which may be due to the lack of compliance of the atherosclerotic aorta and peripheral arteries.

**CONCLUSION**

4D flow can depict and quantify the prominent retrograde flow during early diastole, which is closely related to the presence of atherosclerotic aorta and peripheral arteries.
ATHEROMA in the lower abdominal aorta.

CLINICAL RELEVANCE/APPLICATION
4DFlow could be an indicator of a loss of arterial volumetric compliance and increased OSI in the lower abdominal aorta, which might be the initiation factors of atherosclerotic degradation that leads to various fatal aortic diseases.

RC312-10 Assessment of Wall Shear Stress in Patients without Aortic Disease, with Aortic Aneurysms and with Penetrating Aortic Ulcers using Velocity Encoding 4D MRI

Tuesday, Dec. 1 10:55AM - 11:05AM Location: S102AB

Participants
Michael Rasper, Munich, Germany (Presenter) Nothing to Disclose
Jan Rudolph, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Christian Maegerlein, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Bettina M. Gramer, MD, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Marcus Settles, PhD, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Christian Reeps, MD, Muenchen, Germany (Abstract Co-Author) Nothing to Disclose
Hans-Henning Eckstein, MD, Muenchen, Germany (Abstract Co-Author) Nothing to Disclose
Ernst J. Rummery, MD, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Amin M. Huber, MD, Muenchen, Germany (Abstract Co-Author) Nothing to Disclose

PURPOSE
To determine whether patients with aortic aneurysms and penetrating aortic ulcers have an increased or reduced peak average wall shear stress magnitude compared to patients without aortic disease.

METHOD AND MATERIALS
26 patients (10 patients without aortic disease, 8 patients with aortic aneurysms (AA) and 8 patients with penetrating aortic ulcers (PAU)) underwent velocity encoded time resolved 3D MRI (4D PC MRI) of the aorta after contrast material (0.15 mmol/kg gadobenate dimeglumine) application during high resolution contrast-enhanced MR angiography of the aorta. 4D PC MRI was performed using ECG Gating and navigator echo based respiratory gating. Data acquisition was accelerated by SENSE in two directions (AF 1.5 x 2.5). The spatial resolution was 1.5 x 1.5 x 1.5 mm³. The temporal resolution was 40 ms. The peak velocity and the peak average wall shear stress magnitude were determined using the software GT-Flow (Version 2.0.10, Gyrotools, Switzerland).

RESULTS
The peak velocity was 71.6 ± 6.8 cm/s in patients without aortic disease, 35.6 cm/s ± 3.2 cm/s in patients with penetrating aortic ulcer and 18.2 ± 2.7 cm/s in patients with aortic aneurysms. The peak average wall shear stress magnitude was 0.35 ± 0.09 N/m² in patients without aortic disease, 0.13 ± 0.004 N/m² in patients PAU and 0.07 ± 0.018 N/m² in AA patients. Both patients with aortic ulcers and patients with aortic aneurysms showed lower mean values for peak velocity (p < 0.001 and p < 0.00001) and peak average wall shear stress magnitude (p < 0.01 and p < 0.004) compared to patients without aortic disease. Patients with AA had significantly lower wall shear stress magnitude values than PAU patients.

CONCLUSION
Compared to patients without aortic disease, peak velocity and wall shear stress were significantly reduced in patients with penetrating aortic ulcers and patients with aortic aneurysms.

CLINICAL RELEVANCE/APPLICATION
Aortic segmental wall shear stress and flow velocity can reliably be determined with velocity encoded 4D MRI. Reduced wall shear stress is associated with atherosclerosis growth and might therefore help to identify patients at risk.

RC312-11 A Speeding Ticket for Perfusion MRI? Acceleration Techniques and Their Effect on Arterial Input Function Sampling: Non-accelerated versus View-sharing and Compressed Sensing Sequences

Tuesday, Dec. 1 11:05AM - 11:15AM Location: S102AB

Participants
Matthias Benz, MD, Basel, Switzerland (Presenter) Nothing to Disclose
Georg M. Bongartz, MD, Basel, Switzerland (Abstract Co-Author) Research Grant, Bayer AG; Research Grant, Siemens AG; Research Grant, Guerbet SA
Sebastian T. Schindera, MD, Basel, Switzerland (Abstract Co-Author) Research Grant, Siemens AG; Research Grant, Ulrich GmbH & Co KG; Research Grant, Bayer AG
Johannes M. Froehlich, PhD, Bern, Switzerland (Abstract Co-Author) Consultant, Guerbet SA
Tobias Heye, MD, Basel, Switzerland (Abstract Co-Author) Nothing to Disclose

PURPOSE
Initiatives such as the Quantitative Imaging Biomarkers Alliance and the American College of Radiology Imaging Network seek to identify sources of variation that may contribute to the overall measurement error in dynamic contrast-enhanced magnetic resonance imaging (DCE-MRI). The aim of this study was to determine the ability of various DCE-MRI sequences to image the arterial input function (AIF) of an arterial bolus in comparison to a reference standard in a flow-phantom.

METHOD AND MATERIALS
The dynamic flow-phantom consists of three input ports representing the venous backflow and three mixing chambers simulating the cardiopulmonary circulation with 4l/min. A 25 mm diameter cylindrical outflow representing the aorta, a water- and a muscle-phantom were scanned on a 3T MRI (Magnetom Prisma, Siemens Healthcare, Erlangen, Germany) using fast low angle shot 2d (FI2d; temporal resolution [tr] 0.6s; reference standard) and 3d (FI3d; tr 2.4s [P2=parallel imaging factor 2] and 3.9s), time-resolved imaging with stochastic trajectories (TWIST; tr 2.2s), and golden-angle radial sparse parallel imaging (GRASP, tr 1.1s) GRE sequences. Each acquisition with administration of 10 ml contrast agent (Dotarem, Guerbet) via a power injector (2ml/s flow rate)
was repeated three times. Essential sequence parameters were standardized: flip angle 15°; spatial resolution 2.3x2.3x3mm3. Signal over time curves were normalized and analyzed by full width half maximum (FWHM) measurements to asses within sequence (coefficient of variation [COV]) and between sequence variations (percentage difference).

RESULTS

Water and muscle signal COV ranged from 0.1-0.8%. Within sequence FWHM COV was 1.0% for Fl3d, 1.0% for Fl3dP2, 9.1% for TWIST and 0.3% for GRASP. Percentage difference FWHM in comparison to Fl2d as reference standard was 2.2% for Fl3d, 0.3% for Fl3dP2, 45.9% for TWIST, and 7.8% for GRASP.

CONCLUSION

MRI acceleration techniques vary in reproducibility and sampling of arterial input function. Incomplete coverage of the k-space with TWIST as representative of view-sharing techniques demonstrates incoherent data over time and thus limitations in the evaluation of AIF.

CLINICAL RELEVANCE/APPLICATION

In order to establish DCE-MRI as a reproducible quantitative imaging biomarker it is necessary to assess how various forms of accelerated sequences handle the dynamic signal over time.

PURPOSE

To evaluate the role and clinical impact of Dynamic Time-Resolved Magnetic Resonance Angiography (DTR MRA) for selecting the site for free fibula flap (FFF) harvest.

METHOD AND MATERIALS

A retrospective review of medical records of 69 patients who underwent pre-operative lower extremity DTR MRA prior to head and neck reconstructive surgery was done. Clinical findings were compared with MRA in determining the appropriate site of graft harvest.

RESULTS

DTR MRA identified vascular abnormalities, which led to change in management plan in 18/67 (27%) patients. Clinical findings were abnormal only in 4/18 (22%) of these patients. The two most common abnormalities included atherosclerotic narrowing (12 patients) and anatomical variations (4 patients). DTR MRA had significantly higher sensitivity to detect vascular abnormalities with implications in management than clinical examination alone (p=0.002). Addition of venous phase of imaging led to clinically occult venous pathologies in 4 patients, including deep venous thrombosis (2), varicose veins (1) and arteriovenous malformation/fistula (1).

CONCLUSION

Preoperative DTR MRA detected significant vascular abnormalities in patients undergoing FFF for head and neck reconstructive surgeries when compared to clinical examination, with a change in management in 28% of patients.

CLINICAL RELEVANCE/APPLICATION

DTR MRA prior to FFF can identify vascular pathology and anatomic variations and can potentially reduce the rate of complications and morbidity post fibular transfer for head and neck reconstructive surgeries.

PURPOSE

To assess the diagnostic accuracy of contrast-enhanced T1 free-breathing gradient echo sequences in comparison with standard T1 breath-hold gradient echo sequences in the evaluation of aortic disease.

METHOD AND MATERIALS

From January 2012 to January 2015, 57 patients (35 men; mean age 62.1 years) with aortic disease were evaluated. All patients were examined with a 1.5T magnet (Achieva, Philips), using a phased array multi-coil, after the intravenous injection of 0.1 mL*Kg of gadobutrol. The standard thoracoabdominal MR angiography (MRA) protocol included 3D-angiographic T1 gradient-echo fat-suppressed (3D-HR) sequences and T1 breath-hold gradient-echo fat-suppressed sequences (THRIVE). Multiplanar T1 free-breathing gradient-echo fat-suppressed (THRIVE-FB) sequences were additionally performed in all the examinations. Two
radiologists independently compared the diagnostic quality of the different angiographic sequences, in terms of visualization of aortic wall and lumen and main arterial branches. The vascular calipers at different aortic levels were calculated, compared and statistically analyzed among the different sequences. The interobserver agreement was then evaluated using the Intraclass Correlation Coefficient (ICC).

RESULTS
THRIVE-FB sequences showed high diagnostic accuracy in the assessment of vascular calipers and walls, with no significant differences in comparison with standard breath-hold sequences. They also demonstrated high sensitivity and specificity in the evaluation of vascular plaques, thrombus and adjacent structures. Not significant differences were obtained in terms of overall diagnostic quality between THRIVE-FB sequences and standard angiographic sequences (interobserver agreement ICC of 0.97).

CONCLUSION
Contrast-enhanced T1 free-breathing gradient-echo fat-suppressed sequences have shown higher diagnostic efficacy, with any significant differences, in comparison with standard breath-hold angiographic sequences, permitting to correctly visualize and evaluate the aorta and its major branches.

CLINICAL RELEVANCE/APPLICATION
Free-breathing angiographic protocol represents a useful tool, even in not-compliant patients, offering high diagnostic quality images, able to correctly evaluate thoracic and abdominal arteries.

RC312-14 Role of MR in Cardiovascular Disease Research
Tuesday, Dec. 1 11:35AM - 12:00PM Location: S102AB

Participants
Tim Leiner, MD, PhD, Utrecht, Netherlands, (t.leiner@umcutrecht.nl) (Presenter) Speakers Bureau, Koninklijke Philips NV; Research Grant, Bayer AG; Research Grant, Bracco Group

LEARNING OBJECTIVES
1) To identify how MRI can contribute to understanding the pathophysiology of non-cardiac vascular disease and to describe its merits and shortcomings in relation to other commonly used imaging modalities. 2) To describe different MR methods that can be used to study vascular disease such as vessel wall imaging, atherosclerotic plaque imaging and measurement of pulse wave velocity. 3) To explain which of the above MR methods can be used clinically, and which methods are primarily experimental.
Participants
Cristina Fuss, MD, Portland, OR, (fussc@ohsu.edu) (Presenter) Nothing to Disclose
Jean L. Wright, MD, New York, NY (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Understand breast and regional lymph node anatomy. 2) Be familiar with how the basic anatomic images appear on a variety of imaging modalities. 3) Be familiar with breast and regional lymph node contouring techniques used in radiation treatment planning for breast cancer. 4) Apply principles of critical thinking to ideas from experts and peers in the radiologic sciences.
LeARNING OBJECTIVES

1) Describe the imaging characteristics of gliomas. 2) Recognize substantial heterogeneity exists within these tumor types and understand the prognostic and predictive variables to allow for the selection of the appropriate therapy. 3) Explain the role of each modality including surgery, radiotherapy and chemotherapy in managing gliomas.

ABSTRACT

Significant progress has been made in the treatment of CNS tumors with an emphasis on molecular prognostic and predictive biomarkers that allow for appropriate treatment selection. The role of advanced neuro-imaging will help clinicians improve the diagnosis, treatment and response assessment for CNS tumors will be emphasized. This session highlights the need for a multi-disciplinary treatment approach.
Aligning Incentives Along the Imaging Value Chain

Tuesday, Dec. 1 8:30AM - 10:00AM Location: S102C

Participants
Geraldine B. McGinty, MD, MBA, New York, NY (Presenter) Nothing to Disclose
Richard Fusak JR, MD, Atlanta, GA (Presenter) Nothing to Disclose
Giles W. Boland, MD, Boston, MA (Presenter) Principal, Radiology Consulting Group; Royalties, Reed Elsevier

LEARNING OBJECTIVES
1) To understand value-focused healthcare imperatives in the evolution of healthcare delivery systems and how they impact medical imaging. 2) To implement practice changes aligned with Imaging 3.0 so as to maximize the relevance of radiology and radiologists in ongoing health system changes. 3) To improve the delivery of imaging care by focusing on value chain opportunities. (This course is part of the Leadership Track)

ABSTRACT
Although radiology's dramatic evolution over the last century has profoundly affected patient care for the better, our current system is fragmented with many providers focusing more on technology and physician needs rather than what really matters to patients: better value and outcomes. This latter dynamic is aligned with current national health care reform initiatives and creates both challenges and opportunities for radiologists to find ways to deliver new value for patients. The American College of Radiology has responded to this challenge with the introduction of Imaging 3.0, which represents a call to action to all radiologists to assume leadership roles in shaping America's future health care system through 5 key pillars: imaging appropriateness, quality, safety, efficiency, and satisfaction. That enhanced value will require modulation of imaging work processes best understood through the concept of the imaging value chain, which will be the focus of this course.
PET-MR/ Hyperpolarized MR

Tuesday, Dec. 1 8:30AM - 10:00AM Location: SS04CD

Participants
Heike E. Daldrup-Link, MD, Palo Alto, CA (Moderator) Nothing to Disclose

Sub-Events

RC317A Hyperpolarized 13C MR-A Complementary Method to PET for Imaging in Vivo Metabolism

Participants
Daniel M. Spielman, PhD, Stanford, CA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Assess the basic principles of hyperpolarized 13C MRS, including sample preparation, image acquisition, and data analysis. 2) Differentiate metabolic parameters measurable by hyperpolarized 13C MRS from though obtained with PET. 3) Compare PET versus hyperpolarized 13C MRS sensitivities, spatial resolution, and temporal resolution.

RC317B PET/MR: Applications in Clinical Imaging

Participants
Karin A. Herrmann, MD, PhD, Cleveland, OH (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) To understand technical limitations, workflow and current challenges of PET/MR compared to PET/CT. 2) To learn about most successful applications of PET/MR in clinical practice. 3) To be informed about the incremental value of PET/MR over current imaging strategies in selected clinical scenarios. 4) Identify appropriate clinical indications for PET/MR in current clinical practice. 5) Understand and manage procedural and logistic challenges of PET/MR.

RC317C The Emerging Clinical Role of Hyperpolarized 13C MR in Prostate Cancer Imaging

Participants
John Kurhanewicz, PhD, San Francisco, CA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Understand the clinical need and biochemical rationale for the use of hyperpolarized [1-13C] pyruvate for prostate cancer imaging. 2) Demonstrate a multi-hyperpolarized probe approach for simultaneously measuring prostate cancer metabolism and tumor micro-environment. 3) Demonstrate the utility of hyperpolarized 13C MR for measuring prostate cancer aggressiveness and response to therapy. 4) Demonstrate the safety, clinical feasibility, sensitivity and resolution, and future availability of clinical hyperpolarized 13C MR.
The Emperor's Wearing a Speedo! Clinical Challenges with Electronic Health Records (Sponsored by the Associated Sciences Consortium) (An Interactive Session)

Tuesday, Dec. 1 8:30AM - 10:00AM Location: S105AB

AMAPRA Category 1 Credits™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Dana Aragon, RT, Albuquerque, NM (Moderator) Nothing to Disclose
Patricia Kroken, Albuquerque, NM (Moderator) Nothing to Disclose
Rena Zimmerman, MD, Sequim, WA, (rzimmerman@olympicmedical.org) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Lack of interoperability of systems. 2) Necessity of creating a useful database. 3) Training of personnel and communication with the Information Technology department. 4) Data entry. 5) Copy/Paste - Document bloat - Meaningful Use. 6) Therapeutic relationship with the patient.

ABSTRACT
With the passage of the Patient Protection and Affordable Healthcare Act, electronic health records (EHR) are being widely adopted in all healthcare settings. While there are many possible benefits to widespread adoption of EHRs, there are inherent clinical challenges that must be addressed to improve outcomes. These will be illustrated using examples from my personal experience with different systems as a practicing radiation oncologist and surveyor for the American College of Radiology.
MSAS32

Economics in Imaging/Business Intelligence (Sponsored by the Associated Sciences Consortium) (An Interactive Session)

Tuesday, Dec. 1 10:30AM - 12:00PM Location: S105AB

HP  LM

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
William A. Undie, PhD, RT, Houston, TX (Moderator) Nothing to Disclose
Morris A. Stein, BArch, Phoenix, AZ (Moderator) Nothing to Disclose

Sub-Events

MSAS32A  One Hospital’s Experience: Tightening the Belts Using LEAN and Green Methodologies

Participants
Janet Champagne, MBA,RT, Houston, TX (Presenter) Nothing to Disclose
Alex Koroll, Houston, TX (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Learn the value of implementing LEAN and Six Sigma Green Belt tools and processes to improve patient and employee satisfaction. 2) Demonstrate understanding of the seven elements of waste and apply methodologies to eliminate or improve its negative impact in your workflows. 3) Utilizing the Six Sigma processes to gain credibility and demonstrate value within the organization.

MSAS32B  Using Evidence Based Design to Increase Operational and Planning Efficiencies

Participants
Carlos L. Amato, Los Angeles, CA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Learn how to apply evidence based design planning and design principles to improve efficiency and patient satisfaction. 2) Understand how to plan an "intelligent" department that is flexible enough to deal with imaging complex processes and constant technology changes. 3) Understand why good design is good business.
Molecular Imaging (Gynecologic Oncology)

Tuesday, Dec. 1 10:30AM - 12:00PM Location: S504CD

Participants
Kathryn A. Morton, MD, Salt Lake City, UT (Moderator) Nothing to Disclose
Zaver M. Bhujwalla, PhD, Baltimore, MD (Moderator) Nothing to Disclose

Sub-Events

SSG09-01  First Clinical Trial on Ultrasound Molecular Imaging Using KDR-Targeted Microbubbles in Patients with Breast and Ovarian Lesions

Tuesday, Dec. 1 10:30AM - 10:40AM Location: S504CD

Participants
Juergen K. Willmann, MD, Stanford, CA (Presenter) Research Consultant, Bracco Group; Research Consultant, Triple Ring Technologies, Inc; Research Grant, Siemens AG; Research Grant, Bracco Group; Research Grant, Koninklijke Philips NV; Research Grant, General Electric Company
Lorenzo Bonomo, MD, Rome, Italy (Abstract Co-Author) Nothing to Disclose
Antonia Testa, Rome, Italy (Abstract Co-Author) Nothing to Disclose
Pierluigi Ronaldi, MD, Rome, Italy (Abstract Co-Author) Nothing to Disclose
Guido Rindi, Rome, Italy (Abstract Co-Author) Nothing to Disclose
Sanjiv S. Gambhir, MD, PhD, Stanford, CA (Abstract Co-Author) Board Member, Enlight Biosciences; Board Member, ImaginAb, Inc; Board Member, FUJIFILM Holdings Corporation; Board Member, ClickDiagnostics, Inc; Consultant, FUJIFILM Holdings Corporation; Consultant, Gamma Medica, Inc; Speaker, ImaginAb, Inc; Stock, Enlight Biosciences; Stock options, Enlight Biosciences; Travel support, Gamma Medica, Inc

PURPOSE
To assess if clinical ultrasound molecular imaging (USMI) using a novel clinical grade human kinase domain receptor (KDR)-targeted microbubble (BR55, Bracco) is safe and allows assessment of KDR expression in patients with breast and ovarian lesions, using immunohistochemistry (IHC) as gold standard.

METHOD AND MATERIALS
21 women (34-66 yrs) with focal breast lesions and 24 women (48-79 yrs) with focal ovarian lesions were injected IV with BR55 (0.03-0.08 mL/kg bw) and 2D USMI of the target lesions was performed dynamically every 2 min starting 5 min after injection up to 29 min, using the linear 15L8 probe (Siemens) or the endocavitary 1123 probe (Esaote). Normal breast tissues surrounding the lesion or the contralateral presumed normal ovary served as intra-patient controls. Blood pressure, EKG, oxygen levels, heart rate, CBC, and metabolic panel were obtained before, and 30 min, 1h, 24h after BR55 administration. Persistent focal BR55 binding on USMI was visually assessed in consensus by 2 blinded offsite radiologists as none, possibly or definitely. Patients underwent surgical resection of the target lesions and tissues were stained for CD31 and KDR. A pathologist assessed vascular KDR expression using a 4-point scale (none, weak, intermediate, high). Adjudication was performed in consensus (offsite radiologists and pathologist) to match clinically.

RESULTS
USMI with BR55 was well tolerated by all patients at all doses, without safety concerns. Among the 40 patients included in the analysis, KDR expression was higher in malignant breast and ovarian lesions (score 2.40±0.63 and 2.08±0.64, respectively) compared to benign breast and ovarian lesions (2.08±0.64 and 1.33±0.50). KDR expression matched well with presence of focal BR55 binding on USMI in malignant breast (13/15; 86.7%) and ovarian (11/13; 84.6%) lesions, as well as benign breast (2/3; 66.7%) and ovarian (8/9; 88.9%) lesions. Focal USMI signal could be detected up to 29 min after injection.

CONCLUSION
Use of BR55 in USMI of breast and ovarian lesions is safe and effective and preliminary data indicate that KDR-targeted USMI signal matches well with vascular KDR expression on IHC.

CLINICAL RELEVANCE/APPLICATION
This study provides proof of principle on feasibility and safety of KDR-targeted USMI in patients with breast and ovarian lesions and lays the foundation for further clinical trials.

SSG09-02  Imaged EGFR Expression Level Reflects Inhibited Growth-Pathway Node in Model of Triple-Negative Breast Cancer

Tuesday, Dec. 1 10:40AM - 10:50AM Location: S504CD

Participants
Eric Wehrenberg-Klee, MD, Boston, MA (Presenter) Nothing to Disclose
Nafize S. Turkcer, PhD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Pedram Heidari, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Mauri Scaltritti, PhD, New York, NY (Abstract Co-Author) Nothing to Disclose
Umar Mahmood, MD, PhD, Charlestown, MA (Abstract Co-Author) Research Grant, Sabik Medical Inc; Advisory Board, Blue Earth
Further work on FACBC as a radiotracer in locally advanced breast cancer is warranted.

METHOD AND MATERIALS

64Cu-DOTA-cetuximab F(ab′)2 was prepared from cetuximab monoclonal antibody and probe affinity for EGFR assessed. A panel of TNBC cell lines (MDMBA468, MDMBA231, HCC70) was treated with the AKT inhibitor GDC-0068 or the PI3K inhibitor GDC-0941 for one day at a range of concentrations. Following treatment, we assessed in vitro EGFR probe uptake. In vitro uptake study results were compared to protein quantification as assessed by Western blot. After treatment of HCC70 mouse xenografts with control, GDC-0068, or GDC-0941 for two days, PET-CT imaging of HCC-70 tumors with 64Cu-DOTA-EGFR F(ab′)2 was performed.

RESULTS

In vitro treatment with GDC-0068 resulted in increased EGFR Probe uptake of 25%, 139%, and 16% for MDAMB468, MDMBA231, and HCC70, respectively. In vitro treatment with GDC-0941 resulted in increased EGFR uptake of 6%, 87%, and 88%, for the same panel of cell lines. In vitro uptake studies demonstrate close correlation with changes in EGFR expression as assessed by Western blot. In vivo imaging of HCC70 mouse xenografts with EGFR PET Probe after treatment with control, GDC-0068, or GDC-0941 demonstrate SUVmean of 0.32 (±0.03), 0.50 (±0.01), 0.62 (±0.01), with all comparisons significant (p<0.01).

CONCLUSION

We demonstrate in a murine model of triple-negative breast cancer that changes in EGFR expression induced by targeted therapeutics can be non-invasively assessed using a 64Cu-DOTA-EGFR F(ab′)2 PET imaging probe. We demonstrate that changes in the level of EGFR expression, potentially indicative of therapeutic response, differ depending on the growth-pathway inhibited.

CLINICAL RELEVANCE/APPLICATION

Noninvasive assessment of changes in EGFR expression could be a valuable clinical tool for rapid assessment of therapeutic efficacy of targeted growth pathway inhibitors in TNBC, allowing for dynamic clinical decision making in response to imaged resistance profiles.
Whole Body DWI, PET, PET-CT, and PET-MR

Tuesday, Dec. 1 11:00AM - 11:10AM Location: S504CD

METHOD AND MATERIALS

49 consecutive women with newly diagnosed invasive ductal carcinoma of the breast underwent WB-DWI, WB-PET, WB-contrast enhanced (CE) PETCT and WB-CE-PETMR before treatment. A radiologist and a nuclear medicine physician evaluated in consensus the studies and searched for occurrence, number, and location of metastases. Final staging and number of lesions, according to each technique, were compared. Pathology and imaging follow up were used as the ground truth reference.

RESULTS

All the techniques correctly staged 32/49 patients: stage2b in 8, 2c in 7, 3c in 4, 4 in 13. They provided discordant stages in 17/49 patients: 1 (stage 2a): staged-4 by WB-PET; 4 (stage 2b): 3/4 staged-2a by WB-PET and WB-PETCT, 1/4 staged-4 by WB-DWI; 3 (stage 3a): 2/3 staged-2b by WB-PET and WB-PETCT, 1/3 staged-4 by WB-DWI; 3 (stage 3c): 2/3 staged-2a by WB-PET and WB-PETCT, 1/3 staged-4 by WB-PET and WB-PETCT; 6 (stage 4): 1/6 staged-3a by WB-PET, WB-DWI, and WB-PETCT, 1/6 staged-2b by WB-PET and WB-PETCT, 1/6 staged-2b by WB-PET, WB-DWI, and WB-PETCT, 1/6 staged-3a by WB-DWI, 1/6 staged-3c by WB-DWI, and 1/6 staged-3a by WB-PET, WB-PETCT and 3c by WB-DWI. Staging performance of WB-PETMR (49 correctly staged) was significantly better than WB-PETCT (36 correctly staged) (P<0.001, chi square-test). The best performing modality for malignant lymph-node detection was WB-PETMR (47 of 49 patients), followed by WB-DWI (37/49), followed by WB-PET and WB-PETCT (15 patients each). Significantly more malignant nodes were detected by WB-PETMR (P<0.0001, paired t-tests). At least as many true-positive lesions were detected by WB-PETMR than by any of the other three modalities for 46 patients. The corresponding number of patients for WB-PET, WB-PETCT, and WB-DWI were 40, 39 and 34, respectively.

CONCLUSION

PETMR allows a better accuracy in initial staging of surgical-naive ductal invasive breast cancer. The higher performance is likely related to the additive information of PET, DWI, as well as of the other sequences (STIR, T1-weighted Dixon, HASTE, ADC maps, and CE-T1-weighed images) of WB-PETMR

CLINICAL RELEVANCE/APPLICATION

When available WB-PETMR should be considered for proper staging of naive ductal invasive breast cancer.

Multiparametric 18F-FMISO PET/MRI for Assessment of Treatment Response to Chemo-radiation and Hypoxia Monitoring in Cervix Cancer Patients: A Feasibility Study

Tuesday, Dec. 1 11:10AM - 11:20AM Location: S504CD

METHOD AND MATERIALS

In this IRB-approved prospective study 7 patients underwent sequential 3T MP 18F-FMISO PET/MRI at baseline; 2 and 5 weeks (w) after start and 3 months (FU) after treatment. MRI protocol consisted of a high-resolution isotropic T2-w SPACE, a DWI EPI (b=50/850 sec/mm²) and a high-resolution contrast-enhanced (CE) T1-w VIBE sequence. Patients were injected with 330 MBq 18F-FMISO and scanning was started 240 min after injection. CT data was used for attenuation correction. PET and MR image registrations were performed using Mirada RTx (Mirada Medical, Oxford, UK, ver. 1.4.0.23) software. Gross tumour volume (GTV)
was contoured by an experienced radiation oncologist on PET/MRI data sets. The volume of GTV was assessed for tumor size, CE-kinetics, restricted diffusivity and 18F-FMISO-avidity using SUVmax and SUV (SUVnorm) normalized to gluteal muscle uptake. At follow up, cervix was contoured, since all patients showed clinically complete remission.

RESULTS

3T MP 18F-FMISO PET/MRI was successfully performed in all patients at every time-point. Median GTV volume was 43.9 cc at baseline, 22.4 cc after 2w (20-25 Gy) and 7.7 cc after 5w (40-45 Gy). Mean ADC values were 1.02x10^{-3} mm²/sec increasing to 1.18x10^{-3} mm²/sec after 2w and to 1.27x10^{-3} mm²/sec after 5w and to 1.37x10^{-3} mm²/sec at FU. All GTVs showed mean initial-enhancement (IE) followed by a plateau with an increasing IE at 2w and 5w and wash-out at 5w. At FU, there was a persistent enhancement. The mean 18F-FMISO SUVnorm was 3.1 at baseline and decreased to 2.3 at 2w and 2.0 at 5w and follow-up. In all patients there was never the whole tumor 18F-FMISO-avid, but 18F-FMISO-avid spots within the tumor indicative of hypoxia could be identified before and during the course of therapy.

CONCLUSION

MP 18F-FMISO PET/MRI in cervix cancer patients at 3T is feasible and enables non-invasive monitoring of morphological and functional changes during treatment.

CLINICAL RELEVANCE/APPLICATION

3T MP 18F-FMISO PET/MRI can depict areas of tumor hypoxia during therapy and thus identify patients at risk who need an aggressive treatment approach.

SSG09-06  Correlation of PET-MR Biomarkers with Breast Cancer Molecular Subtypes, Grading and Presence of Distant Metastases at Time of Presentation

Tuesday, Dec. 1 11:20AM - 11:30AM Location: S504CD

Participants
Onorio A. Catalano, MD, Napoli, Italy (Presenter) Nothing to Disclose
Bruce R. Rosen, MD, PhD, Charlestown, MA (Abstract Co-Author) Research Consultant, Siemens AG
Carlo Iannace, MD, San Leoncillo del Sannio, Italy (Abstract Co-Author) Nothing to Disclose
Angelo Luongo, Napoli, Italy (Abstract Co-Author) Nothing to Disclose
Marco Catalano, Napoli, Italy (Abstract Co-Author) Nothing to Disclose
Mark Vangel, PhD, Charlestown, MA (Abstract Co-Author) Nothing to Disclose
Umar Mahmoud, MD, PhD, Charlestown, MA (Abstract Co-Author) Research Grant, Sabik Medical Inc; Advisory Board, Blue Earth Diagnostics Limited
Maria Lepore, MD, Avellino, Italy (Abstract Co-Author) Nothing to Disclose
Bethany L. Niell, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Emanuele Nicolai, Napoli, Italy (Abstract Co-Author) Nothing to Disclose
Andrea Sorcinelli, MD, Napoli, Italy (Abstract Co-Author) Nothing to Disclose

PURPOSE

To evaluate if PET-MR biomarkers correlate with molecular genetic subtypes, grading, and presence of distant metastases at time of presentation in naive ductal invasive breast cancers.

METHOD AND MATERIALS

21 consecutive patients with naive ductal invasive breast cancer and genetic molecular subtype profiling underwent whole-body contrast enhanced FDG-PET-MR (Biograph mMR, Siemens). Two readers, using commercially available software, measured the following PET-MR biomarkers: ADC, Ktrans, Ve, Kep, IAUC, SUVmax, SUVmean, and MTV. They were correlated with genetic molecular subtypes, grading and occurrence of distant metastases.

RESULTS

Genetic molecular subtypes were as follows: ER-7, ER+14; PR-8, PR+13; HER2-11, HER2+10; Ki67-low (<=35%), Ki67 medium/high (>35%). Grading was G2 in 14 and G3 in 7. Six patients had distant metastases. The following biomarkers were higher in the ER- and PR- compared to ER+ and PR+ patients: Kep (9234±1320 versus 6492±2358, p=0.01), SUVmax (14.19±7.17 versus 6.17±4.24, p=0.04), and SUVmean (8.44±4.01, p=0.004). ADC directly correlated with the degree of Ki67 expression (1019±256 for Ki67<=35%, p=0.002). G2 patients experienced lower Kep (6638±2391 versus 8944±1764, p=0.04) and lower SUVmean (6.83±4.73 versus 12.89±7.65, p=0.046), Kep (6726±2240 versus 8599±2122, p=0.02), SUVmax (14.19±7.17 versus 6.17±4.24, p=0.04), and SUVmean (8.44±4.01, p=0.004). ADC directly correlated with the degree of Ki67 expression (1019±256 for Ki67<=35%, p=0.002). G2 patients experienced lower Kep (6638±2391 versus 8944±1764, p=0.04) and lower SUVmean (6.83±4.73 versus 12.89±7.65, p=0.046), Kep (6726±2240 versus 8599±2122, p=0.02), SUVmax (14.19±7.17 versus 6.17±4.24, p=0.04), and SUVmean (8.44±4.01, p=0.004). ADC directly correlated with the degree of Ki67 expression (1019±256 for Ki67<=35%, p=0.002).

CONCLUSION

In naive ductal invasive breast cancers, PET-MR biomarkers correlate with molecular genetic subtypes and with grading, but not with the presence of distant metastases.

CLINICAL RELEVANCE/APPLICATION

PET-MR biomarkers might have prognostic and therapeutic implications on patients' management.

SSG09-07  Impact of Estrogen Receptor Gene Mutations on [18F]-Fluoroestradiol Uptake in Breast Cancer

Tuesday, Dec. 1 11:30AM - 11:40AM Location: S504CD

Participants
Manoj Kumar, MS, Madison, WI (Abstract Co-Author) Nothing to Disclose
Ginny L. Powers, PhD, Madison, WI (Abstract Co-Author) Nothing to Disclose
Justin Jeffery, Madison, WI (Abstract Co-Author) Nothing to Disclose
Yongjun Yan, PhD, Madison, WI (Abstract Co-Author) Nothing to Disclose
Amy M. Fowler, MD, PhD, Saint Louis, MO (Presenter) Nothing to Disclose
FES-PET imaging provides a non-invasive way to probe ERα function and may prove useful in identifying the development of ERα gene mutations and thus predicting endocrine resistance in ERα-positive breast cancer patients.

**RESULTS**

FES uptake was observed both in vitro and in vivo in the MCF7 and 231-ER cells/tumors. However, there was no significant FES uptake in the 231-G521R cells or parental MDA-MB-231 cells. The 231-ER cells had a similar dose response curve to MCF7 in competition assays using increasing doses of cold estradiol, and as consistent with the uptake data, 231-G521R binding was not altered by cold competition.

**CONCLUSION**

These data support the use of stable cell lines expressing variant forms of ERα as models for demonstrating the effects of ERα gene mutations on FES uptake. Ongoing studies are focusing on the effects of recently identified clinically-relevant ERα mutations on FES uptake and on the prediction of response to ER-targeted therapies.

**CLINICAL RELEVANCE/APPLICATION**

FES-PET imaging provides a non-invasive way to probe ERα function and may prove useful in identifying the development of ERα gene mutations and thus predicting endocrine resistance in ERα-positive breast cancer patients.
PURPOSE

Early response measures for ovarian cancer are needed to common targets such as tyrosine kinases. Via effects on signaling within tumor cells or via effects on angiogenesis, such inhibitory drugs have the potential to alter tumor metabolism. 18Fluorodeoxyglucose (18F-FDG) mimics glucose and can be used to evaluate early glycolysis. Hyperpolarization magnetic resonance spectroscopy (MRS) imaging can be used to study pyruvate, which can be produced by glycolysis and other pathways and sits at a decision point for aerobic versus anaerobic metabolism. Our purpose was to assess whether either early or late components of metabolism can serve as indicators of response of ovarian cancer to tyrosine kinase inhibitor (including angiogenesis inhibitor via VEGF receptor inhibition) Pazopanib.

METHOD AND MATERIALS

Seventeen days after injection of 2 x 106 human ovarian SKOV3 tumors cells into female nude mice, treatment with vehicle or Pazopanib (2.5 mg/mouse po) was initiated. Longitudinal T2-weighted MR, hyperpolarized pyruvate MRS, and 18F-FDG PET/CT imaging were performed pre-treatment as well as 2 days and 2 weeks after treatment.

RESULTS

Pazopanib was effective in inhibiting ovarian tumor growth compared to control (p<0.05). Significantly higher pyruvate to lactate conversion (lactate/pyruvate-lactate ratio) was found 2 days after treatment with pazopanib compared to pre-therapy (p<0.005, n=8). This was not seen with control or with 18F-FDG PET/CT imaging.

CONCLUSION

Findings suggest that later metabolic events (pyruvate to lactate conversion) may serve as an early indicator of response of ovarian cancer to tyrosine kinase (angiogenesis) inhibitor pazopanib in mouse models, even when early glycolytic events do not.

CLINICAL RELEVANCE/APPLICATION

Hyperpolarized 13C-Pyruvate MRS may serve as an early indicator of response to tyrosine kinase (angiogenesis) inhibitors such as pazopanib in ovarian cancer even when 18F-FDG PET/CT does not.
MSRO35

**BOOST: CNS-Integrated Science and Practice (ISP) Session**

Tuesday, Dec. 1 10:30AM - 12:00PM Location: S103CD

**Sub-Events**

**MSRO35-01 Invited Speaker: Single Fraction or Multisession SBRT for Spinal Metastases?**

Participants
Simon S. Lo, MD, Cleveland, OH (Presenter) Research support, Elekta AB;

**MSRO35-02 Impact of Posterior Fossa Boost Volume on Tumor Recurrence and Incidental Hippocampal Dose in Medulloblastoma**

Participants
Palak Kundu, Stanford, CA (Presenter) Nothing to Disclose
Ben Durkee, MD, PhD, Palo Alto, CA (Abstract Co-Author) Nothing to Disclose
Rie von Eyben, Stanford, CA (Abstract Co-Author) Nothing to Disclose
Sarah S. Donaldson, MD, Palo Alto, CA (Abstract Co-Author) Nothing to Disclose
Iris C. Gibbs, MD, Stanford, CA (Abstract Co-Author) Nothing to Disclose

**ABSTRACT**

Purpose/Objective(s): Radiation boost is critical for local control in MB, yet targeting the whole posterior fossa is associated with neurocognitive morbidity. The incidental hippocampal dose may account for these effects. Despite traditional tumor bed vs. posterior fossa categorization, the relative irradiated volume of posterior fossa may vary significantly. We model boost volume more rigorously as a continuous variable to investigate associations with hippocampal dose and recurrence rates.

Materials/Methods: Bilateral hippocampi and posterior fossa were contoured on T1 axial images for 25 medulloblastoma patients [3-21 years; 5 female; 15 average risk (7 18Gy, 8 23.4Gy), 10 high risk (36Gy)]. There were 9 total recurrences: 5 exoprimary (3 high risk 36Gy, 2 average risk 18Gy), 2 primary (2 average risk: 1 18Gy, 1 23.4Gy), 2 both (2 high risk 36Gy). Minimum dose received by 100% of each hippocampus (D100%) and percent volume of posterior fossa receiving 100% of boost dose (V100%) were extracted from dose-volume histograms. Analysis of covariance was used to investigate the effect of V100% as a continuous variable while controlling for total craniospinal dose categorically (Low Dose 18-23.4Gy, High Dose 36Gy). Ordinal logistic regression was used to estimate probability of overall, primary and exoproximal recurrences. Results: Right and left total incidental hippocampal BED were both greater for the high dose group by 13.9Gy (p=0.00040) and 14.0Gy (p=0.00010) respectively. Right and left D100% significantly varied with V100% by 0.18Gy (p=0.022) and 0.15Gy (p=0.032) per percent volume respectively. Probability of any recurrences (p=0.079) and exoproximal recurrences (p=0.098) exhibited negative trends with V100%. Primary recurrences were not associated with V100%, and dose group was not significant. Conclusion: Incidental hippocampal doses are positively associated with boost volumes and may account for neurocognitive decline in medulloblastoma patients. Posterior fossa V100% can be a useful metric to more accurately describe boost volumes given the heterogeneity within risk groups, and new hippocampal sparing techniques may allow for greater posterior fossa coverage. Aggressive posterior fossa management may further augment metastatic compartment therapies.

**MSRO35-03 Predictive Factors of Brain Metastasis in Non-Small Cell Lung Cancer Patients: Implications for Patient Selection for Prophylactic Cranial Irradiation**

Participants
Santosh Nori, New York, NY (Presenter) Nothing to Disclose
Anthony Pham, MD, San Jose, CA (Abstract Co-Author) Nothing to Disclose
Paul Christos, New York, NY (Abstract Co-Author) Nothing to Disclose
Himanshu Nagar, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Gabriella Wernicke, New York, NY (Abstract Co-Author) Nothing to Disclose
Dattatreyudu Nori, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Bhupesh Parashar, MD, New York, NY (Abstract Co-Author) Nothing to Disclose

**ABSTRACT**

Purpose/Objective(s): The medical community has suspected a correlation between Non-Small Cell Lung Cancer and brain metastasis for quite some time. Identifying reliable predicting characteristics of brain metastasis in NSCLC patients can allow for effective treatment with Prophylactic Cranial Irradiation (PCI) to minimize the risk of metastasis. We sought to identify predictive factors for patients with NSCLC to develop brain metastasis. Materials/Methods: MOSAIC databases were queried for patients that received radiotherapy treatment at the institution. Details of patients that received radiotherapy to the brain were collected for further data collection using the EPIC database. Pathology records of these patients were examined for presence of certain biomarkers (TTF-1, CK7, CK20, Synaptophysin, p63, and CK 5/6) and histology (adenocarcinoma or SCLC, with neuroendocrine differentiation). Radiological reports were examined for tumor site(s), tumor size information, nodal involvement, and number of nodules present. Information on age, sex, and tumor stage were also collected. Results: A total of 193 patients were identified and included in this analysis. Among these, 67 patients developed brain metastasis and 126 patients did not. A univariate analysis of
data determined that tumor stages 3 and 4 (pA multivariable logistic regression model of data determined higher stage (stages 3 or 4: \( p=0.004, \) Adjusted OR=3.612) and tumor size (Above 3 cm: \( p\)-value). Additionally, the presence of CK7 and Synaptophysin showed a trend and non-significant increased risk of brain metastasis (OR=2.22 and 2.90, \( p=0.06 \) and 0.40, respectively). Conclusion: Identifying the presence of predictive characteristics in NSCLC patients can help patient survival through the administration of prophylactic cranial irradiation. In this study, we showed that NSCLC of stages 3 or 4, with tumors greater than 3 cm in at least one dimension, or more than two nodes or nodules involved are predictive of brain metastasis. Presence of CK7 may also be a reliable predictor of brain metastasis. This evidence can be helpful to doctors in evaluating whether or not patients should receive PCI.

**MSR035-04 Roles of Tumor Size and Histology in Outcomes Following Resection and Stereotactic Radiosurgery for Brain Metastases**

Tuesday, Dec. 1 11:00AM - 11:10AM Location: S103CD

**Awards**

**Trainee Research Prize - Medical Student**

**Participants**

Chase Escott, Lebanon, NH (Presenter) Nothing to Disclose
Linton T. Evans, MD, Lebanon, NH (Abstract Co-Author) Nothing to Disclose
Zhongze Li, Lebanon, NH (Abstract Co-Author) Nothing to Disclose
Nathan Simmons, MD, Lebanon, NH (Abstract Co-Author) Nothing to Disclose
David W. Roberts, MD, Lebanon, NH (Abstract Co-Author) Scientific Advisory Board, Carthera AB; Scientific Advisory Board, IMRIS Inc; Scientific Advisory Board, Accuray, Inc; Equipment support, Medtronic, Inc; Research support, Medtronic, Inc; Equipment support, Carl Zeiss AG; Research support, Carl Zeiss AG; Andrew Zureick, BA, Ann Arbor, MI (Abstract Co-Author) Nothing to Disclose
Alan C. Hartford, MD, PhD, Lebanon, NH (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

Stereotactic radiosurgery (SRS) following resection of a brain metastasis improves disease control at the surgical site. Our prior published work demonstrated a relationship between size of the resected tumor and risk of local recurrence (LR). In this analysis we expanded our database to examine the role of tumor histology among factors that may predict recurrence and overall survival (OS).

**METHOD AND MATERIALS**

We retrospectively reviewed all patients treated through Jan 2013 who underwent SRS to the surgical bed, deferring whole brain radiation therapy (WBRT). Multiple factors - including histology, tumor size, planning target volume (PTV), dose, meningeal contact (SUP), development of leptomeningeal disease (LMD), gross total resection (GTR), number of metastases (MET#), and the RTOG's histology-specific Graded Prognostic Assessment (GPA) - were analyzed for time to local recurrence at the tumor bed (LR), to distant recurrence within the brain (DR), to intracranial recurrence (ICR), to salvage WBRT, and for OS.

**RESULTS**

122 lesions in 118 patients were treated with resection and SRS between February 2002 and January 2013. With median follow-up 18.3 months, local control rates at the resection cavity were 91.2% at 1-year, 83.4% at 2-years. Overall survival (OS) rates at 1-year and 2-years were 51.2% and 24.4%, respectively. On univariate analysis tumors > 3.0 cm, compared to smaller tumors, had a marginally significant higher risk of local recurrence (LR). In this analysis we expanded our database to examine the role of tumor histology among factors that may predict recurrence and overall survival (OS).

**CONCLUSION**

SRS without WBRT is efficacious in controlling disease recurrence following resection of brain metastases. This study supports tumor size and histology as important factors prognostic for disease control in this group of patients.

**CLINICAL RELEVANCE/APPLICATION**

Pre-operative tumor size and tumor histology are important prognostic factors for efficacy of stereotactic radiosurgery following resection for brain metastases.

**MSR035-05 Gamma Knife Radiosurgery for Intracranial Grade 2 Meningiomas**

Tuesday, Dec. 1 11:10AM - 11:20AM Location: S103CD

**Participants**

Tamer Refaat Abdelrahman, MD, PhD, Chicago, IL (Presenter) Nothing to Disclose
Michelle S. Gentile, MD, PhD, Cambridge, MA (Abstract Co-Author) Nothing to Disclose
Oihn Bloch I, MD, Chicago, IL (Abstract Co-Author) Nothing to Disclose
Maryanne Marymont, MD, Chicago, IL (Abstract Co-Author) Nothing to Disclose
James P. Chandler, MD, Chicago, IL (Abstract Co-Author) Nothing to Disclose
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Irene Helenowski, Chicago, IL (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

There has been few reports addressing the treatment outcomes of Gamma knife radiosurgery (GKRS) for grade 2 meningiomas. This study aims to report clinical outcomes after GKRS for intracranial grade 2 meningiomas.

**METHOD AND MATERIALS**

In this IRB approved study, we reviewed the records of all patients with histopathologically confirmed meningiomas treated with GKRS between 1998 and 2014. The median GKRS dose was 15 Gy (range 11-20) prescribed to the 50% isodose line.
RESULTS
A total of 209 meningiomas were treated consecutively and postoperatively with GKRS; of them 96 were histopathologically confirmed grade 2 meningiomas and were included in this study. Median age was 61 years, 57.3% were females and 42.7% were males. Tumor sites included anterior (11.5%), middle (11.5%), and posterior (18.7%) cranial fossae, convexity (32.3%), parasagittal (12.5%), temporal (10.4%), and others (3.1%). Mean tumor size was 3.3 cm³ (median 2.2 cm³). Among 41 (48.8%) symptomatic patients, most common symptoms were headache (21.9%), visual impairment (14.6%), hearing deficit (5.2%) and motor deficits (9.4%). After a mean follow up of 40 months (range 3 - 174), the local control rate was 70 % of all treated meningiomas. The median time to recurrence was 89 months (range 47 - 168 months). Of symptomatic patients, 54%, 39%, and 7% reported improved, stable, or worse initial symptoms, respectively. The 3, and 5-year actuarial local control rates were 69.9%, and 55.6%, respectively. The 3, and 5-years overall survival were 80.7%, and 65.6%, respectively. Multivariate analysis including tumor size, site, status (residual versus recurrent), dose, age, sex, race, previous irradiation, previous surgery, time since surgery, will be represented during the meeting in order to identify most contributing factors for local failure and provide recommendations for optimal treatment. The most common acute toxicities after GKRS were headache (1.1%), sensory loss (1.1%), visual impairment (1.1%), and dementia (3.4%). Chronic toxicities included, headache (1.1%), and visual impairment (2.2%). There were no radiation necrosis or second malignant tumors noted in our series.

CONCLUSION
This report, one of the largest GKRS series for grade 2 meningiomas, demonstrates that GKRS is a safe and effective treatment modality for grade 2 meningiomas with durable tumor control and minimal toxicity.

CLINICAL RELEVANCE/APPLICATION
GKRS is a safe and effective treatment modality for grade 2 meningiomas patients.

MSRO35-07 Stereotactic Radiosurgery for Treatment of Brain Metastases from Colorectal Cancer: A Single-Institution Experience
Tuesday, Dec. 1 11:30AM - 11:40AM Location: S103CD

Participants
Michael A. Cummings, MD, MS, Rochester, NY (Presenter) Nothing to Disclose
Kevin Walter, Rochester, NY (Abstract Co-Author) Nothing to Disclose
Kenneth Usuki, Rochester, NY (Abstract Co-Author) Nothing to Disclose
Paul G. Okuneff, MD, Rochester, NY (Abstract Co-Author) Nothing to Disclose
Alan W. Katz, MD, Rochester, NY (Abstract Co-Author) Nothing to Disclose
Michael T. Milano, MD, PhD, Chicago, IL (Abstract Co-Author) Nothing to Disclose

ABSTRACT
Purpose/Objective(s): To review outcomes of patients with colorectal adenocarcinoma who underwent stereotactic radiosurgery for brain metastasis
Materials/Methods: A retrospective review of patients with biopsy proven colorectal adenocarcinoma treated with stereotactic radiosurgery for brain metastases from 2001-2013 was conducted under an IRB approved protocol. End points were radiologic response, neurologic symptom response, overall survival, and treatment related complications. Radiographic response to treatment was defined as stable or shrinking lesion size (accounting for expect post-radiation changes) on follow-up imaging, which was MRI in all except 1 patient. Neurologic symptom response was defined as improved or stable deficits on follow up exam with decreasing steroid dosage and no interval novel-to-patient systemic therapy. Results: Twenty-three patients received single fraction SRS using either a frame based (2002-2010) or frameless (2011-2013) technique. Mean follow up was 5.4 months (range 1 to 13) which was dictated by overall survival. A total of 46 lesions were treated. The mean lesion size on MRI was 17 mm in greatest dimension (range 2 – 35 mm) with mean PTV size of 3.4 cm³ (0.02 to 14.94 cm³). The median number of lesions treated in a single course was 2 (range 1 to 5). Median prescribed dose to isocenter was 16.5 Gy (12.5 to 20) with median minimal PTV dose of 14 Gy (10 to 19.6). Eight lesions were recurrent after previous resection. Six lesions were treated with SRS and then required retreatment with SRS. Eleven patients had previous WBRT with median dose of 30 Gy. Radiographically 72% of lesions were stable or decreasing in size using last available assessment with mean interval of 4.1 months (1 to 19.2). Mean overall survival was 6 months. Two patients died within 1 month of treatment from causes other than disease (MI, MVA). Sixteen courses of treatment coincided with presentation of neurologic symptoms, with previous WBRT in 14. Seven of these sixteen patients had improvement in their presenting deficit, first noted on assessment at median interval of 2 months after SRS (range 1.3 to 6 mos). Two patients remained steroid dependent, both on substantially decreased doses. None of the patients with neurologic response had recurrence of their presenting neurologic symptom prior to death. No patients required hospitalization for adverse effects of treatment. Two patients proceeded to resection post SRS for progressive lesion. Two patients who did not have WBRT had progression of CNS disease outside the treatment volumes.
Conclusion: Stereotactic radiosurgery was well tolerated with excellent radiographic response and no major reported adverse events. In this review 44% of patients with neurologic symptoms prior to SRS had clinical improvement with length and time course not attributable to steroid therapy.

MSRO35-08 Long-term Follow-up of Intensive Chemotherapy Followed by Reduced Dose and Field Irradiation for Intracranial Germ Cell Tumors
Tuesday, Dec. 1 11:40AM - 11:50AM Location: S103CD

Participants
Akio Takada, MD, Tsu, Japan (Presenter) Nothing to Disclose
Noriko JI, MD, PhD, Tsu, Japan (Abstract Co-Author) Nothing to Disclose
Toshio Matsubara, MD, PhD, Tsu, Japan (Abstract Co-Author) Nothing to Disclose
Yoshihiro Komada, MD, PhD, Tsu, Japan (Abstract Co-Author) Nothing to Disclose
Hajime Sakuma, MD, Tsu, Japan (Abstract Co-Author) Departmental Research Grant, Siemens AG; Departmental Research Grant, Koninklijke Philips NV; Departmental Research Grant, Bayer AG; Departmental Research Grant, Guerbet SA; Departmental Research Grant, DAICHI SANKYO Group; Departmental Research Grant, FUJIFILM Holdings Corporation; Departmental Research Grant, Nikon Medi-Physics Co, Ltd
Yoshihito Nomoto, Tsu, Japan (Abstract Co-Author) Nothing to Disclose
Hidemi Toyota, MD, PhD, Tsu, Japan (Abstract Co-Author) Nothing to Disclose
Takao Deguchi, MD, PhD, Tsu, Japan (Abstract Co-Author) Nothing to Disclose
Yutaka Toyomatsu, MD, Tsu, Japan (Abstract Co-Author) Nothing to Disclose

ABSTRACT
Purpose/Objective(s): To report long-term follow up outcomes of patients treated with intensive chemotherapy followed by a reduced dose and field irradiation for intracranial germ cell tumors.
Materials/Methods: Between 1992 and 2014, 51 patients with intracranial germ cell tumors were treated with intensive chemotherapy followed by a reduced dose and field irradiation. The median age of 46 patients with follow up was 41.3 years (range 20-76 years). The most common primary tumor was germinoma (69.6%), which was followed by embryonal carcinoma (19.6%), yolk sac tumor (5.5%), choriocarcinoma (1.1%), and mixed germ cell tumor (1.1%). The 5-year overall survival and progression free survival rate of patients was 75% and 70%, respectively. Multivariable analysis revealed the prognostic factors of patients were Karnofsky performance status (KPS) of 90 or less (HR 2.10, 95% CI 1.08-4.11, p = 0.03), and the initial craniotomy at clinical stage (HR 2.22, 95% CI 1.09-4.52, p = 0.03). Forty-four patients who had a complete response to chemotherapy received a reduced dose of irradiation. A total of 139 tumors were treated with median prescribed dose of 30 Gy (range 18-60 Gy, 8-24 fractions). Eight tumors were retreated with SRS after a progression of tumor. The 5-year overall survival, progression free survival, and local control rate were 78% (95% CI, 62%-94%), 78% (95% CI, 62%-94%), and 66% (95% CI, 48%-82%), respectively. Nine patients had neurocognitive dysfunction after irradiation with a median follow up of 62 months (range 11-282 months). Conclusion: The 5-year overall survival and progression free survival rate of patients was 75% and 70%, respectively. The patients who were treated with intensive chemotherapy followed by reduced dose and field irradiation showed excellent outcomes. There was no dose-related toxicities from the irradiation.
ABSTRACT

Purpose/Objective(s): The purpose of this study is to report the treatment outcomes of intensive chemotherapy followed by reduced dose and field irradiation for the treatment of intracranial germ cell tumors (GCTs). Materials/Methods: 22 patients (18 males and 4 females) with intracranial GCTs were treated at our facility between 1991 and 2012. They were classified into three groups based on serological and histological findings. Five patients (23%) with pure germinoma were treated with conventional-dose chemotherapy (ifosphamide-cisplatin-etoposide) followed by 24 Gy ventricular field irradiation as good prognosis group, and 14 patients (64%) germinoma with syncytiotrophoblastic giant cells and 3 patients (14%) with nongerminomatous GCTs were treated with high-dose chemotherapy (HDC) with stem-cell support followed by 24-50.4 Gy reduced field irradiation as intermediate and poor prognosis group, respectively. The Median age was 14 years and primary sites were at pineal region for 11 (50%) patients, suprasellar region for 4 (18%) patients and others for 7 (32%) patients. Disseminated tumors were present in 4 patients. Ten patients (45%) were diagnosed with hydrocephalus before treatment. Four patients who relapsed after initial chemotherapy were included in this study. Results: The medium follow-up duration was 113 months, 10-year overall survival rate and progressive-free survival rate was 80.1% and 69.8%, respectively. Regarding late adverse effect, pituitary dysfunction (short stature, insufficiency of secondary sexual feature, hypothyroidism); 8 patients (36%), hearing impairment; 5 patients (23%), intelligence diminution; 6 patients (27%), convulsion; 3 patients (13%), electroencephalogram abnormality; 5 patients (23%), treatment induced secondary neoplasm; 2 patients (9.1%), motility disorder; 2 patients (9.1%), azoospermia; 1 patient (4.5%) and treatment-related death (brain hemorrhage); 1 patient (4.5%) appeared. In addition, 5 (23%) patients needed intervention of a psychiatrist due to school refusal, anxiety disorder, eating disorder and self-injury behavior etc. Conclusion: Intensive chemotherapy followed by reduced dose and field irradiation resulted in preferable outcomes. Based on our results, further study will be required from the perspective of radiation dose and field, especially for patients classified as intermediate and poor prognosis group.

PURPOSE

Purpose/Objective(s): Sacral chordomas represent approximately a third of all chordomas, a rare neoplasm of notochordal remnants. Current NCCN guidelines recommend surgical resection with or without adjuvant radiotherapy, or definitive radiation for unresectable cases. Recent advances in radiation for chordomas include conformal photon and proton beam radiation. We investigated the incidence, treatment, and survival outcomes for sacral chordomas to observe any trends in response to improvements in surgical and radiation techniques over a near 40 year time period.

METHOD AND MATERIALS

Materials/Methods: 345 microscopically confirmed cases of sacral chordoma were identified between 1974 and 2011 from the Surveillance, Epidemiology, and End Results (SEER) program of the National Cancer Institute. Incidence and survival rates were adjusted for age. Cases were divided into three cohorts by calendar year, 1974-1989, 1990-1999, and 2000-2011, as well as into two groups by age less than or equal to 65 versus greater than 65 to investigate trends over time and by age via Chi-square analysis. Kaplan-Meier analyses were performed to determine effects of treatment on survival.

RESULTS

Results: Median age at diagnosis was 64. The age-adjusted incidence rate of sacral chordomas was .03 per 100,000. 5-year relative survival for the entire cohort was 60%. Overall survival correlated significantly with treatment modality, with 44% surviving at 5 years with no treatment, 52% with radiation alone, 82% surgery alone, and 78% surgery and radiation (pTable 1. Trends of Radiation, Surgery, and Survival by Time.1974-1989(N=68)1990-1999(N=78)2000-2011(N=199)P-valuePatients Receiving Radiation1 53%40%33%.03Patients Receiving Surgery165%74%70%.555-year Overall Survival (%)63%65%63%2.991Treatments were not mutually exclusive.2Calculated from 94 cases between 2000-2006 with median follow-up 84 months.

CONCLUSION

Conclusion: Surgery remains an important component in the treatment of sacral chordomas in current practice. Fewer patients were treated with radiation more recently despite advances in photon and proton beam radiation. Overall survival remains unchanged. Additional analyses of margin status, radiation modality, and local control in current practice are warranted.

ABSTRACT

Conclusion: Surgery remains an important component in the treatment of sacral chordomas in current practice. Fewer patients were treated with radiation more recently despite advances in photon and proton beam radiation. Overall survival remains unchanged. Additional analyses of margin status, radiation modality, and local control in current practice are warranted.
Patients
Anna Shapiro, MD, Syracuse, NY (Moderator) Nothing to Disclose
Katherine L. Griem, MD, Chicago, IL (Moderator) Nothing to Disclose

Sub-Events

**MSRO32-01 Invited Speaker:**

Participants
William Small JR, MD, Maywood, IL (Presenter) Speakers Bureau, Carl Zeiss AG

**ABSTRACT**

Purpose/Objective(s): To analyze 66 patients with inoperable breast cancer who failed neoadjuvant chemotherapy and were rescued with radiotherapy prior to surgery. Materials/Methods: From a total of 10,199 registered breast cancer patients, 3,635 new cases of advanced disease were treated and their charts revised. 1,641 patients received neoadjuvant chemotherapy (NeoCh) and 229 failed it. In 66 cases, they received neoadjuvant radiotherapy (NeoRT). Endpoints were resectability and response rate. Chi-square test was used for comparison among groups. NeoRT was delivered in a conventional course of 50 Gy @ 25 fractions or 40 Gy @ 16 fractions to breast, supraclavicular fossae and axilla, with tangential and non-pair irregular opposed fields, and 6 MV photons energy. If inoperable, they received a 10 Gy boost on the breast area. Surgery was intended to be done four weeks after RT. Results: From a total of 66 patients analyzed, the median age was 55 years, and 97% of patients were staged as IIIb. Invasive ductal carcinoma was the most frequent histopathological diagnosis. Regarding NeoCh, 43 (65.15%) received FAC; 16 (24.2%) FAC plus Docetaxel and 6 (10%) CMF. Tamoxifen was used in 8 (12%) cases. After NeoCh, 34 (52%) showed stable disease (SD); 24 (36%), progression disease (PD) and 8 (12%), partial response (PR). After NeoRT, 33 (50%) showed SD; 24 (36%), PR and 4 (6%) had clinical complete response (CR). 5 cases (8%) showed PD. 32 patients (48.5%) were eligible to mastectomy. In pathological study, 4 (12.5%) had pathological CR and 20 (61%) showed PR, with a response rate of 73.5% and median volume of surgical specimen of 2.68 cm³. Axillary dissection was performed in all patients, and the mean number excised and positive nodes were respectively 11 (5-22) and 2 (0-18). In the hypofractionated group (13 cases), 4 (31%) patients were considered operable. In the conventional group (49 cases), 28 (57%) had their tumor respected. 4 patients received an additional whole breast boost of 10 Gy @ 5 fractions. Median time of RT was, respectively, 26 and 37 days in the hypofractionated and in the conventional group (including boosted patients). Patients who remained inoperable after RT, showed 91% of distant metastasis. With a median follow up of 84 months, 7 operated patients (21.8%) are alive without evidence of disease and no patients at the inoperable group; last follow-up: Dec/2014. Regarding operated and non-operated patients, 3 years OS, were respectively 75% and 50% (p Conclusion: NeoRT in patients with poor response to NeoCh, who remained inoperable, is a feasible treatment approach. It has allowed almost half of them to become eligible to surgery, with significant benefit on OS when compared to those that remained inoperable. Although, further studies should be done before this protocol becomes standard of care for advanced breast cancer patients.

**MSRO32-02 Potencial Benefits of Neoadjuvant Radiation Therapy in Overall Survival of Advanced Breast Cancer Patients**

Participants
Lilian Faroni, Rio De Janeiro, Brazil (Abstract Co-Author) Nothing to Disclose
Daniel Przybysz, MD, RIO DE JANEIRO, Brazil (Presenter) Nothing to Disclose

ABSTRACT

Purpose/Objective(s): To analyze 66 patients with inoperable breast cancer who failed neoadjuvant chemotherapy and were rescued with radiotherapy prior to surgery. Materials/Methods: From a total of 10,199 registered breast cancer patients, 3,635 new cases of advanced disease were treated and their charts revised. 1,641 patients received neoadjuvant chemotherapy (NeoCh) and 229 failed it. In 66 cases, they received neoadjuvant radiotherapy (NeoRT). Endpoints were resectability and response rate. Chi-square test was used for comparison among groups. NeoRT was delivered in a conventional course of 50 Gy @ 25 fractions or 40 Gy @ 16 fractions to breast, supraclavicular fossae and axilla, with tangential and non-pair irregular opposed fields, and 6 MV photons energy. If inoperable, they received a 10 Gy boost on the breast area. Surgery was intended to be done four weeks after RT. Results: From a total of 66 patients analyzed, the median age was 55 years, and 97% of patients were staged as IIIb. Invasive ductal carcinoma was the most frequent histopathological diagnosis. Regarding NeoCh, 43 (65.15%) received FAC; 16 (24.2%) FAC plus Docetaxel and 6 (10%) CMF. Tamoxifen was used in 8 (12%) cases. After NeoCh, 34 (52%) showed stable disease (SD); 24 (36%), progression disease (PD) and 8 (12%), partial response (PR). After NeoRT, 33 (50%) showed SD; 24 (36%), PR and 4 (6%) had clinical complete response (CR). 5 cases (8%) showed PD. 32 patients (48.5%) were eligible to mastectomy. In pathological study, 4 (12.5%) had pathological CR and 20 (61%) showed PR, with a response rate of 73.5% and median volume of surgical specimen of 2.68 cm³. Axillary dissection was performed in all patients, and the mean number excised and positive nodes were respectively 11 (5-22) and 2 (0-18). In the hypofractionated group (13 cases), 4 (31%) patients were considered operable. In the conventional group (49 cases), 28 (57%) had their tumor respected. 4 patients received an additional whole breast boost of 10 Gy @ 5 fractions. Median time of RT was, respectively, 26 and 37 days in the hypofractionated and in the conventional group (including boosted patients). Patients who remained inoperable after RT, showed 91% of distant metastasis. With a median follow up of 84 months, 7 operated patients (21.8%) are alive without evidence of disease and no patients at the inoperable group; last follow-up: Dec/2014. Regarding operated and non-operated patients, 3 years OS, were respectively 75% and 50% (p Conclusion: NeoRT in patients with poor response to NeoCh, who remained inoperable, is a feasible treatment approach. It has allowed almost half of them to become eligible to surgery, with significant benefit on OS when compared to those that remained inoperable. Although, further studies should be done before this protocol becomes standard of care for advanced breast cancer patients.

**MSRO32-03 Intraoperative Radiation Therapy as a Boost After Neoadjuvant Chemotherapy: DFS after a Median Follow-up of 4 Years**

Participants
Hans-Christian Kolberg, Bottrop, Germany (Presenter) Advisory Boards, Novartis AG; Advisory Boards, GlaxoSmithKline plc; Advisory Boards, Carl Zeiss AG; Advisory Boards, Genomic Health, Inc; Advisory Boards, LIV Pharma GmbH; Speaker, Novartis AG; Speaker, GlaxoSmithKline plc; Speaker, Carl Zeiss AG; Speaker, F. Hoffmann-La Roche Ltd; Speaker, Teva Pharmaceutical Industries Ltd; Speaker, TheracIon; Speaker, Genomic Health, Inc; Speaker, Amgen Inc; Gyorgy Lovey, Bottrop, Germany (Abstract Co-Author) Nothing to Disclose
Miliades Stephanou, Bottrop, Germany (Abstract Co-Author) Nothing to Disclose
Michael Untch, Berlin, Germany (Abstract Co-Author) Nothing to Disclose

ABSTRACT

Purpose/Objective(s): The expected local recurrence rate in 5 year follow-up after breast conserving therapy and whole breast irradiation is 7.6%. Adding a boost of the index region results in a reduced recurrence rate of 4.3%. The boost irradiation as an intraoperative procedure showed a further decrease of local recurrence rates down to 1.75%. We adapted this approach to patients after neoadjuvant chemotherapy (NACT) and are reporting the DFS after a median of 4 years of follow up. To our knowledge this is the first time that data concerning intraoperative radiotherapy with a 50 kV X-ray source after neoadjuvant chemotherapy are presented. Materials/Methods: Between April 2010 and November 2011 we treated 61 patients after NACT (+/-...
Trastuzumab according to HER2-status) with an intraoperative boost of 20 Gy with a 50 kV X-ray source followed by an external radiation with 50 Gy. The patient characteristics were as follows and represent the high risk cohort typical for a cohort of patients treated with NACT: median age 54.9 years, 24 pts premenopausal / 37 pts postmenopausal, 31 pts G2 / 30 pts G3, 39 pts ER positive / 22 pts ER negative, 29 pts PR positive / 32 pts PR negative, 24 pts HER2 positive / 37 pts HER2 negative, 36 pts T1 / 24 pts T2 / 1 pt T3, 28 pts node negative / 33 pts node positive. 19 patients reached a pCR. 17 patients needed more than one operation. No patient was lost to follow up and at the time of data closure the median follow up was 49.56 months. Results: At a median follow up of 49.55 months the DFS was 86.89%, the DDFS 93.44%. 18 of the 19 patients were disease free in the group of patients who reached a pCR (DFS 94.74%). In the group of 42 patients who had residual tumor after NACT, 35 were disease free (DFS 83.33%). Conclusion: A DFS of 86.89% compares favorably to the DFS expected for patients after NACT. The higher DFS in the pCR-group was expected due to the fact that a pCR after NACT +/- Trastuzumab is predictive for DFS. Still the DFS in the non-pCR-group compares favorably to the known data for patients not reaching a pCR. Our data are the first on IORT as a boost after neoadjuvant chemotherapy and show a favorable outcome of the patients in this high risk group. They strongly encourage the design of prospective trials in this indication.

**ABSTRACT**

Purpose/Objective(s): VMAT has been reported to offer improved dosimetric sparing of the ipsilateral lung, total lung and heart compared to 3D conformal planning while covering IMNs. However OARs in the supraclavicular region often receive higher doses compared to 3D conformal planning. We aim to compare VMAT versus a combination of 3D and VMAT to improve sparing of OARs in this region without compromising target coverage or the dosimetric advantage that is already offered on using VMAT alone. Materials/Methods: 10 patients previously treated with VMAT at our institution were re-planned with 3D conformal planning in the supraclavicular region and VMAT inferiorly to the chestwall. VMAT planning consisted of 2 complementary arcs within a 230° arc range with 6 MV. The supraclavicular region was planned either with a single off-cord AP field or with off-cord AP/PA and field in field employing 6 MV and/or 16 MV depending on the depth of nodal coverage. Coverage criteria were PTV D95 = 50 Gy, V95 = 98% and PTV D05 = 115%. Doses to the esophagus, trachea, larynx, brachial plexus, thyroid and cord were noted in addition to the heart, lungs and contralateral breast. Results: Combining 3D with VMAT significantly reduced the maximum dose to the esophagus, trachea and spinal cord by 15 Gy, 11 Gy and 12 Gy respectively. 18 of the 19 patients were disease free in the group of patients treated with NACT. The most common toxicity was acute radiation dermatitis and NAC pain, mostly grade 2, which completely resolved in subsequent follow up. Conclusion: The preliminary results of this nipple sparing protocol for early stage breast cancer showed a high level of patient's satisfaction and self-reported good/excellent cosmesis in the majority of patients treated. Toxicity appeared to be acceptable so far, mostly related to acute radiation dermatitis, grade 2. There was no NAC loss with the use of prophylactic NAC RT. Final results will be presented at completion of the trial.

**MSR32-06**

**Dose to Organs in the Supraclavicular Region When Covering the Internal Mammary Nodes (IMN) in Breast Cancer Patients: A Comparison of VMAT Versus 3-D and VMAT**

Participants
Vishruta A. Dumane, PhD, Chicago, IL (Presenter) Nothing to Disclose
Richard L. Bakst, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Sheryl Green, MD, New York, NY (Abstract Co-Author) Nothing to Disclose

**ABSTRACT**

Purpose/Objective(s): VMAT has been reported to offer improved dosimetric sparing of the ipsilateral lung, total lung and heart compared to 3D conformal planning while covering IMNs. However OARs in the supraclavicular region often receive higher doses compared to 3D conformal planning. We aim to compare VMAT versus a combination of 3D and VMAT to improve sparing of OARs in this region without compromising target coverage or the dosimetric advantage that is already offered on using VMAT alone. Materials/Methods: 10 patients previously treated with VMAT at our institution were re-planned with 3D conformal planning in the supraclavicular region and VMAT inferiorly to the chestwall. VMAT planning consisted of 2 complementary arcs within a 230° arc range with 6 MV. The supraclavicular region was planned either with a single off-cord AP field or with off-cord AP/PA and field in field employing 6 MV and/or 16 MV depending on the depth of nodal coverage. Coverage criteria were PTV D95 = 50 Gy, V95 = 98% and PTV D05 = 115%. Doses to the esophagus, trachea, larynx, brachial plexus, thyroid and cord were noted in addition to the heart, lungs and contralateral breast. Results: Combining 3D with VMAT significantly reduced the maximum dose to the esophagus, trachea and spinal cord by 15 Gy, 11 Gy and 12 Gy respectively. 18 of the 19 patients were disease free in the group of patients treated with NACT. The most common toxicity was acute radiation dermatitis and NAC pain, mostly grade 2, which completely resolved in subsequent follow up. Conclusion: The preliminary results of this nipple sparing protocol for early stage breast cancer showed a high level of patient's satisfaction and self-reported good/excellent cosmesis in the majority of patients treated. Toxicity appeared to be acceptable so far, mostly related to acute radiation dermatitis, grade 2. There was no NAC loss with the use of prophylactic NAC RT. Final results will be presented at completion of the trial.
**MSRO32-07 SBRT for Secondary Lung and Liver Lesions in 35 Breast Cancer Oligometastatic Patients**

**ABSTRACT**

Purpose/Objective(s): This retrospective study explores the impact of SBRT as an aggressive local treatment on the disease evolution and survival of patients with oligometastatic breast cancer treated for lung and liver metastases. Materials/Methods: 24 lung lesions in 11 patients and 39 liver lesions in 24 patients (total of 63 lesions) were irradiated using SBRT between Feb.'07-Nov.'14. All 35 patients treated (KPS =70) were oligometastatic which according to our criteria implied the presence of = 5 in lung- or in liver-only metastases, or = 3 if presented in > 1 site. 7 patients (20%) were with single metastases while 28 (80%) with multiple. 11 patients were irradiated for lung lesions while 24 for liver lesions. Histology was ductal ADK in 81% of patients, lobular in 10%, mixed in 2% and other histologies or no data in 7%. The median diameter of the lung lesions was 1 cm (range 0.5-5) and of the liver metastases 3.5 cm (range 1-9.1). Planning Target Volume was created by adding a 3 mm margin to the Gross Tumor Volume. SBRT was delivered with VMAT by 6 MV LINAC and planned by TPS with Montecarlo algorithm. All lesions were treated in Breath-hold with different dose levels depending on tumor site and size. Almost all lung lesions (83.3%) were irradiated with 26 Gy in a single fraction prescribed to the 70% isodose (BED10 to isocenter = 175). Liver lesions were treated mainly (72%) with 37.5 Gy in 3 fractions prescribed to the 67% isodose (BED10 to isocenter = 161). Set-up and isocenter were assessed by CBCT. All patients treated for liver lesions underwent Gold fiducials insertion 1 week before CT simulation. The response was evaluated after 60 days by CT and PET, and every 3 months subsequently. Toxicity was assessed by CTCAE score. Results: Considering all treated lesions, both in G and liver, only 5 (7.9%) "in field" recurrences were observed, all occurred in liver during the first year from SBRT so the local control rate at 1 year was 92.1%; Dividing irradiated lesions by anatomic site 1 year local control rate for lung lesions was 100% while for liver-group 87.2%. At 1 and 2 years Overall Survival (OS) rates were 86% and 69% (91% and 70% in lung-group vs. 83% and 50% in liver-group), and Progression Free Survival rates were 37% and 20%, respectively (median F.U. 19.9 months, range 2.2-60). No predictive factors of local failure were found. No toxicity > G2 (4 patients) was recorded. Conclusion: SBRT for Lung and Liver metastases in Breast oligometastatic patients is a safe and well tolerated treatment. High local control rate (only 5 recurrences in field) confirms the ablative role of SBRT using high BED doses (> 100). The low number of relapses does not allow statistical analysis on predictive factors of local failure but high local control rate in the subset of patients with primary breast cancer indicates an trend for better local control respect to other primitive tumors (92.1% at 1 year that appears stable over the time).

**MSRO32-08 Salvage Radiation Therapy for 2nd Oligo-Recurrence in Patients With Breast Cancer**

**ABSTRACT**

Purpose/Objective(s): A new concept of "oligo-recurrence (OR)" indicates one to several distant metastases/recurrences in one or several organs which can be treated with local therapy, while the primary site of the cancer was once controlled. A previous study demonstrated that first failure detected as the state of OR (e.g. isolated loco-regional recurrence (LRR) or isolated pulmonary metastasis) could be salvaged by local therapy. However, a subset of once salvaged patients with OR could have a second failure which is also detected as the state of OR. We have often experienced this situation in patients with breast cancer and have defined that as "2nd OR." The purpose of this study was to assess the efficacy and toxicity of salvage radiotherapy (RT) for the 2nd OR of breast cancer. Materials/Methods: All the 23 patients satisfied the following requirements of our definition for 2nd OR: (i) disease-free status after initial therapy for clinically localized breast cancer had been once confirmed; (ii) first failure was detected as OR (1st OR), and disease control of the 1st OR after salvage local therapy was confirmed, while simultaneously there were no other distant metastases/recurrences; (iii) second failure was also detected as OR (2nd OR) which was treated with salvage RT. The sites of the 2nd OR were LRR in 9 patients and distant metastasis in 14 patients. The total radiation dose of the salvage RT ranged from 40–76 Gy (median, 60 Gy), the daily dose was 2.0–3.0 Gy (median, 2.0 Gy). Efficacy and toxicity of the salvage RT for the 2nd OR were retrospectively evaluated, and the predictors of a long-term survival were analyzed. Results: Twenty-one (91%) patients had an objective response. The median overall survival and progression-free survival times were 40 and 20 months after salvage RT for the 2nd OR, respectively. The three-year local (in-field) control rates were 84%. The toxicities were mild; acute toxicities = Grade 3 were seen in one patient with Grade 3 dermatitis, and no late toxicity = Grade 2 was observed, except for one patient who had a Grade 3 lymphatic edema of the arm. The first sites of disease progression after the salvage RT for the 2nd OR were out-field alone in 11 patients (48%) and both in-field and out-field in 4 patients (17%); none of the patients had first sites in local-regional area. The univariate analysis indicated that age (Conclusion: Salvage RT for the 2nd OR was able to achieve a better local control rate and longer progression-free survival time without inducing severe toxicity, and therefore may be a potentially effective modality for inducing long-term survival in select patients.

**MSRO32-09 Cost-Effectiveness of Pertuzumab in HER2-positive Metastatic Breast Cancer**

**ABSTRACT**

Purpose/Objective(s): The Clinical Evaluation of Pertuzumab and Trastuzumab (CLEOPATRA) study showed a benefit in overall
Purpose/Objective(s): The Clinical Evaluation of Pertuzumab and Trastuzumab (CLEOPATRA) study showed a benefit in overall survival with the addition of pertuzumab (P) to docetaxel (T) and trastuzumab (H) (THP) compared to TH as first-line treatment for patients with HER2-positive metastatic breast cancer. With median follow-up of 50 months, median overall survival for the THP and TH groups were 56.5 and 40.8 months, respectively [Swain, NEJM 2015]. Based on these results, we performed a cost-effectiveness analysis to determine the impact of pertuzumab on the treatment of HER2-positive metastatic breast cancer.

Materials/Methods: Cost-effectiveness was evaluated from a societal perspective. A four-state Markov model was constructed to evaluate the cost-effectiveness of TH with or without P. Health states included: stable disease, progression of disease, hospice, and death. The model was run over 10 years with cycle length of 1 week. Transition probabilities were based on the results of the CLEOPATRA study. Costs were based upon 2014 Medicare reimbursement rates and manufacturers' Average Sales Price. Interventions were evaluated with a willingness-to-pay threshold (WTP) of $100,000 per quality-adjusted life years (QALY) gained. One-way and multi-way sensitivity analyses were performed to explore the effects of specific assumptions.

Results: Our modeled overall survival and progression-free survival intervals compared well with the results of the CLEOPATRA study. Modeled median survival was 171 weeks (39.5 months) and 253 weeks (58.3 months) for TH and THP group, respectively. The addition of P resulted in an additional 0.73 QALY at an increased cost of $426,039 compared with TH, resulting in an incremental cost-effectiveness ratio (ICER) of $582,141 per QALY. Two-way sensitivity analysis showed that in the scenario where baseline costs (including cost of trastuzumab) were half of predicted, THP would not become cost-effective until discounted by 96% of the current Medicare Average Sales Price.

Conclusion: The addition of pertuzumab to docetaxel and trastuzumab in metastatic HER2(+) breast is unlikely to be cost-effective at a WTP threshold of $100,000 per QALY gained. This finding is attributed to 1) the expense of pertuzumab, and 2) that patients treated with pertuzumab have prolonged progression-free survival, and, therefore, accrue higher costs for prolonged treatment with both pertuzumab and trastuzumab. Additional results from the adjuvant trials of pertuzumab will be important to characterize the overall cost-benefit of this agent in both metastatic and early stage HER2-positive breast cancer.
ISP: Health Service, Policy and Research (Miscellaneous)

Tuesday, Dec. 1 10:30AM - 12:00PM Location: S102D

SSG07-01 Health Service, Policy and Research Keynote Speaker: Will Use of Imaging Expand in the Near Future - Or Contract?

Tuesday, Dec. 1 10:30AM - 10:40AM Location: S102D

Participants
David C. Levin, MD, Philadelphia, PA (Moderator) Consultant, HealthHelp, LLC; Board of Directors, Outpatient Imaging Affiliates, LLC
Kimberly E. Applegate, MD, MS, Zionsville, IN (Moderator) Nothing to Disclose

SSG07-02 Access to Clinical Imaging Reports in Patient Portals and the Role of the Radiologist: The Patient Perspective

Tuesday, Dec. 1 10:40AM - 10:50AM Location: S102D

Participants
Eduardo Hernandez-Rangel, MD, Orange, CA (Presenter) Nothing to Disclose
Wanda Marfori, MD, Orange, CA (Abstract Co-Author) Nothing to Disclose
Alessandra Miranda, MD, Orange, CA (Abstract Co-Author) Nothing to Disclose
Mayil S. Krishnam, MBBS, MRCP, Orange, CA (Abstract Co-Author) Nothing to Disclose

PURPOSE
To determine patient perspective in regard to 1) access to imaging reports in patient portals 2) how imaging results are received and communicated to them.

METHOD AND MATERIALS
Combined electronic/paper survey was administered to adult outpatients at UCIMC. Survey questions focused on: 1) accessibility and satisfaction with patient portal (PP) 2) information about imaging procedures and concerns 3) access to imaging reports 4) patient preference as to who would explain imaging test procedures and from whom they receive imaging results: PCP, ordering/referring physician, radiologist, NP, PA or nurse 5) and potential role of radiologists in communicating results. Results were tabulated and analyzed.

RESULTS
Total of 66 participants completed the survey, mean age: 54 ± 18 S.D.; 60% female, 40% male. 70% had college level education and insured (97%). 53% percent had access to PP, 85% were satisfied; 47% with no access would like to have one. 89.4% had recent and multiple (56%) imaging tests; individual tests mostly CT (10%). Procedures and risks explained by technicians (53%). Radiation exposure not a major concern (61%) and most (75%) were unaware of radiation reduction strategies. 17% were concerned with side effects, contrast allergy, cost, cancer, quality and diagnosis. Access to imaging report in PP was important (92%) and timely reporting (85%); having access will not create anxiety, stress or confusion. Patients prefer to discuss results with referring physician 48%, PCP 26%, radiologist 21%, other 5%. Question re: discussing results with Radiologist showed 57.6% preference, due to the following: first person who knows the findings, is the expert and will have more complete, better and accurate information. 34% prefer a discussion with radiologist immediately post-procedure, and access to results within 24 hours 34%.

CONCLUSION
Overall participants preferred and are satisfied with PP and want more control of their health information. There is preference for direct discussion with radiologist but timely access to imaging results via a PP, from referring physician, PCP, or radiologist is much more important rather than from whom they receive or discuss results with.

CLINICAL RELEVANCE/APPLICATION
Our project is in line with RSNA and ACR campaign for patient centered practice with goal of promoting awareness of radiologist role in patient care and benefits of direct interaction with patients.

SSG07-03 Image-Rich Radiology Reports: A Value-Based Model to Improve Clinical Workflow

Tuesday, Dec. 1 10:50AM - 11:00AM Location: S102D

Participants
Bhavik N. Patel, MD,MBA, Durham, NC (Presenter) Nothing to Disclose
Jose Lopez, BS, Raleigh, NC (Abstract Co-Author) Nothing to Disclose
Christopher J. Roth, MD, Durham, NC (Abstract Co-Author) Nothing to Disclose
PURPOSE
To determine the clinical value of an image-rich radiology report (IRRR) by evaluating unmet needs, interest, and preferences of referring physicians and the willingness of radiologists to create them.

METHOD AND MATERIALS
Referring physicians and radiologists of various experience and from different specialties were interviewed in this prospective, HIPAA-compliant study. Willingness to voluntarily participate for interview was solicited via email. A single investigator conducted all interviews using standard questionnaires, one for clinicians and one for radiologists. All subjects were walked through a PowerPoint mockup demonstration of an IRRR and its potential use in clinical workflow. Three methods for viewing images were presented: 1) clicking hyperlinks to access a stacked image series popup, 2) embedded clickable image thumbnails, 3) scrollable but not enlargeable medium-sized image series within the report. Questionnaire answers, free comments, and general impressions were captured and analyzed.

RESULTS
A total of 44 physicians (33M, 11F, 36 clinicians, 8 radiologists) were interviewed. Number of years in practice was < 5 (27%), 5-9 (30%), 10-14 (9%), 15-19 (11%), and > 19 (23%). 31 (70%) clinicians expressed interest in using IRRR. Of these, 81% believed IRRR would improve communication. 29 and 26 subjects stated they would very frequently use IRRR for CT and MR images, respectively, while 10 would use it for ultrasound. With regards to how images are embedded, 10 (28%) preferred method 1, 18 (50%) preferred method 2, and 8 (22%) preferred method 3. 30 subjects (83%) stated IRRR would somewhat or substantially improve efficiency. 100% of radiologists believed IRRR was a valuable concept. 5 (63%) preferred right clicking an image whereas 3 (38%) preferred pressing a function key to embed images. On the average, radiologists would be willing to spend 83 seconds per case to embed the images.

CONCLUSION
Referring physicians believe IRRR would add value by improving communication between them and radiologists as well as have some improvement on their time efficiency. Radiologists are open to providing IRRR so as long as the process of embedding images is expeditious.

CLINICAL RELEVANCE/APPLICATION
In the current era of transforming health care, novel solutions that increase value of radiology must be employed. IRRR may improve clinical workflow and communication between referring physicians and radiologists, ultimately translating into improved patient outcomes.

SSG07-04 Investigating Occult Malignancy in Patients with Unprovoked Venous Thromboembolism - A Single-centre Retrospective Study

Tuesday, Dec. 1 11:00AM - 11:10AM Location: S102D

Participants
Tarryn Carlsson, MBChB, Bristol, United Kingdom (Presenter) Nothing to Disclose
Babu Pusuluri, Bristol, United Kingdom (Abstract Co-Author) Nothing to Disclose
John Ho, Bristol, United Kingdom (Abstract Co-Author) Speaker, Boehringer Ingelheim GmbH;
Ladli Chandratrey, MBBS, FRCR, Bristol, United Kingdom (Abstract Co-Author) Nothing to Disclose

PURPOSE
In June 2012 the National Institute for Health and Care Excellence (NICE) published guidelines for investigating occult malignancy (CG144: section 1.5) in patients diagnosed with unprovoked venous thromboembolism (VTE). Screening for cancer in these patients remains controversial and its survival benefit is yet to be proven. Our objectives are to determine the frequency of unprovoked VTE in our institution, assess the way we investigate these patients for occult malignancy and to determine the frequency of occult malignancies in this group of patients.

RESULTS
740 investigations were undertaken to investigate a possible diagnosis of VTE of which only 108 were positive (15%). Further analysis showed that 60.2% (n = 65) were provoked, 37% (n = 40) were unprovoked and 3% (n = 3) could not be categorised. The age range of patients diagnosed with an unprovoked VTE was between 27-94 years old with a mean age of 65 years. The majority were male (n= 24). In the unprovoked VTE category 69.2% (n = 27) had a physical examination; 97.4% (n = 38) had a FBC; 84.6% (n = 33) had LFTs; 48.7% (n = 19) had a serum calcium and only 33.3% (n = 13) had a urinalysis performed within one month of the initial VTE investigation. In those patients who had a lower limb deep vein thrombosis (DVT), only 47.1% (n = 6/17) had a chest radiograph performed within one month of the VTE diagnosis. Computed Tomography (CT) of the abdomen and pelvis was performed in 57.9% (n = 22) of patients with an unprovoked VTE and 17.9% (n = 7) underwent ultrasound of the abdomen/pelvis. No further imaging was performed in 31.2% (n = 12). Of note, no mammograms were performed. In patients that went on to have cross-sectional imaging, all of them had a FBC, 86.4% had LFTs, 54.5% had a serum calcium and only 36.4% had a urinalysis performed. An occult malignancy was only identified in 2.9% (n = 1). This patient was shown to have an enlarged prostate on cross-sectional imaging of the abdomen and pelvis and a raised serum prostate specific antigen (PSA). Subsequent biopsy proved positive for prostate malignancy. Ultrasound did not detect any occult malignancies.

CONCLUSION
Invasive radiological investigations are not without significant morbidity. A normal physical examination, basic blood work up (FBC, LFTs, serum calcium), CXR and urinalysis may reasonably obviate the need for unnecessary invasive radiological investigations for unprovoked VTE. Patients in our study did not have satisfactory baseline investigations before being subjected to more invasive investigations such as cross sectional CT imaging, V/Q scan or mammography as recommended by NICE. Interestingly, the rate of occult malignancies in our study is very low (2.9%), which begs the question whether cross-sectional imaging/mammography is warranted at all in these patients. A further study evaluating the final outcome of the subgroup that did not undergo invasive investigation may throw additional light on this question. Based on our observations, we recommend that patients with unprovoked VTE should have a physical examination and baseline investigations (as per NICE guideline) before being considered for invasive radiological investigations.

METHODS

Participants
44 physicians (33M, 11F, 36 clinicians, 8 radiologists) were interviewed. Number of years in practice was < 5 (27%), 5-9 (30%), 10-14 (9%), 15-19 (11%), and > 19 (23%). 31 (70%) clinicians expressed interest in using IRRR. Of these, 81% believed IRRR would improve communication. 29 and 26 subjects stated they would very frequently use IRRR for CT and MR images, respectively, while 10 would use it for ultrasound. With regards to how images are embedded, 10 (28%) preferred method 1, 18 (50%) preferred method 2, and 8 (22%) preferred method 3. 30 subjects (83%) stated IRRR would somewhat or substantially improve efficiency. 100% of radiologists believed IRRR was a valuable concept. 5 (63%) preferred right clicking an image whereas 3 (38%) preferred pressing a function key to embed images. On the average, radiologists would be willing to spend 83 seconds per case to embed the images.

CONCLUSION
Referring physicians believe IRRR would add value by improving communication between them and radiologists as well as have some improvement on their time efficiency. Radiologists are open to providing IRRR so as long as the process of embedding images is expeditious.
In this retrospective, observational study, patients who underwent a Computed Tomography Pulmonary Angiogram (CTPA), ventilation/perfusion (V/Q) scan or unilateral lower limb Doppler over a period of just over two months or bilateral lower limb Dopplers over a period of just over four months were assessed and categorised into 'provoked', 'unprovoked' and 'uncertain' using the clinical history provided in the imaging request form. Provoking factors included but were not limited to: surgery within 3 months of investigation, immobility, recent hospital admission, recent long haul flight and known malignancy. Using clinical notes, laboratory results and the institution's picture archiving and communicating system (PACS), the patients labelled 'unprovoked' or 'uncertain' were analysed to determine whether the following investigations had been performed: physical examination at time of admission, full blood count (FBC), liver function tests (LFT), serum calcium, urinalysis and a chest radiograph (CXR) in those with lower limb VTE within one month of the initial investigation for a VTE. In addition, any imaging of the abdomen/pelvis (and mammograms in women) within 6 months of the initial investigation for a VTE was analysed by the primary investigator and a consultant radiologist. The frequency of occult malignancies was subsequently identified.

SSG07-05 Performance Characteristics of a Multi-Institutional Phase II Hodgkin Lymphoma Adaptive Trial Utilizing Early Interim FDG-PET

Tuesday, Dec. 1 11:10AM - 11:20AM Location: S102D

Participants
Jun Zhang, PhD, Columbus, OH (Presenter) Nothing to Disclose
Heiko Schoder, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Nathan C. Hall, MD, PhD, Columbus, OH (Abstract Co-Author) Nothing to Disclose
Lawrence H. Schwartz, MD, New York, NY (Abstract Co-Author) Committee member, Celgene Corporation; Committee member, Novartis AG; Committee member, ICON plc; Committee member, BioClinica, Inc
Oliver W. Press, MD, PhD, Seattle, WA (Abstract Co-Author) Nothing to Disclose
Michael V. Knopp, MD, PhD, Columbus, OH (Abstract Co-Author) Nothing to Disclose

PURPOSE
To evaluate the overall trial implementation and performance characteristics of a NCI National Clinical Trial Network sponsored South West Oncology Group (SWOG) phase II multi-institutional Hodgkin's lymphoma trial using a response-adapted therapy approach based on interim FDG-PET imaging.

METHOD AND MATERIALS
A comprehensive standardized workflow for this multi-institutional adaptive FDG-PET/CT clinical trial was established by the imaging team of the network group and associated imaging corelab (ICL). A detailed quality control system in fully SOP driven was developed for data quality assessment and imaging compliance monitoring using 15 criteria. Patient accrual, data compliance, site credentialing, real-time central review as well as endpoint data analysis were evaluated. AG Mednet was utilized for all electronic data transmission from the participating sites to the ICL, and an Intellispace Portal (Philips Healthcare) workstation environment was used to support the virtualized remote reader panel.

RESULTS
372 patients with 1093 PET/CT studies from 126 credentialed institutions were accrued between 2009 and 2014. 93% of all studies were determined as compliant, 5% acceptable and 2% noncompliant. For patients based analysis, 89% were compliant and 11% acceptable with 0% noncompliant. Challenges of site credentialing, major protocol violations and overall turn-around time of data submission, quality check confirmation and real-time central reviews were analyzed in detail. A success rate of collecting evaluable imaging exams of better than 91% has been achieved while evaluating over 1000 real-time central reviews of which 75% were accomplished within 24-48hr turn-around time from data receipt to results notification. A broad based (n=8), trained and assisted central review reader panel successfully used the remote access, thin client based approach for all the imaging reviews.

CONCLUSION
The performance of a large scale, multi-institutional, phase II response adaptive clinical trial utilizing early interim FDG-PET was successfully demonstrated and establishes best practices as well as its feasibility. This should encourage to increase the appropriate use of imaging methodologies to guide response adaptive clinical trials.

CLINICAL RELEVANCE/APPLICATION
A multi-institutional, response adaptive clinical trial using centralized PET image assessment was successfully demonstrated and has established standards for workflows and quality control.

SSG07-06 Legal Issues of Vertebroplasty and the Standard of Care: A Survey of Musculoskeletal Radiologists

Tuesday, Dec. 1 11:20AM - 11:30AM Location: S102D

Participants
Jonathan Mezrich, MD, New Haven, CT (Presenter) Nothing to Disclose
Charles S. Resnik, MD, Baltimore, MD (Abstract Co-Author) Nothing to Disclose

PURPOSE
Percutaneous vertebroplasty is a procedure intended to address severe pain caused by vertebral compression fractures refractory to conventional pain regimens. In 2010, the American Academy of Orthopedic Surgeons (AAOS), relying on two controversial 2009 studies, issued a guideline recommending against vertebroplasty for neurologically intact patients presenting with symptomatic osteoporotic spinal compression fractures. Clinical guidelines in radiology, however, do not oppose vertebroplasty for appropriately selected patients. A survey was circulated to determine the extent musculoskeletal radiologists perform vertebroplasty, their experiences, and whether there is an apparent standard of care in the subspecialty.

METHOD AND MATERIALS
An online survey of the approximately 1140 members of the Society of Skeletal Radiology (SSR) was conducted through SurveyMonkey.com. There were 253 responses, representing a 22.2 % response rate.

RESULTS
40 respondents (16%) indicated they perform vertebroplasty. Of those who perform vertebroplasty, 23% indicated that they...
40 respondents (16%) indicated they perform vertebroplasty. Of those who perform vertebroplasty, 45% indicated that they question the methodology of the AAOS guideline, 48% base their actions on their own experience/data, and 13% only offer the procedure as a last resort treatment. Respondents indicated that the majority of their patients did not require multiple level vertebroplasty, did not develop fractures at adjacent levels, or require their original pain medication regimen, post-procedure.

CONCLUSION

Based on the survey results, a small minority of members of SSR perform vertebroplasty, with the majority of patients doing well with the procedure. A standard of care is the degree of care a reasonably prudent clinician in the community should exercise under similar circumstances. If a minority of clinicians in a subspecialty perform a procedure, does that reflect on the standard of care? To what extent does the AAOS guideline impact the standard of care for radiologists? Might this guideline be admitted in litigation? Might an orthopedic surgeon be called as an expert witness in a case involving a radiologist? Although not prohibited under radiology guidelines, radiologists need to consider whether the controversy creates an unfavorable legal footing.

CLINICAL RELEVANCE/APPLICATION

This study is relevant to all radiologists who perform vertebroplasty or care for patients with vertebral compression fractures.

SSG07-07 Rounding Radiologists: Does Clinical Collaboration Strengthen the Relationship between Radiology Residents and Internal Medicine Teams?

Tuesday, Dec. 1 11:30AM - 11:40AM Location: S102D

Participants
Allison Aripoli, MD, Kansas City, KS (Presenter) Nothing to Disclose
Rustan L. Morgan, MD, MS, Kansas City, KS (Abstract Co-Author) Nothing to Disclose
Jacqueline Hill, MPH, Kansas City, KS (Abstract Co-Author) Nothing to Disclose
Amie Robinson, BS, RT, Kansas City, KS (Abstract Co-Author) Nothing to Disclose
Shelby J. Fishback, MD, Kansas City, MO (Abstract Co-Author) Nothing to Disclose

PURPOSE

To determine if incorporating radiology residents into clinical rounds as consultants strengthens the relationship between referring clinicians and radiologists.

METHOD AND MATERIALS

In this prospective pilot study, senior radiology residents attended daily sit-down rounds with oncology, hematology, and pulmonary inpatient teams for four-week rotations during the 2014-2015 academic year. Radiology residents reviewed and discussed imaging studies and were available by dedicated mobile phone throughout the day for questions. Pre- and post-pilot surveys were distributed to clinicians and consulting radiology residents. Survey results were analyzed to measure the pilot’s effect on clinician/radiologist relationships and overall patient care.

RESULTS

Analysis of 60 pre- and 47 post-pilot surveys revealed that referring clinicians find having dedicated time to review imaging during rounds is beneficial and useful for clinical knowledge. While only 38% of clinicians originally believed patients would benefit from incorporating a radiologist into rounds, this increased to 62% post-pilot (p=0.02). Further, 8 of 10 scaled responses measuring aspects of clinician/radiologist relationships increased, including clinician trust in radiology resident interpretation expertise (p=0.03) and clinicians’ inclination to work directly with radiologists more often (p=0.004). Radiology residents (n=4) also reported a benefit, with 75% strongly agreeing that clinical team interaction improves exam interpretation (vs. 20% pre-pilot).

CONCLUSION

Clinicians, radiologists, and patients benefit from incorporating radiologists into daily clinical rounds, as evidenced by improved clinical relationships and perceived benefit to patient care. Our results suggest implementation of daily consultation between specialists is possible and can result in measurable patient care advantages.

CLINICAL RELEVANCE/APPLICATION

Developing methods to increase collaboration between radiologists and referring clinicians is crucial to improving diagnostic and patient management decisions in the digital technology era.

SSG07-08 Emergency Radiology Evaluation: A Systematic Literature Review of Emergency Radiology Studies Assessing Efficiency, Workflow, Time, Throughput, Cost, and/or Productivity

Tuesday, Dec. 1 11:40AM - 11:50AM Location: S102D

Participants
Brian W. Bresnahan, PhD, Seattle, WA (Presenter) Stockholder, Johnson & Johnson;
Daniel S. Hippe, MS, Seattle, WA (Abstract Co-Author) Research Grant, Koninklijke Philips NV; Research Grant, General Electric Company
Claire K. Sandstrom, MD, Seattle, WA (Abstract Co-Author) Speaker, Siemens AG
Michael McNeeley, MD, Seattle, WA (Abstract Co-Author) Nothing to Disclose
Bruce E. Lehnert, MD, Seattle, WA (Abstract Co-Author) Research support, Koninklijke Philips NV
Daniel Willems, Seattle, WA (Abstract Co-Author) Nothing to Disclose
Steven H. Mitchell, MD, Seattle, WA (Abstract Co-Author) Nothing to Disclose
Ken F. Linnau, MD, MS, Seattle, WA (Abstract Co-Author) Speaker, Siemens AG; Royalties, Cambridge University Press;

PURPOSE

To describe and characterize the emergency radiology published literature for studies reporting on efficiency, workflow, time, throughput, cost, and/or productivity.

METHOD AND MATERIALS

We conducted a systematic literature review via PubMed (prior to January 1, 2015), using search terms related to emergency...
department (ED), radiology, and efficiency-related topics. We used pre-specified criteria to screen abstracts and identify manuscripts for full text review. Manuscripts selected for analysis were assessed for study time period, countries, age of participants, modalities, comparators (if any), study design, and outcomes. We characterized studies and assessed trends in the frequency of manuscripts over time using a chi-squared test.

RESULTS

Our initial search identified 208 abstracts for screening with 124 meeting full text review criteria and 80 included in final analysis. The United States was included in 73% of studies, European countries (19%), with few studies in other countries (Table 1). Most studies were in adults (78%). Multiple imaging modalities were assessed, with CT-related questions being predominant (75%). The vast majority of articles (93%) were research related rather than specifying quality improvement or education. However, 54% of publications did not include a comparator intervention. Cohort and database studies were most prevalent, whereas there were few randomized trials. Fewer than 15% included either modeling or cost assessments. Outcome measures included time estimates of varying types, including time to imaging, time to diagnosis or decision, and time of ED length of stay. Time to event and ED length of stay were included in more than 50% of reported studies. We found an increased frequency of more recent studies when assessing trends in five-year, time-period groupings (p<0.001).

CONCLUSION

A systematic literature review identified limited publications assessing emergency radiology efficiency-related metrics. More high-quality studies, including randomized controlled trials and modeling evaluations are needed to better assess ED radiology throughput, workflow, productivity, and financial implications.

CLINICAL RELEVANCE/APPLICATION

Emergency Department throughput is a mandated reporting metric, however, the evidence base is limited for comparative, high-quality research studies assessing efficiency-related radiology processes.

SSG07-09  **Health Service, Policy and Research Keynote Speaker: Preventing Errors in Radiology: Implementing Safety Culture and Systems Thinking**

Tuesday, Dec. 1 11:50AM - 12:00PM Location: S102D

Participants
Kimberly E. Applegate, MD, MS, Zionsville, IN (Presenter) Nothing to Disclose
**MSES32**

**Essentials of GI Imaging**

Tuesday, Dec. 1 10:30AM - 12:00PM Location: S100AB

**LEARNING OBJECTIVES**

1) Discuss how esophageal cancer treatment and prognosis is initially determined by stage of the cancer. 2) Understand the present TNM staging system for esophageal cancer. 3) Know how imaging techniques such as endoscopic ultrasound, computed tomography and PET/CT are used to determine the stage and, therefore, the treatment of esophageal cancer.

**ABSTRACT**

The treatment of esophageal cancer is initially determined by its pretreatment stage. The American Joint Committee on Cancer and the Union for International Cancer Control have recently revised the TNM (primary Tumor, lymph Node involvement, distant Metastasis) staging of esophageal cancer to reflect evidence-based findings supporting different treatments at different stages. The primary tumor stage is dependent on the depth of invasion of the esophageal wall. The T stage will determine if the tumor is resectable. The depth of tumor invasion is best determined by endoscopic ultrasound. CT may help tumor staging by identifying invasion of adjacent structures. Since there is an extensive submucosal lymphatic network that enables early lymph node spread, local-regional lymph node involvement is an important prognostic factor. Although esophageal cancers with lymph node involvement may be treated with just surgical resection, clinical trials have shown increased survival with the addition of neoadjuvant chemoradiotherapy or chemotherapy. Lymph node involvement is also best detected by endoscopic ultrasound, but may be supplemented by PET/CT and CT. Metastatic esophageal cancer has a very poor survival rate that is not significantly improved with surgical resections. Therefore, only chemotherapy is commonly used to treat patients with metastatic disease. PET/CT appears to be best for detecting and precisely locating metastatic disease, but may be supplemented by high quality CT. This lecture will review the recent staging changes. The appropriate use and imaging findings of endoscopic ultrasound, computed tomography, and PET/CT to determine the proper stage will be shown.

**MSES32B Imaging of Colorectal Cancer**

**LEARNING OBJECTIVES**

1) Define the role of radiological imaging in the management of colorectal cancer patients. 2) Apply state-of-the-art imaging techniques to evaluate colorectal cancer patients. 3) Explain the typical and atypical imaging findings of colorectal cancer lesions and differentiate them from treatment-related findings.

**ABSTRACT**

Not applicable

**Handout:** [Seong Ho Park](http://abstract.rsna.org/uploads/2015/15001853/RSNA2015-MSES32B-Imaging of CRC-Park.pdf)

**MSES32C Liver Lesions in Cancer Patients**

**LEARNING OBJECTIVES**

1) Describe common incidental lesions in the liver at various stages of a cancer patient’s journey. 2) To recognize the role of MRI in comparison with CT in characterization of incidental liver lesion in cancer patients, and explain how technical advances in MR can help address challenges in characterization of those incidental lesions. 3) To illustrate the diagnostic assessment of morphologic features of incidental liver lesions in cancer patients and review
**SSG02**

**Cardiac (MRI/CT Outcomes and Risk Stratification)**

Tuesday, Dec. 1 10:30AM - 12:00PM Location: S504AB

**CA CT MR**

AMA PRA Category 1 Credits ™: 1.50  
ARRT Category A+ Credits: 1.50  
FDA  
Discussions may include off-label uses.

**Participants**

Bernd J. Wintersperger, MD, Toronto, ON (Moderator) Speakers Bureau, Siemens AG; Research support, Siemens AG  
David A. Bluemke, MD, PhD, Bethesda, MD (Moderator) Research support, Siemens AG

**Sub-Events**

**SSG02-01 Predictive Value of Cardiovascular Magnetic Resonance-Derived Myocardial Strain for Poor Outcome in Patients with Acute Myocarditis**

Tuesday, Dec. 1 10:30AM - 10:40AM Location: S504AB

**Participants**

Minkyu Kwak, MD, Busan, Korea, Republic Of (Presenter) Nothing to Disclose  
Ji Won Lee, MD, Busan, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose  
Yeon Joo Jeong, MD, Busan, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose  
Geewon Lee, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose  
Jin You Kim, MD, Busan, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose  
Suk Kim, MD, Pusan, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose  
Ki Seok Choo, MD, Yangsan, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To evaluate the value of cardiovascular magnetic resonance (CMR)-derived myocardial strain for predicting poor outcome in patients with acute myocarditis.

**METHOD AND MATERIALS**

We retrospectively included 37 consecutive patients with acute myocarditis who performed CMR (23 male, mean age 41.5 yrs). Myocardial strain parameters, left ventricular (LV) end-diastolic and end-systolic volumes, LV myocardial mass, LV ejection fraction (EF) and right ventricular EF were derived from CMR. Presence of late gadolinium enhancement (LGE) was also recorded. Primary outcome was major adverse cardiovascular events (MACE). Incomplete LV functional recovery was used as secondary outcome in the group of patients who performed follow-up echocardiography after 1 year.

**RESULTS**

During an average follow-up of 41 ± 34 months, 11 of 37 patients (29.7%) suffered MACE, including cardiac death (n = 2), heart transplantation (n = 1), cardiac pacemaker (n = 1), rehospitalization due to cardiac events (n = 4) or embolic stroke (n = 3). Multivariable Cox proportional hazard regression analysis revealed the presence of LGE (hazard ratio 42.88, p = 0.014) and radial strain obtained from the long axis views (ErrLax, hazard ratio 0.77, p = 0.004) were significant predictors of MACE. Kaplan-Meier analysis showed worse outcome in patients with LGE or ErrLax ≤9.48. Thirty one of 37 patients (83.7%) performed follow-up echocardiography. Multivariable backward stepwise regression analysis revealed ErrLax was the sole significant predictor of LV functional recovery (hazard ratio 1.87, p = 0.042). Receiver operating characteristic curve of ErrLax was used to find optimal cut-off values for prediction of incomplete LV functional recovery, with corresponding area under the curve of 0.96. Cut-off value with the best combination of sensitivity and specificity for ErrLax was ≤14.86 (sensitivity 88.9%, specificity 95.5%).

**CONCLUSION**

CMR-derived ErrLax can predict poor outcome such as MACE or incomplete LV functional recovery in the patients with acute myocarditis.

**CLINICAL RELEVANCE/APPLICATION**

CMR-derived ErrLax can predict poor outcome in the patients with acute myocarditis. Furthermore, presence of scar indicated by LGE is also the good independent predictor of MACE. This results support the necessity for future large longitudinal follow-up studies to establish LGE and CMR-derived myocardial strain as an independent predictor of MACE in acute myocarditis.

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**SSG02-02 Characterization of the Right Ventricle by T1-mapping and T2-mapping in Patients with Pulmonary Arterial Hypertension**

Tuesday, Dec. 1 10:40AM - 10:50AM Location: S504AB

**Participants**

Celia P. Corona-Villalobos, MD, Baltimore, MD (Abstract Co-Author) Nothing to Disclose  
Yan Zhang, MD, PhD, Jinan, China (Abstract Co-Author) Nothing to Disclose  
Kristin Porter, MD, PhD, Baltimore, MD (Abstract Co-Author) Stockholder, Pfizer Inc  
Paul M. Hassoun, MD, Baltimore, MD (Abstract Co-Author) Scientific Advisory Board, Gilead Sciences, Inc  
Stephen M. Mathai, Baltimore, MD (Abstract Co-Author) Nothing to Disclose  
Ihab R. Kamel, MD, PhD, Baltimore, MD (Abstract Co-Author) Nothing to Disclose  
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PREVIOUS RESULTS
The incorporation of coronary artery calcium score (CACS) in asymptomatic subjects at intermediate risk.

METHOD AND MATERIALS
A prospective, IRB-approved, HIPAA-compliant study identified from February of 2013 to March of 2015, 34 (6 males and 33 females with mean age of 58±15 years) subjects with PAH (24 subjects had scleroderma-induced PAH (SSc-PAH) and 10 had idiopathic PAH (IPAH). Fifteen age-matched normal controls underwent the same CMR protocol. Standard multi-sequence CMR protocol including pre-contrast (native) short-MOLLI and T2-mapping was performed. Images were processed on a dedicated workstation by drawing a region of interest on the RV inferior wall. Reproducibility was assessed by independently blinded by a second reader.

RESULTS
Right ventricular inferior wall native T1 and T2 times were significantly higher in patients compared to controls (T1: 1017 ± 96 ms vs. 930 ± 94 ms, p=0.009; T2: 55 ± 6 ms vs. 49 ± 6 ms, p<0.001). Both measures were reproducible with strong repeated measure linear regression correlations for interobserver analysis (T1: r=0.79, p<0.001; T2: r=0.72, p<0.001). There was a weak correlation between T1 values and pulse pressure (r=0.37, p<0.05). No significant correlation was found between T1 or T2 values with CMR-derived RV-ejection fraction, RV-end diastolic volume and RV wall thickness or hemodynamic measures of PAH severity from RHC such as mean pulmonary artery pressure and pulmonary vascular resistance.

CONCLUSION
T1- and T2-mapping of the right ventricle is feasible and shows high reproducibility. Future studies with a larger sample size are needed to determine its clinical utility.

CLINICAL RELEVANCE/APPLICATION
T1 and T2-mapping of the RV are potentially novel measures of fibrosis and edema for the assessment of pulmonary arterial hypertension.

HONORED EDUCATORS
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Ihab R. Kamel, MD - 2015 Honored Educator
Stefan L. Zimmerman, MD - 2012 Honored Educator
Stefan L. Zimmerman, MD - 2015 Honored Educator

SSG02-03 The Prognostic Value of Coronary Computed Tomography Angiography in Asymptomatic Adults at Intermediate Risk

Tuesday, Dec. 1 10:50AM - 11:00AM Location: S504AB

Participants
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Jae Yeon Wi, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Eun Ju Chun, MD, PhD, Seongnam-Si, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Sang Il Choi, MD, Seongnam-Si, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

PURPOSE
The risk stratification methods based on conventional risk factors have limitations to predict the coronary artery disease. The purpose of this study is to evaluate the prognostic value of coronary CT angiography (CCTA) over traditional risk factors and coronary artery calcium score (CACS) in asymptomatic subjects at intermediate risk.

METHOD AND MATERIALS
From January 2006 to December 2007, 1156 asymptomatic patients at intermediate risk who underwent both CACS and CCTA for health surveillance were included. Basic demographic data, medical history, family history, laboratory data were acquired for risk factor assessment. CCTA images were analyzed by 2 cardiac radiologists in consensus. Analysis included degree of stenosis and type of plaque. The follow-up information was obtained from the hospital medical records or data on National health insurance review and assessment service by two trained researchers. Follow-up was made for cardiovascular events (cardiac death, nonfatal myocardial infarction, unstable angina requiring hospital stay, or revascularization later than 90 days after CCTA).

RESULTS
During a median 76 months of follow-up, the cardiovascular event occurred in 5.2% (n=60). For the prediction of both cardiovascular events and major adverse cardiovascular events (MACE; cardiac death, myocardial infarction and unstable angina), all of the CCTA parameters correlated significantly with outcome (all p<0.01). For the prediction of all cardiovascular events, the area under curves(AUCs) of Framingham risk score(FRS), FRS with CACS, and FRS with CCTA showed gradual increase (AUC 0.64 for FRS alone, 0.81 for FRS + CACS and 0.91 for FRS + CCTA; all p<0.05). However, the addition of CACS on CCTA with FRS did not add the prediction power (AUC 0.90) to the CCTA with FRS (AUC 0.91). The results for the prediction of MACE were similar. The addition of CACS or CCTA to FRS had the incremental predictive power than FRS alone (AUC 0.65 for FRS alone, 0.80 for FRS + CACS, and 0.91 for FRS + CCTA; all p<0.05). The CACS did not have the incremental value over FRS with CCTA (AUC 0.90 for FRS + CACS + CCTA and 0.91 for FRS + CCTA).

CONCLUSION
CCTA has incremental prognostic value over FRS and CACS in the asymptomatic subjects at intermediate risk.

**CLINICAL RELEVANCE/APPLICATION**

CCTA has a potential to replace the screening role of CACS in the asymptomatic subjects at intermediate risk.

**SSG02-04**  
**Assessment of Semi-automatic Quantification of Non-Calcified Plaque as a Predictor of Outcome in Acute Chest Pain Patients at Coronary CT Angiography**

Tuesday, Dec. 1 11:00AM - 11:10AM Location: S504AB

Participants
Andreas Bucher, MD, Frankfurt, Germany (Presenter) Nothing to Disclose
Rui Wang, Beijing, China (Abstract Co-Author) Nothing to Disclose
Felix G. Meinel, MD, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Julian L. Wichmann, MD, Charleston, SC (Abstract Co-Author) Nothing to Disclose
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Aleksander Krazinski, Charleston, SC (Abstract Co-Author) Nothing to Disclose
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Thomas J. Vogl, MD, PhD, Frankfurt, Germany (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To assess the predictive value of quantified non-calcified plaque volume on clinical outcome in acute chest pain patients.

**METHOD AND MATERIALS**

Total plaque volume was assessed using semi-automated segmentation software from CTA datasets of 151 acute chest pain patients (99 female; age 59.1±11.0 years). CT series were acquired on a 64 detector-row dual source CT system and reconstructed in 0.75 mm slice thickness. Non-calcified plaque volume (ncPV) was sub-categorized by density: necrotic plaque volume (nPV): -30-75 HU; fibrous fatty plaque volume (ffPV): 76-130 HU; fibrous plaque volume (fpPV): 131-350 HU. As a primary endpoint, major adverse cardiac events (MACE) were recorded on follow-up. Total plaque burden (TPB) was calculated as sum of all analyzed coronary segments. Cox proportional-hazards regression, correlation coefficient and student-t tests were used for statistical evaluation.

**RESULTS**

Twenty-one MACE (14.4% of cases) occurred during follow-up (mean follow-up: 12.1±6.2 months). In patients who experienced MACE ncPV was significantly higher (median: 760.5 mm³; inter-quartile range: 535.7-873.2 mm³) compared to patients without MACE (median: 607.2 mm³; inter-quartile range: 448.8-760.5 mm³; P=0.024), while TPB was comparable (P=0.220). ffPV was a statistically significant predictor of MACE (P=0.001). Necrotic and fibrous plaque volume did not show significant predictive value (P>0.1).

**CONCLUSION**

Non-calcified fibrous fatty plaque volume was a significant predictor of subsequent MACE events in acute chest pain patients.

**CLINICAL RELEVANCE/APPLICATION**

Semi-automated non-calcified plaque quantification might provide reproducible predictive parameters in acute chest pain patients to predict outcome.

**SSG02-05**  
**Benefit of Four-Dimensional Computed Tomography Derived Ejection Fraction of the Left Atrial Appendage to Predict Thromboembolic Risk in the Patients with Valvular Heart Disease**

Tuesday, Dec. 1 11:10AM - 11:20AM Location: S504AB

Participants
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NAMSIC Chung, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

Decreased left atrial appendage (LAA) emptying velocity in transesophageal echocardiography (TEE) is related with higher incidence of thrombus in LAA and increased risk of stroke. Patients with valve disease are at higher risk of thrombus formation before and after surgery. The aim of this study is to investigate the role of four-dimensional (4D) CT performed for the evaluation of valvular heart disease to predict the risk of thrombus formation.

**METHOD AND MATERIALS**

Between March 2010 to March 2015, total of 62 patients who underwent 4D CT scan and TEE for cardiac valve evaluation before
surgery in Younsei Cardiovascular Hospital were retrospectively included in the current study. LAA was observed during TEE between 45 to 90 degree. Fractional area change (FAC) in TEE view (FACTEE) and emptying velocity at LAA (VeTEE) was measured. Ejection fraction (EF) of LAA (EFCT) was calculated by 4D CT with full volume analysis. The best cut-off value of EFCT to predict the presence of SEC or thrombus and correlation between the parameters were also estimated.

RESULTS
Mean age was 60 ± 15 years old and 53.2% were male. Spontaneous echo contrast (SEC) or thrombus was observed in 45.2%. Correlation between EFCT and VeTEE was noted (r=0.452, p<0.001). However, FACTEE was not significantly related to VeTEE (r=0.085, p=0.512). EFCT < 37.5% best predicted SEC or thrombus in the patients with valve disease who underwent 4D CT and TEE (AUC = 0.654, p = 0.038, sensitivity = 0.824, specificity = 0.536).

CONCLUSION
In the patients who are undergoing 4D CT before surgery, LAA EF by volume analysis might provide additional benefit to predict the risk of thromboembolic event.

CLINICAL RELEVANCE/APPLICATION
Valve CT with 4D reconstruction might provide useful information predicting SEC or thrombus.

SSG02-06 A Prospective Observational Single Blinded Study on the Role of Preoperative Computed Tomography Coronary Angiogram in Cardiac Risk Stratification in Non-Cardiac Surgery

Participants
Enc You-Ten, MD,PhD, Toronto, ON (Abstract Co-Author) Nothing to Disclose
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Jo Carroll, Toronto, ON (Abstract Co-Author) Nothing to Disclose
Deep Grewal, Toronto, ON (Abstract Co-Author) Nothing to Disclose
Narinder S. Paul, MD, Richmond Hill, ON (Presenter) Research Grant, Toshiba Corporation; Research Grant, Carestream Health, Inc

PURPOSE
To determine the role of wide volume CT Coronary Angiography (CTCA) in assessing the cardiac risk of patients undergoing intermediate and high risk surgery.

METHOD AND MATERIALS
Prospective recruitment of 91 patients undergoing elective intermediate-major non-cardiac surgery and vascular surgery. All patients were seen and assessed in a pre-operative high risk clinic and assigned a Revised Cardiac Risk Index (RCRI). Patients with a RCRI ≥ 1 were eligible for inclusion in the trial. Patients had 12 lead ECG, cardiac stress tests and/or TTE; and all patients had preoperative CTCA using 320x0.5mm detector rows (AqONE, TMS, Japan), 0.35ms GR, 80-135kVp and 350-580mA depending on x-ray absorption profile. MACE were assessed on postoperative days: 0 - 3 and 30 using elevated blood Troponin I plus positive ECG changes, and/or cardiac symptoms, and by telephone for cardiac symptoms requiring medical attention on day 30 (if discharged at home). The results of CTCA were blinded to the clinical team unless high grade lesions; severe stenosis (≥ 50%) of left main, critical stenosis (≥70%) of proximal LAD, and/or critical stenosis in ≥ 2 major coronary arteries (2VD)

RESULTS
The physical characteristics, risk factors and medications were similar between patients who were positive for MACE (n=12) and those who were not (n=79). Preoperative CTCA was unblinded in 5 patients of low-intermediate cardiac risk with high grade lesions; left main (2), LAD (2), and 2VD (1). After intervention these 5 patients had their surgery without experiencing MACE. Six blinded patients experienced MACE with an elevated troponin and ischemic ECG within 3 days post-surgery. In these patients, CTCA showed severe 2VD (1 patient) and 3VD (1 patient) and non-significant stenosis (4 patients). One patient died of a fatal MI on postoperative day 31 and CTCA showed non-significant stenosis.

CONCLUSION
CTCA can detect severe and high grade disease in patients assessed as low to intermediate cardiac risk (1-2 RCRI) with conventional methods.

CLINICAL RELEVANCE/APPLICATION
Preoperative CTCA has a promising role in cardiac risk stratification and may lead to development of optimization strategies that improve patient outcome and safety.

SSG02-07 CMR in Pulmonary Arterial Hypertension before and after Therapy in Systemic Sclerosis-Induced Pulmonary Arterial Hypertension

Participants
Celia P. Corona-Villalobos, MD, Baltimore, MD (Presenter) Nothing to Disclose
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Stefan L. Zimmerman, MD, Baltimore, MD (Abstract Co-Author) Nothing to Disclose

PURPOSE
Pulmonary arterial hypertension (PAH) is one of the most lethal complications of systemic sclerosis (SSc) and RV function is the
Pulmonary arterial hypertension (PAH) is one of the most lethal complications of systemic sclerosis (SSc) and RV function is the major determinant of prognosis. Management of systemic sclerosis induced PAH (SSc-PAH) is challenging and despite therapeutic advances, there is still limited evidence that these therapies improve RV function. The purpose of our study was to evaluate whether CMR can identify RV functional changes in response to treatment in patients with SSc-PAH.

METHOD AND MATERIALS

Prospective, multicenter, IRB-approved, HIPAA-compliant study. Twenty-four treatment naïve subjects with SSc-PAH underwent right heart catheterization (RHC) and CMR assessment at baseline and after 36 weeks of treatment with tadalafil (40 mg daily) and ambrisentan (10mg daily). A standard multi-sequence CMR was acquired. All images were analyzed by a single reader on a dedicated workstation for both LV and RV quantitative volumes and function.

RESULTS

Treatment had a significant impact on CMR measurements such as RV end-systolic (ES) volume index, RV stroke volume (SV), RV ejection fraction (EF), LV end-diastolic (ED) volume index, LV SV and LV CI. There was also a significant reduction of mean pulmonary arterial pressure (mPAP), pulmonary vascular resistance (PVR) and cardiac output by RHC. Exercise capacity improved significantly after treatment in this cohort (Table 1).

CONCLUSION

Patients treated for SSc-PAH demonstrated significant improvements in RV volumes and function by CMR with corresponding improved hemodynamics on RHC and improved exercise capacity.

CLINICAL RELEVANCE/APPLICATION

CMR can be used to non-invasively monitor improvements in RV function in patients undergoing treatment for SSc-PAH.

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Stefan L. Zimmerman, MD - 2012 Honored Educator
Stefan L. Zimmerman, MD - 2015 Honored Educator

SSG02-08  Clinical Significance of Coexistent Coronary Artery Disease in Hypertrophic Cardiomyopathy Using Coronary CT Angiography

Tuesday, Dec. 1 11:40AM - 11:50AM Location: S504AB

Participants
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Eun Ju Chun, MD, PhD, Seongnam-Si, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

PURPOSE

To evaluate the prevalence and clinical significance of coexistent coronary artery disease (CAD) in patients with hypertrophic cardiomyopathy (HCM) using coronary CT angiography (CCTA).

METHOD AND MATERIALS

Among the CCTA data registry which was composed of 41,588 consecutive patients with suspected CAD, a total of 248 patients with HCM diagnosed by clinical findings, electrocardiography, and echocardiography were retrospectively enrolled. Using CCTA, we evaluated the obstructive CAD (>50% stenosis) and plaque types (calcified, non-calcified, high-risk plaque [HR]) according to the 16-segment model. HP was defined as plaque density with <30HU and positive remodeling with >1.1, napkin ring sign and spotty calcification. Clinical risk factors and echocardiographic functional parameters were also evaluated from all the patients. The endpoint was defined as cardiac death, myocardial infarction, unstable angina requiring hospitalization, revascularization after 90 days from CCTA, or implantable cardioverter defibrillator insertion.

RESULTS

In patients with HCM, the prevalence of obstructive and non-obstructive CAD was 16.5% and 42.7%, respectively. During the median of 37-months observation period (range: 3-108 months), total cardiac events were occurred in 11.7% of patients with HCM. Using univariate Cox regression analysis, age, family history of previous heart disease, atrial fibrillation, lower ejection fraction (EF <55%), Framingham risk score, calcium scoring, obstructive CAD and HP were significantly related with cardiac events (all p<0.05). After adjustment of these factors, lower EF (hazard ratio [HR], 5.7) and obstructive CAD (HR, 7.3) were independent factors (all p<0.001).

CONCLUSION

The prevalence of obstructive CAD was approximately one-fifth of the HCM population, and the presence of obstructive CAD was one of the independent factor for cardiac events. Therefore, the evaluation of CAD should not be overlooked.

CLINICAL RELEVANCE/APPLICATION

In our study, the coexistent CAD was one of the prognostic factor for cardiac events in HCM. In this regard, CCTA is helpful to provide the information not only myocardial hypertrophy but also CAD.
PURPOSE

Myocardial scarring may be related to ventricular tachyarrhythmia, one of the most serious complications associated with hypertrophic cardiomyopathy (HCM). We aimed to assess the association between late gadolinium enhancement (LGE) on MRI and 3 types of ventricular tachyarrhythmia, including ventricular fibrillation (VF), sustained ventricular tachycardia (SVT) and non-sustained ventricular tachycardia (NSVT), in patients with HCM.

METHOD AND MATERIALS

LGE MRI was performed in 167 patients with HCM. We assessed the association between the 3 types of ventricular tachyarrhythmia and the myocardial LGE, clinical risk markers (e.g., family history of sudden cardiac death [SCD], syncope) and cine MRI data (e.g., ejection fraction, myocardial mass). The myocardial LGE was defined as the region with the mean signal intensity ≥ 6 SD above the remote myocardium. Extent of LGE was estimated based on the American Heart Association (AHA) 17-segment model.

RESULTS

Of the 167 patients with HCM, 8, 4, and 23 had VF, SVT and NSVT, respectively. The remaining 132 patients had no ventricular tachyarrhythmia. Overall, 104 patients (62.3%) had myocardial segments displaying LGE. The patients with NSVT frequently showed a family history of SCD, more risk markers, and more presence and wider extent of LGE compared with patients without tachyarrhythmia (P < 0.05). The LGE extent, a family history of SCD and risk markers were significantly related to NSVT (P < 0.01), whereas there were no apparent MRI findings related to VF and SVT. The LGE extent ≥ 3 segments was related to the family history of SCD, episode of cardiac arrest and prevention ICD installation for NSVT.

CONCLUSION

There is a significant association between the extent of LGE and NSVT in patients with HCM, but we find no apparent relationship between MRI findings and VF or SVT. We should discriminate between NSVT and the other types of ventricular tachyarrhythmia and be vigilant for the LGE extent when applying LGE MRI to risk stratification for HCM with NSVT.

CLINICAL RELEVANCE/APPLICATION

Extent of late gadolinium enhancement is associated with non-sustained ventricular tachycardia among the 3 types of ventricular tachyarrhythmia in patients with hypertrophic cardiomyopathy.
**SSG11 Nuclear Medicine (PET/MRI for Oncology)**

Tuesday, Dec. 1 10:30AM - 12:00PM Location: S505AB

**Participants**
Farrokh Dehdashti, MD, Saint Louis, MO (Moderator) Nothing to Disclose  
Samuel E. Almodovar-Reteguis, MD, Homewood, AL (Moderator) Nothing to Disclose

**Sub-Events**

**SSG11-01 Outcome of Missed Lung Nodules in 18F-FDG-PET/MRI Compared to 18F-FDG-PET/CT in Cancer Patients**

Tuesday, Dec. 1 10:30AM - 10:40AM Location: S505AB

**Participants**
Lino Sawicki, MD, Dusseldorf, Germany (Presenter) Nothing to Disclose  
Johannes Grueneisen, Essen, Germany (Abstract Co-Author) Nothing to Disclose  
Philipp Heusch, MD, Duesseldorf, Germany (Abstract Co-Author) Nothing to Disclose  
Andreas Boeckisch, Essen, Germany (Abstract Co-Author) Nothing to Disclose  
Gerald Antoch, MD, Duesseldorf, Germany (Abstract Co-Author) Nothing to Disclose

**PURPOSE**
To evaluate the clinical relevance of small pulmonary nodules missed by 18F-fluorodeoxyglucose positron emission tomography/magnetic resonance (18F-FDG-PET/MR) imaging compared to 18F-FDG PET/computed tomography (18F-FDG-PET/CT).

**METHOD AND MATERIALS**

Fifty cancer patients (mean age: 56.4 years, range: 18-84, 29 female, 21 male) who underwent 18F-FDG-PET/CT and 18F-FDG-PET/MRI for tumor staging on the same day were retrospectively enrolled. 18F-FDG-PET/CT and 18F-FDG-PET/MRI datasets were analyzed by two independent readers in random order in separate session with a minimum of four weeks apart. Presence, location, size and presence of focal tracer uptake was noted for each lung detected on 18F-FDG-PET/CT and on 18F-FDG-PET/MRI using T1w VIBE with fat saturation as morphological dataset. Follow-up CT or 18F-FDG-PET/CT (mean time-to-follow-up 11 months, range: 3-11) was used as reference standard to define each nodule as benign or malignant based on changes in size and under consideration of administered therapires. A nodule-to-nodule comparison between 18F-FDG-PET/CT and 18F-FDG-PET/MRI was performed using descriptive statistics.

**RESULTS**

Forty-two lung nodules detected on 18F-FDG-PET/CT were missed on 18F-FDG-PET/MRI. Average size of missed nodules was 4 mm +/- 1.3 mm; range: 2 mm - 7 mm. None of the missed lung nodules presented with increased tracer uptake. Of the 42 lung nodules missed on 18F-FDG-PET/MRI 33 (79%) nodules were rated benign, while 9 (21%) nodules were rated malignant according to follow-up examinations.

**CONCLUSION**

Even though the majority of small lung nodules missed on 18F-FDG-PET/MRI was rather benign, there was a relevant number of undetected potential metastases. The impact of these small additional metastases on therapeutic decisions and prognosis still has to be evaluated.

**CLINICAL RELEVANCE/APPLICATION**

Lower detection rate of PET/MRI vs. PET/CT for small lung nodules must be considered in cancer staging. Our data indicate that there is a small but relevant number of undetected potential metastases.

**SSG11-02 PET/MR versus PET/CT in the Initial Staging of Head and Neck Cancer**

Tuesday, Dec. 1 10:40AM - 10:50AM Location: S505AB

**Participants**
Tetsuro Sekine, MD, PhD, Zurich, Switzerland (Presenter) Nothing to Disclose  
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Felix P. Kuhn, MD, Zurich, Switzerland (Abstract Co-Author) Nothing to Disclose  
Gustav V. von Schulthess, MD, PhD, Zurich, Switzerland (Abstract Co-Author) Research Grant, General Electric Company; Speaker, General Electric Company; Research Grant, General Electric Company  
Patrick Veit-Haibach, MD, Zurich, Switzerland (Abstract Co-Author) Research Grant, Bayer AG; Resaarch Grant, F. Hoffmann-La Roche Ltd; Research Grant, General Electric Company  
Martin W. Huellner, MD, Zurich, Switzerland (Abstract Co-Author) Nothing to Disclose

**PURPOSE**
To compare the diagnostic accuracy of PET/MR with PET/CT for newly diagnosed head and neck cancer.

**METHOD AND MATERIALS**

This prospective study was approved by the institutional review board and by national government authorities. In this study,
SSG11-03 Added Value of PET/MRI to MDCT for the Assessment of Preoperative Staging and Resectability in Gastric Cancer

Tuesday, Dec. 1 10:50AM - 11:00AM Location: S505AB

This prospective study was approved by the institutional review board and by national government authorities. In this study, sequential contrast-enhanced PET/CT-MR was performed in 27 patients (median age 66, 16 males) with newly diagnosed head and neck cancer. MR sequences were:LAVA-Flex (whole body); axial T2-weighted, axial T1-weighted with and without contrast, sagittal and coronal T1-weighted with contrast, and DWI (head and neck). PET/CT and PET/MR were evaluated separately, and the TNM stage and factors that could impact on the potential resectability were assessed. Wilcoxon signed-ranks test was used.

RESULTS

The T/N/M staging by PET/CT was correct in 17 patients (63.0%) / 19 (70.4%) / 22 (81.5%), equivocal in 8 patient (29.6%) / 3 (11.1%) / 3 (11.1%), and incorrect in 2 patients (7.4%) / 5 (18.5%) / 2 (7.4%). The T/N/M staging by PET/MR was correct in 20 patients (74.1% / 21 (77.8%) / 26 (96.3%), equivocal in 6 patients (22.2%) / 2 (7.4%) / 1 (3.7%), and incorrect in 1 patient (3.7%) / 4 (14.8%) / 0 (0%). Consistently, the TNM staging by PET/MR was comparable to PET/CT (T: p = 0.331, N: p = 0.453, M: p = 0.034). The sensitivity/specificity/accuracy of resectability-defining factors by PET/CT and PET/MR were 0.68/0.93/0.97, and 0.80/1.00/0.99, respectively.

CONCLUSION

Whole-body staging with PET/MR yields equal diagnostic accuracy as PET/CT in determining the stage of head and neck cancer.

CLINICAL RELEVANCE/APPLICATION

Patients with newly diagnosed head and neck cancer may be effectively staged with contrast-enhanced PET/MR instead of contrast-enhanced PET/CT.

SSG11-04 Combined Reading of PET and MR Datasets in Integrated PET/MR: A Comparison of Different MR Sequences in Whole-body Oncological Imaging

Tuesday, Dec. 1 11:00AM - 11:10AM Location: S505AB

This retrospective study was approved by the institutional review board of our hospital approved this retrospective study. Twenty-nine patients with histologically confirmed gastric cancers underwent preoperative MDCT and PET/MRI for staging and decision of resectability. Two abdominal radiologists independently assessed MDCT without and with PET/MRI and determined preoperative TNM staging as well as resectability of gastric cancer. The diagnostic performance using MDCT without and with PET/MRI was compared by using McNemar test and receiver operating characteristic analysis.

RESULTS

Diagnostic accuracies for assessing T and N staging were not significantly improved by adding PET/MRI in both readers. However, PET/MRI showed significantly improved diagnostic accuracy for M staging in one reader (P=0.031) and marginal improvement in the other reader (P=0.063) compared to MDCT alone. Regarding resectability of gastric cancer, the diagnostic accuracy of MDCT with PET/MRI was significantly higher than that of MDCT alone in both readers (P=0.016 for reader 1 and P=0.004 for reader 2). Additional seven patients (7/23, 30.4%) in reader 1 and nine patients (9/23, 39.1%) in reader 2 were correctly classified according to the resectability of gastric cancer by adding PET/MRI.

CONCLUSION

PET/MRI could significantly improve the diagnostic accuracy for preoperative M staging as well as resectability of gastric cancer compared to those of MDCT alone, and additional one-third of patients were correctly classified according to the resectability by using PET/MRI.

CLINICAL RELEVANCE/APPLICATION

PET/MRI could significantly improve the diagnostic accuracy for preoperative M staging as well as resectability of gastric cancer compared to those of MDCT alone, and additional one-third of patients were correctly classified according to the resectability by using PET/MRI.
computed tomography (CT) from PET/CT.

**METHOD AND MATERIALS**

Whole-body, contrast-enhanced PET/CT and subsequent PET/MR was performed in 61 patients for an oncological tumor staging. In PET/MR, the protocol comprised the following sequences: T2, turbo inversion recovery magnitude (TIRM), non-enhanced T1, contrast-enhanced T1, and diffusion-weighted imaging (DWI). Per patient, visual lesion detectability and anatomical allocation of the PET finding were assessed using a four-point ordinal scale (scored from 0 to 3) in a maximum of ten [18]F-FDG-avid lesions in the different MR sequences and in CT from PET/CT. Malignancy of each lesion was confirmed using radiological follow-up and histopathology as standard of reference. Differences in each category were analyzed using Wilcoxon rank sum tests. To prevent α-error accumulation, Bonferroni-Holm correction was performed.

**RESULTS**

A total of 225 PET positive lesions were analyzed. 156 lesions were confirmed as malignant by radiological follow up and 69 by histopathology. T2 (mean 2.4±0.9), TIRM (mean 2.5±0.9), DWI (mean 2.5±1.0), and CT (mean 2.5±0.9) had a comparable visual detectability and were superior to non-enhanced T1 (mean 2.2±1.0). Anatomic allocation of the PET finding was similar in T2 (mean 2.6±0.7), TIRM (mean 2.8±0.7), and CT (mean 2.6±0.7) but was significantly higher compared to non-enhanced T1 (mean 2.4±0.8) and DWI (mean 2.1±1.0).

**CONCLUSION**

In whole-body imaging, T2, TIRM and contrast-enhanced T1 provide a lesion detectability and an anatomical allocation of a PET finding that is comparable to PET/CT. While non-enhanced T1 may be omitted, the necessity of DWI has to be investigated further in specific diagnostic problems.

**CLINICAL RELEVANCE/APPLICATION**

The results of this study help to optimize PET/MR protocols, leading to reduced examination times, improved workflow and increased patient comfort in every day clinical practice.

**SSG11-05  Evaluation of a FAST-protocol for Simultaneous 18F-FDG PET/MR Imaging for the Evaluation of Patients with Lymphoma**

Tuesday, Dec. 1 11:10AM - 11:20AM Location: S505AB

**Participants**

Johannes Grueneisen, Essen, Germany (Presenter) Nothing to Disclose
Lino Sawicki, MD, Dusseldorf, Germany (Abstract Co-Author) Nothing to Disclose
Saravanabavaan Suntharalingam, Essen, Germany (Abstract Co-Author) Nothing to Disclose
Christian Buchbender, Duesseldorf, Germany (Abstract Co-Author) Nothing to Disclose
Michael Forsting, MD, Essen, Germany (Abstract Co-Author) Nothing to Disclose
Thomas C. Lauenstein, MD, Essen, Germany (Abstract Co-Author) Nothing to Disclose
Lale Umutlu, MD, Essen, Germany (Abstract Co-Author) Consultant, Bayer AG

**PURPOSE**

PET/CT with 18F-FDG is widely accepted as the diagnostic standard of care for patients with lymphoma. The purpose of this study was to evaluate the diagnostic performance of a FAST-protocol for integrated PET/MR imaging, used for pretreatment staging, therapy monitoring and surveillance of patients with lymphoma in comparison to PET/CT.

**METHOD AND MATERIALS**

44 consecutive lymphoma patients were prospectively enrolled for a clinically indicated PET/CT and a subsequent PET/MR examination. For PET/MRI readings, a whole-body FAST-protocol was implemented, comprising (1) a transversal DWI (EPI) sequence, (2) a transversal T2w HASTE sequence and (3) a transversal post-contrast T1w VIBE sequence. Two readers separately evaluated both examinations and were instructed to identify all tumor lesions. Furthermore, the standardized uptake value (SUV) for all 18F-FDG-avid lesions was determined in PET/CT and PET/MRI, using volume of interest (VOI) analysis. Agreement between PET/CT and PET/MRI regarding SUVmax and SUVmean was tested using Pearson’s product-moment correlation.

**RESULTS**

Malignant lesions were present in 24 of the 44 patients. Both, PET/CT and PET/MRI correctly identified disease presence in all 24 patients. Furthermore, all PET-positive lesions that were visible on PET/CT were also detectable on PET/MRI. Determined SUVs were significantly higher in PET/MRI than in PET/CT (SUVmax 9.8 vs 7.2, p<0.001; SUVmean 5.3 vs 4.2, p<0.001), however, there was a strong correlation between SUVmax and SUVmean of the two imaging modalities (R =0.89, p<0.001 and R =0.90, p<0.001). Estimated scan duration of one whole-body PET/CT examination as well as for the standard and fast protocol for whole-body PET/MR imaging amounted to 18.5 ± 1.0 min and 27.5 ± 2.0 min, respectively. Furthermore, calculated mean effective-dose for a whole-body PET/CT scan was 66.5% higher than for a FAST-PET/MRI examination.

**CONCLUSION**

The FAST-protocol for PET/MRI imaging offers an equivalently high diagnostic performance for staging lymphoma patients in comparison to PET/CT with only a slightly prolonged examination time.

**CLINICAL RELEVANCE/APPLICATION**

With regard to patient comfort related to scan duration and a markedly reduced radiation exposure, FAST-PET/MRI may serve as a powerful alternative to PET/CT for a diagnostic work-up of patients with lymphoma.

**SSG11-06  Diagnostic Accuracy of Whole-body 18F-FDG PET/MRI and Whole-body DWI/MRI for the Evaluation of Patients with Lymphoma**

Tuesday, Dec. 1 11:20AM - 11:30AM Location: S505AB

**Participants**
To prospectively evaluate the diagnostic performance of integrated 18F-FDG PET/MR for whole-body staging of patients with lymphoma in comparison to DWI/MRI.

METHOD AND MATERIALS
42 consecutive patients underwent a whole-body 18F-FDG PET/MRI (Biograph mMR, Siemens) including diffusion-weighted imaging (DWI) for pretreatment staging as well as for therapy monitoring and surveillance of lymphoma disease. Two radiologists separately evaluated the DWI/MRI datasets, followed by a second reading of 18F-FDG PET/MRI datasets. Both readers were instructed to identify the total number of tumor lesions. Apparent diffusion coefficients (ADC) and standardized uptake values (SUV) were determined and served as an orientation for a differentiation between malignant and benign lesions. Sensitivity, specificity, positive predictive value, negative predictive value and diagnostic accuracy in the detection of malignant lesions were calculated for DWI/MRI and 18F-FDG PET/MRI.

RESULTS
Malignant lesions were present in 23 of 42 patients. 18F-FDG PET/MRI enabled correct identification of all 23 (100%) patients and was true negative in 18/19 (95%) cases. DWI/MRI detected disease presence in 20/23 (87%) patients and was true negative in 17/19 (89%) patients. Furthermore, the calculated sensitivity, specificity, positive predictive value, negative predictive value and diagnostic accuracy of 18F-FDG PET/MRI for the detection of malignant lesions were 97%, 91%, 97%, 91% and 95%, respectively. The respective values for DWI/MRI were 80%, 74%, 89%, 59% and 79%.

CONCLUSION
The results demonstrate the superiority of 18F-FDG PET/MRI in detecting malignant and benign lesions in lymphoma patients in comparison to DWI/MRI alone.

CLINICAL RELEVANCE/APPLICATION
The present study underlines the usefulness of 18F-FDG PET data as a valuable additive to MR imaging for a more accurate evaluation of patients with lymphomas, enabling a reduction of false-positive findings.

PURPOSE
To assess and compare the diagnostic performances of [18F]-FDG-PET/MR and [18F]-FDG-PET/CT in patients with Hodgkin (HL) and Non-Hodgkin lymphoma (NHL).

RESULTS
Thirty patients were included: MALT lymphoma, n=14 patients; mantle cell lymphoma, n=4; nodal marginal zone lymphoma, n=3; Burkitt, follicular lymphoma, and HL n=2 respectively; and DLBCL, T-cell, and post-transplant NHL, n=2 respectively. Five patients were scanned twice: 3 for staging and restaging and 2 twice for restaging. Overall 35 examinations were available for this study. PET/MR showed 100% Se and Sp (95%CI, 86.7-100%; and 72.2-100%; respectively). PET/CT showed 80% Se and Sp (95%CI, 60.9-91.1%; and 49-94.3%; respectively). The region-based agreement between PET/MR and PET/CT was 98.9%. Three patients were upstaged by PET/MR (stage I instead of 0; all MALT lymphomas).

CONCLUSION
[18F]-FDG-PET/MR showed a higher diagnostic value for the detection of lymphoma than PET/CT, particularly for MALT lymphoma.

CLINICAL RELEVANCE/APPLICATION
[18F]-FDG-PET/MR showed a higher diagnostic value for lymphoma than PET/CT. Since PET/MR also offers a lower radiation exposure, it may possibly become the preferred imaging technique for lymphoma.

PURPOSE
To assess and compare the diagnostic performances of [18F]-FDG-PET/MR and [18F]-FDG-PET/CT in patients with Hodgkin (HL) and Non-Hodgkin lymphoma (NHL).

RESULTS
Thirty patients were included: MALT lymphoma, n=14 patients; mantle cell lymphoma, n=4; nodal marginal zone lymphoma, n=3; Burkitt, follicular lymphoma, and HL n=2 respectively; and DLBCL, T-cell, and post-transplant NHL, n=1, respectively. Five patients were scanned twice: 3 for staging and restaging and 2 twice for restaging. Overall 35 examinations were available for this study. PET/MR showed 100% Se and Sp (95%CI, 86.7-100%; and 72.2-100%; respectively). PET/CT showed 80% Se and Sp (95%CI, 60.9-91.1%; and 49-94.3%; respectively). The region-based agreement between PET/MR and PET/CT was 98.9%. Three patients were upstaged by PET/MR (stage I instead of 0; all MALT lymphomas).

CONCLUSION
[18F]-FDG-PET/MR showed a higher diagnostic value for the detection of lymphoma than PET/CT, particularly for MALT lymphoma.

CLINICAL RELEVANCE/APPLICATION
[18F]-FDG-PET/MR showed a higher diagnostic value for lymphoma than PET/CT. Since PET/MR also offers a lower radiation exposure, it may possibly become the preferred imaging technique for lymphoma.

PURPOSE
To assess and compare the diagnostic performances of [18F]-FDG-PET/MR and [18F]-FDG-PET/CT in patients with Hodgkin (HL) and Non-Hodgkin lymphoma (NHL).

RESULTS
Thirty patients were included: MALT lymphoma, n=14 patients; mantle cell lymphoma, n=4; nodal marginal zone lymphoma, n=3; Burkitt, follicular lymphoma, and HL n=2 respectively; and DLBCL, T-cell, and post-transplant NHL, n=1, respectively. Five patients were scanned twice: 3 for staging and restaging and 2 twice for restaging. Overall 35 examinations were available for this study. PET/MR showed 100% Se and Sp (95%CI, 86.7-100%; and 72.2-100%; respectively). PET/CT showed 80% Se and Sp (95%CI, 60.9-91.1%; and 49-94.3%; respectively). The region-based agreement between PET/MR and PET/CT was 98.9%. Three patients were upstaged by PET/MR (stage I instead of 0; all MALT lymphomas).

CONCLUSION
[18F]-FDG-PET/MR showed a higher diagnostic value for the detection of lymphoma than PET/CT, particularly for MALT lymphoma.

CLINICAL RELEVANCE/APPLICATION
[18F]-FDG-PET/MR showed a higher diagnostic value for lymphoma than PET/CT. Since PET/MR also offers a lower radiation exposure, it may possibly become the preferred imaging technique for lymphoma.
PURPOSE

Because standard MRI-based attenuation correction (AC) does not account for the effects of cortical bone on PET photons, PET/MRI may have reduced sensitivity for FDG-avid focal bone lesions (FFBLs). In contrast, the CT-based AC used in PET/CT does not correct for cortical bone attenuation. This study evaluates whether MRI-based AC compromises detection of FFBLs, by comparing their conspicuity on PET/MRI versus PET/CT.

METHOD AND MATERIALS

190 general oncology patients underwent whole-body PET/CT followed by whole-body PET/MRI, utilizing the same FDG dose. Thirteen patients with a total of 50 FFBLs were identified. Using auto-contouring software, a region of interest (ROI) was generated for each FFBL and for an adjacent region of normal background bone (BB). For each ROI, SUV-max and SUV-mean were determined. Lesion-to-background SUV ratios served as quantitative metrics of conspicuity. Additionally, two blinded readers evaluated the relative conspicuity of FFBLs on PET images derived from MRI-based AC versus CT-based AC. The visibility of FFBLs on corresponding CT and MR images was also assessed.

RESULTS

As expected, the average SUV-mean was lower on PET/MRI for both FFBLs (-8.8%, p = 0.009) and BB (-22.7%, p < 0.001). The average SUV-max was lower on PET/MRI for BB (-14.3%, p = 0.002) but not for FFBLs (-7.4%, p = 0.068). On average, the ratio of FFBL SUV-mean to BB SUV-mean was higher for PET/MRI (+29.5%, p < 0.001). 40 of 50 lesions (80%) were visually deemed to be of equal or greater conspicuity on PET images derived from PET/MRI. 35 of 50 FFBLs (70%) had CT correlates, while 40 of 50 FFBLs (80%) had correlates on at least one MRI sequence. The mean tracer-to-image time was longer (p < 0.001) for PET/MRI (127 v. 62 min).

CONCLUSION

Both FFBLs and BB had lower mean SUVs on PET/MRI. This discrepancy was likely due to differences in the handling of cortical bone by MRI-based AC versus CT-based AC. Despite this systematic bias, FFBLs had greater conspicuity on PET/MRI, when assessed both qualitatively and quantitatively. This difference was at least in part due to the longer tracer-to-image time for PET/MRI, which allowed for more tracer accumulation by FFBLs and more tracer washout from BB.

CLINICAL RELEVANCE/APPLICATION

Our results suggest that whole-body PET/MRI and PET/CT provide comparable sensitivity for detection of FDG-avid focal bone lesions.

SSG11-09 Simulation of Tracer Dose Reduction in PET by Retrospective Undersampling of PET Listmode Data

Tuesday, Dec. 1 11:50AM - 12:00PM Location: S505AB

Participants
Sergios Gatidis, MD, Tubingen, Germany (Presenter) Nothing to Disclose
Christian Wuerslin, Tubingen, Germany (Abstract Co-Author) Nothing to Disclose
Juergen F. Schaefer, MD, Tuebingen, Germany (Abstract Co-Author) Nothing to Disclose
Konstantin Nikolau, MD, Tuebingen, Germany (Abstract Co-Author) Speakers Bureau, Siemens AG Speakers Bureau, Bracco Group Speakers Bureau, Bayer AG
Nina Schwener, MD, Tuebingen, Germany (Abstract Co-Author) Nothing to Disclose
Holger Schmidt, PhD, Tuebingen, Germany (Abstract Co-Author) Nothing to Disclose

PURPOSE

To implement and validate a method for simulation of low-dose PET images.

METHOD AND MATERIALS

In order to simulate a reduction of PET tracer dose, PET images acquired in list mode data were retrospectively undersampled by random deletion of predefined proportions of PET events. The resulting undersampled PET data were then reconstructed resulting in PET images simulating PET images acquired at lower tracer doses. In order to validate this proposed approach, phantom experiments were performed using a dedicated PET phantom according to the National Electrical Manufacturers Association (NEMA). Phantom compartments were filled with different activity concentrations of 18F-Fluoride. PET data were acquired at different time points corresponding to decreasing tracer dose concentrations (according to the radioactive decay of 18F) on a combined PET/MR scanner (Biograph mMR, Siemens). Reduced-dose PET images were additionally derived from the measured data set with the highest activity concentration (first measurement) using the proposed method. Measured and corresponding simulated PET images were compared by visual inspection and by quantification of image quality metrics signal-to-noise ratio (SNR), background variability (BV) and contrast recovery coefficients (CRC).

RESULTS

PET images acquired by measurement at different activity concentrations were visually equivalent to the corresponding simulated PET images. Quantitative analysis of the measured image quality metrics also revealed a high similarity between measured and simulated low-dose PET images. Deviations of SNR, BV and CRCs were lower than 20 % for all activity concentrations.

CONCLUSION

Simulation of low-dose PET images is possible by retrospective undersampling of PET list mode data and enables the generation of PET images with similar characteristics as PET images actually measured at low activity concentrations.

CLINICAL RELEVANCE/APPLICATION

The proposed approach will enable the simulation and comparison of different tracer dose regimes in a clinical setting. Thus, it will be possible to derive optimal dose regimes with minimal diagnostic radiation exposure and sufficient diagnostic image quality.
Clinical Applications of 3D Printing

Tuesday, Dec. 1 10:30AM - 12:00PM Location: S501ABC

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Shi-Joon Yoo, MD, Toronto, ON (Moderator) Owner, 3D HOPE Medical; CEO, IMIB-CHD;
Vincent B. Ho, MD, MBA, Bethesda, MD (Moderator) In-kind support, General Electric Company

Sub-Events

RCC32A Role of 3D Printing in Congenital Heart Disease

Participants
Shi-Joon Yoo, MD, Toronto, ON (Presenter) Owner, 3D HOPE Medical; CEO, IMIB-CHD;

LEARNING OBJECTIVES
1) Understand 3D printing process for heart models. 2) Know how 3D printing helps pediatric cardiac surgery, with case examples. 3) Know the future directions of 3D printing for cardiac surgery.

ABSTRACT
Using rapid prototyping or 3D printing, physical replicas of the hearts can be provided to surgeons before their surgical decision and procedure. The replicas fill the gap between the imagination from the medical images and the reality. By having the replicas in hands, the surgeons can make optimum surgical decision and simulate the intended procedures on the replica prior to the procedure. This allows precise surgical procedures with reduced procedure and anesthesia time. In cases in the grey zone for biventricular versus univentricular repair, the replicas are of tremendous help in a binary decision. The presentation will include a few clinical cases where 3D printing played a crucial role in surgical decision making.

RCC32B 3D Surgical Planning Using Printed Models: The Surgeon’s Perspective

Participants
Edward J. Caterson, MD, PhD, Boston, MA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) History of 3D-Printing. 2) Imaging modalities and post-processing procedures to provide data surrogates for 3D-printing. 3) Concept of 3D-printing for improved clinical services. 4) Limitations and challenges of 3D-printing in surgical planning.

ABSTRACT
This presentation outlines the impact of 3D-printing in the imaging environment. Applications in the medical field are reviewed and growing clinical applications are discussed. Starting with an overview of current 3D-printing technologies including fused deposition modelling (FDM), selective laser sintering (SLS), and stereolithography (SLA) common techniques for generating 3D object models based on medical imaging are illustrated. Typically, imaging source data from different modalities are post-processed using dedicated algorithms and software in order to generate triangle mesh surface data. These surface data are usually exported to STL-files that are commonly understood by current 3D printing machines. 3D-printed objects are most often made from plastic, such as ABS, PA, or PLA, but metal or other material is even possible. Finally the presentation will demonstrate how 3D-printed objects are valuable for treatment planning, treatment procedures in several clinical subspecialties, intra-operative surgical navigation, or for prosthesis production. However, medical applications of 3D-printing are still in a very early phase but the growing awareness in the medical and non-medical field nowadays support the promising utilization and development in the very near future.

RCC32C 3D Surgical and Treatment Planning Using Printed Models

Participants
Frederik L. Giesel, MD, MBA, Heidelberg, Germany (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) History of 3D-Printing. 2) Imaging modalities and post-processing procedures to provide data surrogates for 3D-printing. 3) Concept of 3D-printing for improved clinical services. 4) Limitations and challenges of 3D-printing in surgical planning.

ABSTRACT
This presentation outlines the impact of 3D-printing in the imaging environment. Applications in the medical field are reviewed and growing clinical applications are discussed. Starting with an overview of current 3D-printing technologies including fused deposition modelling (FDM), selective laser sintering (SLS), and stereolithography (SLA) common techniques for generating 3D object models based on medical imaging are illustrated. Typically, imaging source data from different modalities are post-processed using dedicated algorithms and software in order to generate triangle mesh surface data. These surface data are usually exported to STL-files that are commonly understood by current 3D printing machines. 3D-printed objects are most often made from plastic, such as ABS, PA, or PLA, but metal or other material is even possible. Finally the presentation will demonstrate how 3D-printed objects are valuable for treatment planning, treatment procedures in several clinical subspecialties, intra-operative surgical navigation, or for prosthesis production. However, medical applications of 3D-printing are still in a very early phase but the growing awareness in the medical and non-medical field nowadays support the promising utilization and development in the very near future.

RCC32D Validation of Coronary Contrast Gradients Using 3D Coronary Phantoms

Participants
Dimitris Mitsouras, PhD, Boston, MA (Presenter) Research Grant, Toshiba Corporation; Speakers Bureau, Toshiba Corporation

LEARNING OBJECTIVES
1) Learn about which 3D printing technologies can produce physiological compliant vascular phantoms. 2) Recognize those in vivo imaging techniques that can be translated into vascular models that can be 3D printed. 3) Be able to describe the steps required in developing an in silico plus in vitro experiment to explain an imaging finding. 4) Be able to explain the reason for the coronary contrast enhancement gradient seen in standard coronary CT angiography.

ABSTRACT
3D-printed cardiovascular models are poised to become a disruptive force in the development of novel functional CT and MR imaging techniques. With 3D printing, patient-specific models can be produced for physiologically accurate - with respect to both pathophysiology and underlying physics - validation studies that are not otherwise feasible due to e.g., radiation burden, scan time,
and cost. Multiple 3D printing technologies are key for such applications, particularly regarding vascular compliance and incorporation of hard materials for e.g., calcifications. Similarly, multiple imaging techniques such as rotational DSA, CT and MRI can be used to produce such models. A particularly important application is validation of in silico computational fluid dynamics (CFD) simulations that have been used to advance our understanding of cardiovascular disease and imaging methods developed to diagnose it in the last two decades. A given patient-specific model simulated with CFD can now concurrently be realized for identical in vitro flow experiments to validate conclusions drawn from the numerical model. Two examples are the coronary Transluminal Attenuation Gradient (TAG) and simulated fractional flow reserve (FFR) being developed for the non-invasive detection of significant coronary artery disease from standard CT angiography. We will showcase in vitro CTA experiments to elucidate the intra-luminal kinetics of iodinated contrast that give rise to TAG as an example of the steps from in vivo image acquisition, to lumen segmentation and preparation for 3D printing, and in vitro experimentation. Just as numerical 3D modeling has been a disruptive application of computational fluid dynamics methods with the potential to bridge the gap between understanding anatomy and function, 3D printing is poised to be a disruptive application of in vivo imaging and additive manufacturing to advance our understanding of pathophysiology, and new imaging techniques and devices.

**Participants**
Michael Markl, PhD, Chicago, IL (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**
1) Describe the use of 3D models of the aorta for the in-vitro simulation of aortic hemodynamics. 2) Explain the potential of in-vitro 4D flow MRI for the modeling and systematic analysis of the influence of common aortic pathologies on local and global 3D flow patterns in the aorta.

**ABSTRACT**
Flow sensitive MRI offers the ability to assess anatomy as well as flow characteristics in healthy and pathological blood vessels and is therefore an attractive tool for the diagnosis of vascular diseases. However, in-vivo studies do not allow the prediction of hemodynamic changes due to vascular modifications. Realistic vascular in-vitro 3D phantoms in combination with MRI flow measurements allow to model different vascular deformations and evaluate their effect on blood flow dynamics. This presentation will provide a review of the methods for the in-vitro simulation of aortic 3D blood flow with realistic boundary conditions and review previously reported application for the simulation of common aortic pathologies and their impact on aortic hemodynamics.
**SSG16-01**  
Multi-material Electronic Cleansing for Non-cathartic Ultra-Low-Dose Dual-Energy CT Colonography

**Participants**  
Yulei Jiang, PhD, Chicago, IL (Moderator) Consultant, Quantitative Insights, Inc; Research Agreement, QView Medical, Inc

**Sub-Events**

**Purpose**  
To develop and evaluate accuracy of a novel multi-material electronic cleansing (MUMA-EC) scheme for non-cathartic ultra-low-dose dual-energy CT colonography (DE-CTC).

**Method and Materials**  
Twenty-seven patients were prepared for a non-cathartic colorectal examination by oral ingestion of 50 ml of iodinated contrast on the day before and two hours prior to DE-CT scans. DE-CTC images were acquired at a current/voltage of 15 mAs/140 kVp and 40 mAs/80 kVp with sinogram-affirmed iterative image reconstruction. Our novel MUMA-EC performed a water-iodine material decomposition of the DE-CTC images and calculated virtual-monochromatic (VM) images at multiple energies, after which a random forest classifier was used to label the images into the regions of lumen air, soft tissue, fecal tagging, and two types of partial-volume boundaries based on the features of these images. EC was performed by removing materials other than soft tissues from the original CTC image. For pilot evaluation, 280 volumes of interest (VOIs) representing typical EC artifacts (Type I: air-tagging boundary; Type II: three-material layer; Type III: three-material mixture) in current EC schemes were extracted and labeled into a reference standard. The metric of EC accuracy was the mean overlap ratio (OR) between the reference standard labels and the labels generated by the MUMA-EC, a dual-energy EC (DE-EC), and a single-energy EC (SE-EC) schemes. The effective radiation dose of the CTC examination was also assessed.

**Results**  
In MUMA-EC, the mean±std of ORs for Types I, II, and III artifacts were 0.981±0.035, 0.919±0.040, and 0.941±0.052, respectively, which were higher than those of SE-EC (0.972±0.040 [p<.01], 0.890±0.046 [p<.01], and 0.915±0.057 [p<.01], respectively), and DE-EC (0.980±0.038 [p=.48], 0.911±0.043 [p<.01], and 0.937±0.048 [p<.05], respectively). Visual assessment confirmed that the MUMA-EC generates less EC artifacts than do DE-EC and SE-EC. The average CTDIvol was 0.95 mGy and the effective dose was 0.75 mSv per CTC scan.

**Conclusion**  
Our MUMA-EC scheme yielded superior performance over conventional DE-EC and SE-EC schemes in identifying and minimizing subtraction artifacts on non-cathartic ultra-low-dose DE-CTC images.

**Clinical Relevance/Application**  
Current electronic cleansing methods for visualization of the colonic surface in CTC produce subtraction artifacts. The proposed method shows potential to minimize these artifacts and to facilitate non-cathartic examination.

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**SSG16-02**  
Deep-Learning-based Bladder Segmentation in CT Urography

**Participants**  
Kenny H. Cha, MSc, Ann Arbor, MI (Presenter) Nothing to Disclose

Lubornir M. Hadijiski, PhD, Ann Arbor, MI (Abstract Co-Author) Nothing to Disclose

Heang-Ping Chan, PhD, Ann Arbor, MI (Abstract Co-Author) Institutional research collaboration, General Electric Company

Ravi K. Samala, PhD, Ann Arbor, MI (Abstract Co-Author) Nothing to Disclose

Richard H. Cohan, MD, Ann Arbor, MI (Abstract Co-Author) Consultant, General Electric Company; ;

Elaine M. Caoli, MD, MS, Ann Arbor, MI (Abstract Co-Author) Nothing to Disclose

**Purpose**  
To develop a computerized method for bladder segmentation in CT Urography (CTU) scans for computer-aided diagnosis of bladder cancer and treatment planning.

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METHOD AND MATERIALS

A challenge for computerized bladder segmentation in CTU is that the bladder often contains regions filled with IV contrast and without contrast. We previously developed a Convolutional Neural Network (DL-CNN) with segmentation of the pancreas on CT images. The trained DL-CNN used to generate probability maps for slices of a CTU case. Thresholding and hole-filling were applied to the map to generate the initial contour for the NC region. 3D and 2D level set was used to refine the contours. The refined NC contours were conjoined with the cascade-level-set segmented C contour to obtain the full bladder contour. Segmentation performance was evaluated using 159 cases (78 training, 81 testing). Computerized segmentation accuracy compared against 3D hand-segmented contours was evaluated using average volume intersection % (AVI), average % volume error (AVE), and average minimum distance (AMD).

RESULTS

The AVI, AVE, and AMD for segmentation with DL-CNN were 87.8±48.9%, 3.5±16.3%, 3.0±1.5 mm, respectively, for the training set and 84.1±11.7%, 6.8±15.0%, 3.1±1.6 mm, respectively, for the test set. With CLASS, these values were 84.2±11.6%, 9.0±16.6%, 3.4±1.8 mm, respectively, for the training set and 79.4±13.4%, 14.6±15.3%, 3.5±1.5 mm, respectively, for the test set. Differences in all measures were statistically significant (training: p<0.03, testing: p<0.002) except AMD for the training set (p=0.08).

CONCLUSION

Using the DL-CNN for the NC region performed better than using CLASS alone, demonstrating the feasibility of using DL-CNN with level-set for the segmentation of the NC region of the bladder. Further work is underway to apply the DL-CNN to the entire bladder.

CLINICAL RELEVANCE/APPLICATION

Bladder segmentation is a crucial step for detection of bladder cancer and wall thickening in CAD and for treatment planning. This study demonstrates a useful method for automatic bladder segmentation.

SSG16-03 Automated Pancreas Segmentation in CT Using Multi-Level Deep Convolutional Networks

Tuesday, Dec. 1 10:50AM - 11:00AM Location: S502AB

Participants

Holger R. Roth, PhD, Bethesda, MD (Abstract Co-Author) Nothing to Disclose
Le Lu, PhD, Bethesda, MD (Abstract Co-Author) Nothing to Disclose
Amal Farag, PhD, Louisville, KY (Abstract Co-Author) Nothing to Disclose
Hoon-Chang Shin, PhD, Bethesda, MD (Abstract Co-Author) Nothing to Disclose
Jiamin Liu, PhD, Bethesda, MD (Abstract Co-Author) Nothing to Disclose
Lauren M. Kim, MD, Bethesda, MD (Presenter) Nothing to Disclose
Ronald M. Summers, MD, PhD, Bethesda, MD (Abstract Co-Author) Royalties, iCAD, Inc; Research funded, iCAD, Inc;

PURPOSE

Automated segmentation is an important yet challenging problem for medical imaging. Segmentation of the pancreas could help assess diabetes and detect pancreatic cancer. While segmentation of other organs in computed tomography (CT) achieves good performances (Dice Similarity Coefficients (DSC) >90% for liver, heart or kidneys), methods for the pancreas achieve only 47% to 69% DSCs due to its greater variation in shape, size and location. In this work, we describe a new "deep learning" method using convolutional neural networks (CNN) for segmentation of the pancreas on CT images.

METHOD AND MATERIALS

The task is modelled in a bottom-up fashion: from dense labeling of image patches, to regions, and to the entire organ. Given an abdominal CT, superpixel regions are generated by random forest classifiers. These superpixels then serve as candidate regions with high sensitivity (97%) but low precision, achieving an initial DSC of 27%. Next, we propose several CNNs for segmentation refinement (or pruning): 1.) P-CNN labels axial-coronal-sagittal patches, generating a probability response map P. 2.) Regional CNN (R1-CNN) samples a set of bounding boxes covering each image superpixel at multiple scales on the CT intensity. A second stacked regional R2-CNN is also learned to leverage the joint features of CT intensities and probability maps P with structured prediction for post-processing.

RESULTS

Our methods are evaluated on CT scans of 82 patients in a hard-split of 62 for training and 20 for testing. Results indicate that we advance the current state-of-the-art performance to a DSC of 75.8±5.4% in testing. We furthermore provide an extensive evaluation of minimal surface distance between the ground truth and our proposed segmentation, achieving 0.94±0.57mm on average. The segmentation performance slightly degrades when only the tip of pancreatic head or tail is visible in a CT slice.

CONCLUSION

We present a bottom-up, coarse-to-fine approach for pancreas segmentation in abdominal CT scans. Multi-level deep CNNs are employed on both image patches and regions. The proposed deep learning based approach advances the state-of-the-art in pancreas segmentation.

CLINICAL RELEVANCE/APPLICATION

The method could also be applied as multi-organ segmentation since CNNs naturally support this. Segmentation problems with large variations and pathologies (such as in tumors) could be solved by similar deep learning methods.

SSG16-04 Semi-Automatic Assessment of Carotid Artery Using 3D Magnetic Resonance Imaging

Tuesday, Dec. 1 11:00AM - 11:10AM Location: S502AB

Participants
Purposes of the method include the estimation of the Vessel Wall Volume (VWW) with low observer variability. The method can be used for 3D assessment of the carotid MR images to assist radiologists to diagnose abnormality in carotid artery as well as athero-sclerosis disease faster and with lower user variability.

**METHOD AND MATERIALS**

This HIPAA compliment study received IRB approval. Patients with non-surgical carotid artery disease (30-95% stenosis) underwent 3T carotid MRI (Philips). Two image sets were acquired using: 1) a rapid 3D Time of Flight sequence in the axial orientation, and 2) MRIPH sequence (a T1weighted inversion recovery fat suppressed 3D Fast Field Echo technique in the coronal orientation). In this study, we considered a 3.2cm segment of the carotid centered at the bifurcation. User input was required to identify the lumen contour in a single image to be used as initial contour for segmentation. Fast marching level-set technique was used to move the control points in 3D space to minimize an energy function. Next, the 3D lumen segmentation was transferred and registered to the corresponding MRIPH images. Lumen boundary adjustment was applied on the MRIPH images if necessary. Outer wall boundary was delineated using a similar technique.

**RESULTS**

We estimated the correlation coefficient, $R$, to evaluate the conformity between the manually and automatically computed volumes. The proposed method yielded correlation coefficients of 0.97, 0.95 and 0.85 for the lumen, outer and vessel wall volume respectively, indicating a high conformity between manual and automatic estimations.

**CONCLUSION**

We developed a framework for vessel wall volume assessment based on the intensity and shape features in MR images estimated from user-provided segmentation of the vessel wall in a single image. The algorithm was tested on 40 carotids and a close correlation was demonstrated between the results and manual segmentation by two expert radiologists.

**CLINICAL RELEVANCE/APPLICATION**

The proposed technique can be used for 3D assessment of the carotid MR images to assist radiologists to diagnose abnormality in carotid artery as well as athero-sclerosis disease faster and with lower user variability.

**SSG16-05 Automatic Colon Segmentation using Statistical Approach and Global Convexification in CT**

**Tuesday, Dec. 1 11:10AM - 11:20AM Location: S502AB**

Participants

Amal Farag, PhD, Louisville, KY (Presenter) Nothing to Disclose

Ahmed Shalaby, Louisville, KY (Abstract Co-Author) Nothing to Disclose

Robert L. Falk, MD, Louisville, KY (Abstract Co-Author) Founder, 3DR Inc Managing Director, 3DR Inc Officer, 3DR Inc

Salwa Elshazly, BS, Louisville, KY (Abstract Co-Author) Nothing to Disclose

Aly A. Farag, MS, PhD, Louisville, KY (Abstract Co-Author) Nothing to Disclose

Albert Seow, MD, Louisville, KY (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

Accurate segmentation of the colon is an essential part for any computer aided diagnosis colonography system. Colon segmentation is a challenging problem for numerous reasons such as the variability in the topology of the colon and its asymmetrical and twisted shape (i.e. Haustral folds); regions consistent in intensity to that of air, soft tissue and oral contrast agents being similar to high-attenuation structures similar to bones. The presence of residual stool and lesions as well as disconnected colon segments further add to the difficulties of the problem. In this work, we describe a new statistical and variational method for automatic colon segmentation in CT images.

**METHOD AND MATERIALS**

The segmentation approach is designed in a multi-tiered information propagation framework using statistical and variational methods. First, an initial segmentation using the intensity histogram volume of a typical CT. The Expectation-Maximization, is used obtain a threshold intensity that encompasses the colon air regions and soft tissue. The global/convex continuous minimization problem of the active contour model and the active contours model without edges are generalized to the 3D space (GAC in fig.) and mathematically manipulated enhancing reconstruction of topological changes of haustral folds while maintaining polyps on colon walls. Post-processing of 3D connected component and morphological operations provided the final segmented colon volume.

**RESULTS**

A subset from the ACRIN study (30 supine oral contrast enhanced abdominal CT scans) is used to assess the accuracy and robustness measures for colon segmentation. The approach shows promise in its able to obtain both air-filled and fluid-filled colon regions in 2-3 minutes for datasets of size 512x512x400 and slight increase in time as the dataset size increases to over 600 slices. Results of overall Dice 93.8% and Jaccard 90.2% are comparable to current state-of-the-art using less datasets.

**CONCLUSION**

We present an automatic multi-tiered statistical and variational approach in abdominal CT for colon segmentation. The proposed method shows promising results with the current state-of-the-art.

**CLINICAL RELEVANCE/APPLICATION**

The method can be used as an initialization to computer-aided detection of polyps, 3D virtual navigation of the colon and registration of prone/supine CT scans.
**RESULTS**

The mean error was 0.61±0.37 cm with a range from 0.1 cm to 1.06 cm.

**METHOD AND MATERIALS**

DM image is used for evaluation of the model performance. For 9 LMs in 4 BCT volumes compressed in the cranio-caudal (CC) view, the root-mean-squared distance error between the LM location of the ray-cast projected compressed BCT volume and that in the corresponding DM view of the same breast. In this pilot study, 10 BCT volumes and the corresponding digital mammograms (DMs) were generated from BCT volumes of isotropic resolution assuming homogeneous material properties. A compressed view is simulated from a BCT volume using finite element (FE) method. The FE model uses quadratic tetrahedral elements with 5-parameter Mooney-Rivlin non-linear constitutive material. More than 97% of the elements have aspect ratio of less than 5 with a chosen loading of the BCT volume in the anterior-posterior direction is compensated before the compression model is applied. The breast is compressed until the thickness reaches the same thickness as that used for acquiring the compression in the superior-inferior direction is modeled as a contact problem between two parallel plates and the breast using inter-institutional collaboration. Four volumes were found to have identifiable landmark (LM) locations and used for evaluation.

**PURPOSE**

Automated classification of pulmonary arteries and veins in thoracic CT scans is an unsolved problem which is important for e.g. CAD of pulmonary embolisms and treatment planning. This study presents and validates a new anatomy-based method to automatically classify arteries and veins in non-contrast chest CT scans.

**METHOD AND MATERIALS**

A set of 55 full inspiration non-contrast low dose chest CT scans (16x0.75mm, 120-140kVp, 30mAs) with variable severity of emphysema and interstitial lung diseases, were taken from a lung cancer screening trial. In all state-of-the-art vessel segmentation algorithms, arteries and veins are attached at locations where they cross, since these algorithms are not designed to distinguish between bifurcating and crossing vessels. This method starts with automatic vessel segmentation, followed by pruning the vessel segmentation to detect locations that are inconsistent with the topology of a tree structure. By disconnecting the vessels at these locations, the vessel segmentation is separated into subtrees that fulfill a tree structure and are assumed to be of an arterial or venous label. Next, subtrees are grouped using anatomical knowledge that arterial and venous capillaries meet each other at the alveoli, which implies that the corresponding peripheral arteries and veins go towards similar regions. By analyzing the peripheral vessels in each subtree, subtrees of the same artery-vein label are grouped without knowing the actual label. To extract the final artery-vein labels of the grouped subtrees, classification is performed using the fact that veins have an overall larger volume compared to arteries. For quantitative evaluation, two human observers manually labeled a total of 2750 randomly selected arteries and veins from all 55 scans. The accuracy and Cohen's kappa between the observers and between the method and observers were used for evaluation.

**RESULTS**

Inter-observer Cohen's kappa was 0.84 with 93% accuracy. The proposed method achieved a mean accuracy of 88% and a Cohen's kappa of 0.76.

**CONCLUSION**

A new concept for artery-vein separation and classification was presented that uses anatomical information from peripheral arteries and veins. The performance of the presented method closely approximated the inter-observer agreement.

**CLINICAL RELEVANCE/APPLICATION**

Automatic artery-vein classification is essential for investigating pulmonary hypertension, COPD and for improving CAD systems for pulmonary embolisms.

**METHOD AND MATERIALS**

We studied breast compression and deformation using biomechanical models and simulated boundary constraints. Breast models were generated from BCT volumes of isotropic resolution assuming homogeneous material properties. A compressed view is simulated from a BCT volume using finite element (FE) method. The FE model uses quadratic tetrahedral elements with 5-parameter Mooney-Rivlin non-linear constitutive material. More than 97% of the elements have aspect ratio of less than 5 with a chosen element size of 9-15 mm depending on the breast size. Because BCT is acquired in prone position without compression, the gravity loading of the BCT volume in the anterior-posterior direction is compensated before the compression model is applied. The compression in the superior-inferior direction is modeled as a contact problem between two parallel plates and the breast using surface displacements. The breast is compressed until the thickness reaches the same thickness as that used for acquiring the corresponding DM view of the same breast. In this pilot study, 10 BCT volumes and the corresponding digital mammograms (DMs) were obtained by inter-institutional collaboration. Four volumes were found to have identifiable landmark (LM) locations and used for validation.

**RESULTS**

The root-mean-squared distance error between the LM location of the ray-cast projected compressed BCT volume and that in the DM image is used for evaluation of the model performance. For 9 LMs in 4 BCT volumes compressed in the cranio-caudal (CC) view, the mean error was 0.61±0.37 cm with a range from 0.1 cm to 1.06 cm.
**CONCLUSION**

The un compressed 3D BCT of isotropic resolution offers a unique opportunity to model the breast compression and deformation accurately with an error of less than 1 cm. The result for the modeling in CC view shows the potential for application to other views. The compression model will be further validated with breasts of various sizes and density categories and different compression views using appropriate material properties for fatty, glandular and skin tissues.

**CLINICAL RELEVANCE/APPLICATION**

The modeling of the breast compression and deformation process will be useful for automated localization and registration of lesions in multi-view or multimodality image analysis of the breast.

**METHOD AND MATERIALS**

30 subjects underwent to MOLLI sequence (scheme: 3[3]3[3]5) before and 15-20min after injection of gadobenate dimeglumine (Gd-BOPTA) on a 1.5T MR scanner (Magnetom Avanto). Imaging parameters: matrix 218×256, voxel size 1.41x1.41x8mm³, TR/TE 1.44/1.12 ms, minimum TI 120 ms with 80ms increment, FA 35°. First, pre- and post- contrast MOLLI images underwent to non-rigid image registration for motion correction and patient position variations. Then, T1 maps were generated using MRmap. T1 time was calculated with a 3-parameter curve fitting using a Levenberg-Marquardt algorithm and additional T1* correction. ECV map was finally generated using a home-made program (developed in Matlab, Mathworks Inc.) according to the equation: 

$$ECV = 1 - \frac{1}{T1_{myo\text{-}post}} - \frac{1}{T1_{myo\text{-}pre}}.$$ 

**ECV** represent the percentage of tissue comprised of extracellular space, which increases in presence of fibrosis, and is reproducible, not affected by field strength. Our aim was to develop an automatic software for ECV map creation.

**RESULTS**

With texture features of GLCM, 66/84 benign (66 goiters, 4 thyroiditis an14 thyroid adenoma ) and 32/50 malignant images (49 papillary thyroid cancer, 1 follicular thyroid cancer ) can be classified correctly (the accuracy-rate 0.7313), the sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) of classification is 0.7857, 0.6400, 0.7857 and 0.6400 respectively, which the AUC of ROC is 0.7874; The GLCM is 0.7612, 0.8810, 0.5600, 0.7708 and 0.7368 respectively, which the AUC is 0.7980; According to relativity (>0.999), Twelve features involved reach the accuracy-rate 0.7612, sensitivity 0.8452, specificity, positive predictive value (PPV) and negative predictive value (NPV) of classification is 0.7857, 0.6400, 0.7857 and 0.6400 respectively, which the AUC is 0.7926. 

**CONCLUSION**

As the preliminary study in thyroid CT image analysis, texture feature may help classify the benign from the malignant thyroid nodules.

**ECV** and GLCM texture features can be used in Thyroid nodule CT image analysis to help classify nodule property and is recommend when the diameter of nodule is more than 3 mm.

**CLINICAL RELEVANCE/APPLICATION**

GLCM and GLGCM texture features can be used in Thyroid nodule CT image analysis to help classify nodule property and is recommended when the diameter of nodule is more than 3 mm.

**METHOD AND MATERIALS**

Ninety-three thyroid nodules of 58 patients undergone thyroid surgery were enrolled in this study from January 2012 to December 2013. Final diagnoses were confirmed histopathologically after surgery. Axial non-contrast CT images in 134 (50 malignant and 84 benign) were chose and we extracted 28 texture features with the gray level co-occurrence matrix (GLCM) (13 features) and the gray level gradient co-occurrence matrix (GLGCM) (15 features). Support Vector Machine (SVM) was used in data classification. Leave one out cross validation (LOOCV) strategy was utilized to take full advantage of the samples.

**RESULTS**

Benign benign nodules (50 nodules) were chosen and 28 texture features were extracted with the gray level co-occurrence matrix (GLCM) (13 features) and the gray level gradient co-occurrence matrix (GLGCM) (15 features). Support Vector Machine (SVM) was used in data classification. Leave one out cross validation (LOOCV) strategy was utilized to take full advantage of the samples.

**CONCLUSION**

As the preliminary study in thyroid CT image analysis, texture feature may help classify the benign from the malignant thyroid nodules.

**ECV** and GLCM texture features can be used in Thyroid nodule CT image analysis to help classify nodule property and is recommended when the diameter of nodule is more than 3 mm.

**CLINICAL RELEVANCE/APPLICATION**

GLCM and GLGCM texture features can be used in Thyroid nodule CT image analysis to help classify nodule property and is recommended when the diameter of nodule is more than 3 mm.

**METHOD AND MATERIALS**

Cardiovascular magnetic resonance (CMR) is a useful tool for myocardial tissue characterization representing the only non-invasive methodology to assess fibrosis and edema in vivo. The extracellular volume fraction (ECV) estimation is emerging as accurate biomarkers in many cardiac diseases associated with diffuse myocardial fibrosis.
pixel-by-pixel basis. Blood relaxation rate $\Delta R_{\text{blood}} = (1/T_{1\text{blood-post}}) - (1/T_{1\text{blood-pre}})$ were calculated automatically creating a mask on the T1 pre contrast map applying a threshold, then applied on T1 post contrast map to calculate the mean $T_{1\text{blood-post}}$.

**RESULTS**

We compare the ECV myocardium values obtained manually drawing ROI in the myocardium and blood of T1 pre- and post-contrast images with ECV values obtained from the same ROI in ECV map. The mean deviation between manual and automatic ECV values is less than 3% (t-paired Test: $p=0.9$).

**CONCLUSION**

Our software provide semi-automatically an informative pixel-wise ECV map, enabling the direct visualization of the extent and severity of ECV alterations respect to manual approach.

**CLINICAL RELEVANCE/APPLICATION**

Ease automatic generation of ECV map may provide further qualitative information about the distribution of fibrosis and the pattern of disease.
Participants
Olga R. Brook, MD, Boston, MA (Moderator) Nothing to Disclose

LEARNING OBJECTIVES
Attendees scoring 80% or higher on the SAM test may earn a Quality Essentials Certificate in the "Quality Improvement in Your Practice" domain.

Sub-Events

MSQ132A  Project Design: Choosing the Topic and Team

Participants
James R. Duncan, MD, PhD, Saint Louis, MO (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) List improvement topics that will resonate with their teams and hospital leadership. 2) Develop operational measures that align with the intent of their improvement projects. 3) Identify the key attributes that lead to high performing teams. Attendees scoring 80% or higher on the SAM test may earn a Quality Essentials Certificate in the "Quality Improvement in Your Practice" domain.

ABSTRACT
Quality improvement begins when we acknowledge that our current products or services are less than ideal. In 2001, the Institute of Medicine found that our "health care delivery system does not provide consistent, high-quality medical care to all people .... Indeed, between the health care that we now have and the health care that we could have lies not just a gap, but a chasm." While progress has been made since 2001, numerous opportunities for improvement remain. This session will include strategies for choosing improvement topics in radiology. It will also walk participants through the process of forming an improvement team, creating a project charter and developing quality/safety metrics.

MSQ132B  Using Data to Drive Improvement

Participants
Olga R. Brook, MD, Boston, MA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Participants will be taught the critical difference between data used for research and data used for improvement. 2) Introduce participants to The Model for Improvement, an applied sciences methodology that is both easy to apply and shown to have manifest utility at solving wicked problems. Attendees scoring 80% or higher on the SAM test may earn a Quality Essentials Certificate in the "Quality Improvement in Your Practice" domain.

ABSTRACT
The applied sciences have flourished in every industry in the United States with the key exceptions of both healthcare and education. The pressing demands of the future 'value based economy' will require the American healthcare industry to adopt modern improvement sciences methodology. A great first step for leaders is to understand the key difference between research methodology and improvement methodology. Participants will be introduced to the popular improvement methodology 'The Model for Improvement'. The 'MFI' is a very pragmatic and effective way at testing change that results in real sustainable quality, financial, service or operational improvement.

MSQ132C  QI in Radiology, the Joint Commission Perspective

Participants
David W. Baker, MD, MPH, Oakbrook Terrace, IL (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) To gain knowledge about Joint Commission standards for radiation safety. 2) To become familiar with the principles of The Joint Commission's Robust Process Improvement® model for improving quality of care. 3) To understand the Targeted Solutions Tool® approach for identifying key drivers of quality and safety at an institution to target for quality improvement. Attendees scoring 80% or higher on the SAM test may earn a Quality Essentials Certificate in the "Quality Improvement in Your Practice" domain.

ABSTRACT
Advances in diagnostic imaging have greatly improved the quality of medical care. However, imaging has substantial risks and is therefore an important target for projects to improve quality and safety. This talk will review diagnostic radiation-related Sentinel Events reported to The Joint Commission, Joint Commission Standards to prevent patient safety events, and ongoing and planned initiatives to improve imaging safety. It will also discuss The Joint Commission's Robust Process Improvement® model for quality improvement projects and The Joint Commission's Center for Healthcare Transformation's step-by-step process to accurately measure an organization's actual performance, identify their barriers to excellent performance, and direct them to proven solutions.
that are customized to address their particular barriers.

**Active Handout: David William Baker**

LEARNING OBJECTIVES

1) Apply basic anatomic, pathologic, and physiologic principles to the interpretation of PET/CT with emphasis on cancers of the thorax. 2) Identify artifacts that can influence interpretation of PET/CT studies and analyze factors that can improve image quality while minimizing patient risk. 3) Demonstrate understanding of issues on current and future practice patterns.

ABSTRACT
PURPOSE
In the design of diagnostic and therapeutic treatment rooms for Nuclear Medicine, an important consideration is the shielding required for blocking the ionizing radiation from the radioactive isotopes. The primary radiation, possibly with build-up correction, can be calculated analytically. However, little data is available to estimate the radiation dose contribution of ionizing radiation that travels over the (typically lead) shielding in the wall and scatters of the ceiling; so-called skyshine. We aim to determine the contribution of this skyshine to the radiation dose received by people outside Nuclear Medicine rooms.

METHOD AND MATERIALS
Monte-Carlo simulations were performed with Gate/Géant for different heights of lead shielding in the wall, and different ceiling heights. A point source of Tc-99m (141keV), I-131 (365keV) or F-18 (511keV) was placed free in air, 1m above the floor, 3m from the wall. We used lead shielding of 2mm (Tc-99m) and 8mm (I-131, F-18). In total 165 simulations were run; for each isotope we varied the shielding height (between 1.8m and 5.0m) and ceiling height (3.0-5.0m). These simulations allow us to compare the contribution of the direct radiation (through the shielding), and skyshine (over the shielding).

RESULTS
We find that the skyshine contribution to the total radiation dose varies greatly (from <2% to ~100%), and strongly depends on photon energy. For low photon energies (e.g. Tc-99m) skyshine is often a dominant factor. For higher photon energies (e.g. F-18), shielding the primary radiation is typically the most important concern.

CONCLUSION
We have performed simulations that allow an estimation of the contribution of skyshine to the radiation dose outside a room, based on room use (occupancy, total radioactivity used), ceiling- and shielding height and the isotope used. For lower photon energies (e.g. Tc-99m) this can be a major contribution, which, if neglected, can result in insufficiently shielded rooms. These results will allow for safer and better optimized shielding designs in Nuclear Medicine departments.

CLINICAL RELEVANCE/APPLICATION
Our research will aid safer and better optimized shielding designs in Nuclear Medicine departments as the contribution of scattered radiation from the ceiling (skyshine) can be properly accounted for.

PURPOSE
Added beam-shaping filtration such as the use of a tin filter may improve the dose efficiency of an x-ray beam by removing some of the low-energy photons that do not contribute to image quality. The purpose of this study was to evaluate the radiation dose reduction potential of a 100 kV beam with an added tin filter for different patient sizes.

METHOD AND MATERIALS
An anthropomorphic chest phantom (Lungman, Kyoto Kagaku) with 2 additional attenuation layers was used to simulate small (35 x 20 cm), medium (40 x 26 cm), and large (47 x 31 cm) adult patients. These phantoms were scanned on a 192-slice CT scanner (Force, Siemens) at 100 and 120 kV without tin filtration, and 100 and 150 kV with tin filtration (100Sn and 150Sn), each at 5
different dose levels. The CTDIvol at each kV was matched to that in the 100Sn scan with quality reference mAs (QRM) values of 300, 150, 100, 50, and 25. Images were reconstructed using an iterative reconstruction method (ADMIRE, Siemens) with a kernel of Bv49-2. A 0.6 cc point ion chamber was used to measure radiation dose at 6 locations of each phantom. For each phantom size, dose level, and kV setting, image noise at uniform areas of the central region was measured and averaged across 10 slices. The average dose from the point-chamber measurement, instead of CTDIvol, was used to evaluate the dose efficiency. Radiation dose was calculated for each kV and each phantom size such that the noise was matched to that in the 120 kV images acquired at a dose level specified by 100Sn and 100 QRM, which was deemed clinically acceptable for lung cancer screening. The percent dose reduction of 100Sn relative to 120 kV for each phantom size was estimated.

RESULTS

100Sn generated images with the lowest noise among all tube voltages for all three phantom sizes at the same radiation dose. At a dose level that is considered clinically acceptable (100Sn, 100 QRM), the noise was reduced by 31%, 30%, and 28% for small, medium, and large phantom sizes compared with 120 kV. The corresponding dose reduction was 52%, 51%, and 49%.

CONCLUSION

The 100 kV with an added beam filtration can reduce radiation dose by 49-52% compared with the 120 kV in lung cancer screening CT.

CLINICAL RELEVANCE/APPLICATION

Added beam filtration such as tin filter has the potential to improve dose efficiency in lung cancer screening CT.

SSG15-03  Radiation Dose Reduction Using Mini-Mobile Digital Imaging System in a Neonatal Intensive Care Unit

Tuesday, Dec. 1 10:50AM - 11:00AM Location: S404AB

Participants
Yoogi Cha, Jeonrabukdo Iksan, Korea, Republic Of (Presenter) Nothing to Disclose
Taeyeong Heo, Iksan, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Dong Woon Heo, Iksan-City, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Jong Hyun Ryu, Iksan, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Chang Won Jeong, Iksan, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Tae-Hoon Kim, Iksan, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Hong Young Jun, PhD, Iksan, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Kwon-Ha Yoon, MD, PhD, Iksan, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

PURPOSE

The aim of this work was to determine the radiation dose received by infants from radiographic exposure and compare to mini-mobile digital imaging system (mini-DI) and conventional mobile digital radiography (DR) for entrance surface dose (ESD) and image quality for neonatal chest imaging

METHOD AND MATERIALS

The sample consisted of 20 neonatal chest x-rays of 12 neonates admitted and treated in a neonatal intensive care unit (NICU). All the neonates were preterm in the range of 25-35 weeks, with a mean of 31.5 weeks. We used a mini-DI system (Meteor, Nanofocusray Co. Ltd, Korea), which was adapted a flat-panel detector and monoblock X-ray source and conventional mobile DR (EFX vision, Shimadzu medical system, Japan) for comparison. The protocols of neonatal chest imaging were 60kV and 0.15 mAs for mini-DI, and 60kV and 1.2 mAs for mobile DR, respectively. With each protocol and system, ESD was measured using a dosimeter (Piranha, RTI electronics, Sweden). Signal to noise ratio (SNR), contrast to noise ratio (CNR) and modulation transferring function (MTF,10%) were calculated for image quality using bar phantom (x-ray test pattern type 18, FUNK, Germany).

RESULTS

The mean ESD for the mini-DI and mobile DR were 28.3±0.09 μGy and 254.6±1.04 μGy, respectively (p< 0.001). Regarding image quality, the mean SNR values for the mini-DI and mobile DR were 62.8 vs 18.4, the CNR value were 30.2 vs 26.8, and 10% MTF were 131μm vs 162μm, respectively. The diagnostic performance of mini-DI was better than those of conventional DR.

CONCLUSION

The results of our study show that neonates received ten-times lower dose from mini-mobile digital imaging system compare to conventional mobile DR. The mini-DI would be useful with dose reduction and good image quality in a NICU considering the sensitivity of the neonates to radiation

CLINICAL RELEVANCE/APPLICATION

The mini-mobile digital imaging system would be useful in a NICU for dose reduction considering the sensitivity of the neonates to radiation.

SSG15-04  A Method for Dose Reduction in Dedicated Breast CT Using a Wedge Filter: Theory and Preliminary Validation

Tuesday, Dec. 1 11:00AM - 11:10AM Location: S404AB

Participants
Andrew Hernandez, Sacramento, CA (Presenter) Nothing to Disclose
Peymon Gazi, MS, Sacramento, CA (Abstract Co-Author) Nothing to Disclose
John M. Boone, PhD, Sacramento, CA (Abstract Co-Author) Research Grant, Siemens AG Research Grant, Hologic, Inc Consultant, Varian Medical Systems, Inc

PURPOSE

To improve image quality and reduce patient dose in dedicated breast CT (bCT) by means of a wedge filter design that modulates
the x-ray beam in the cone angle direction.

**METHOD AND MATERIALS**

Using a large cohort of breast CT images and the known geometry of our prototype bCT scanner, the x-ray path length profile through each breast as a function of position along the z-axis was obtained by ray tracing from the x-ray tube focal spot through the breast CT data and onto the detector panel, with some assumptions. A complete description of the air kerma at scanner isocenter and resulting arbitrary detector units (ADUs) on the projection images were then measured on our system by sweeping through all possible tube current values (up to detector saturation). Our bCT system's modeled x-ray spectra were then mathematically filtered with increasing thicknesses of 20% glandular breast tissue to provide a relationship between changes in air kerma and hence ADU values with varying x-ray path lengths through breast tissue. For several different filter materials (Cu, Ti, and Al) a nonlinear regression algorithm was developed to estimate the wedge filter thickness profiles needed to equalize the ADU values (behind the breast) along the z-axis of the detector.

**RESULTS**

Using a 60 kV x-ray spectrum with 0.3 mm Cu pre-filtration, the wedge filter thickness profiles resulting from the proposed algorithm were fit using linear regression and resulted in R² values > 0.9110 for all materials analyzed (Cu, Ti, and Al). The resulting wedge-shaped filters increased linearly from 0 mm (posterior edge of detector) to 1.1, 4.3, and 25.1 mm thick (anterior edge of detector) for the Cu, Ti, and Al filter materials, respectively.

**CONCLUSION**

A proposed design of a wedge-shaped filter for dedicated bCT has the potential of reducing patient dose by reducing incident air kerma along the thinner anterior regions of the breast where the dose is the highest; and improving image quality by reducing beam attenuation along the thicker posterior regions of the breast where image noise dominates. Furthermore, the proposed design is robust because it makes use of a large number of patient bCT datasets and it would be relatively straightforward to implement on our prototype bCT systems.

**CLINICAL RELEVANCE/APPLICATION**

This study is directly related to the improvement of clinical breast imaging because it has the potential of reducing patient dose and improving image quality.
Virtual Non-enhanced Images Acquired by Material Suppression Iodine (MSI) in Enhanced Spectral CT Imaging on Chest: In Comparison with Plain Scan

Tuesday, Dec. 1 11:20AM - 11:30AM Location: S404AB

Participants
Qimeng Quan, MD, PhD, Shanghai, China (Presenter) Nothing to Disclose
Yuanjiong Chen, Shanghai, China (Abstract Co-Author) Nothing to Disclose
Nianyun Li, Shanghai, China (Abstract Co-Author) Nothing to Disclose
Na Gao, Beijing, China (Abstract Co-Author) Nothing to Disclose
Gui-Xiang Zhang, MD, Shanghai, China (Abstract Co-Author) Nothing to Disclose

PURPOSE
To evaluate the feasibility of virtual non-enhanced images post-processed by MSI in enhanced spectral CT imaging in comparison with the images of plain scan on chest.

METHOD AND MATERIALS
The chest plain and iodine-enhanced standardized CT scanning was performed sequentially on 11 patients using a 64-row CT scanner (GE healthcare, Discovery CT750 HD). The enhanced images were post-processed into virtual non-enhanced images following the function of material suppression iodine (MSI) on AW4.6 workstation (GE healthcare). The virtual non-enhanced images were compared with the images of plain scan by analyzing the CT values in selected vessels. The statistical analysis was carried on.

RESULTS
The CT values of the region of interest (ROI) in thoracic aorta, ascending aorta, pulmonary artery trunk, and dorsal muscle in enhanced images of chest were 258.38±29.21HU, 266.37±36.02HU, 239.91±57.63HU, and 45.64±48.64HU. All CT values on MSI images for the vessels mentioned above dropped to 44.00±6.23HU, 43.71±9.41HU, 47.03±11.93HU, 43.47±7.81HU, respectively. The MSI images demonstrated similar CT values as plain scan (40.25±6.19HU, 39.14±9.27HU, 40.11±11.01HU, and 50.41±9.96HU, respectively) (P>0.05). There were no significantly different values of CTDIvol between plain scan and enhanced CT scan (8.38±2.77 mGy vs. 8.85±1.83 mGy, p>0.05) meanwhile.

CONCLUSION
Virtual non-enhanced images acquired by MSI effectively suppressed iodinate contrast, which was comparable to plain CT images on chest. Successful substitution scans lead to nearly 50% radiation dose reduction and got equal image quality.

Quantifying Uncertainties in Absorbed Organ Dose Calculations in Monte Carlo Simulations of Dental Cone Beam CT Applications

Tuesday, Dec. 1 11:30AM - 11:40AM Location: S404AB

Participants
Andreas Stratis, Leuven, Belgium (Presenter) Nothing to Disclose
Guozhi Zhang, Leuven, Belgium (Abstract Co-Author) Nothing to Disclose
Reinhilde Jacobs, Leuven, Belgium (Abstract Co-Author) Nothing to Disclose
Ria Bogaerts, Herestraat 49, Belgium (Abstract Co-Author) Nothing to Disclose
Hilde Bosmans, PhD, Leuven, Belgium (Abstract Co-Author) Co-founder, Qaelum NV Research Grant, Siemens AG

PURPOSE
To estimate the uncertainty of calculated absorbed organ doses in dental Cone Beam CT (CBCT) Monte Carlo (MC) simulations due to uncertainties in the measurement of Half Value Layer (HVL) and in the positioning of the Field of View (FOV).

METHOD AND MATERIALS
X-ray tubes are applied to our EGSnrc MC framework via equivalent source models which consist of an energy spectrum derived from HVL measurements and a filter description specified from air kerma measurements across the radiation field. The HVL of the Promax 3D Max scanner (Planmeca, Finland) was measured at 96 kV with a farmer ion chamber. Source models were generated for the measured HVL and for HVL values corresponding to theoretical deviations of ± 2.5% and ±5%. In a first study, each spectrum was directed towards the Zubal head phantom to simulate a jaw examination protocol (130 x 90 mm²). The centre of the FOV was initially placed between the upper and the lower jaw and axially positioned such that the entire denture is imaged. In a second study, a fixed source model was directed ten times to the phantom, each time shifting the centre of the FOV by ±1 cm and ±2 cm in the front-back direction, 1cm diagonally, 1 cm back and 1 cm down.

RESULTS
The HVL at 96kV was 9.05mmAl. A 5% lower HVL value results in an average 34.4% overestimation in absorbed organ doses, whereas a 5% overestimation results in an average 33.02 % underestimation in calculated organ doses. The more the FOV is shifted frontwards (either on the midline or diagonally) the lower the doses get. Shifting the FOV down, there is a noticeable 35% dose increase in the esophagus, a 28% dose increase in thyroid, a 29% decrease in brain and 29.62 % decrease in eye lens dose.

CONCLUSION
Underestimating HVL in the generation of equivalent source models procedure results in a thinner filter present on the beam path and hence in higher doses. In cases of highly filtered beams, such as CT or CBCT, uncertainties of 5% in HVL and its implementation to source models intended for MC dose calculations lead to 34% over or under estimation of calculated organ doses. Similar uncertainties are obtained for misplacements of the FOV on the model.

CLINICAL RELEVANCE/APPLICATION
Accurate dental CBCT dose calculations in head voxel models via Monte Carlo simulations require accurate HVL measurements and careful FOV positioning.

SSG15-08  A Monte Carlo Dosimetry Comparison Study of Two Different Paediatric Protocols for Teeth Auto Transplantation Planning and Follow-up

Tuesday, Dec. 1 11:40AM - 11:50AM Location: S404AB

Participants
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Hilde Bosmans, PhD, Leuven, Belgium (Abstract Co-Author) Co-founder, Qaelum NV Research Grant, Siemens AG

PURPOSE
To investigate via Monte Carlo (MC) simulations whether or not, a newly proposed autotransplantation tooth protocol in a new scanner, yielding images of similar quality with the existing protocol performed in an old scanner, is capable of reducing the dose to paediatric patients (justification).

METHOD AND MATERIALS
The clinical protocol requires one high resolution treatment planning CBCT scan to guide the segmentation of the tooth to be transplanted and two follow-up scans, one and two years later. The current protocol in Accuitomo 170 (Morita, Japan) employs a 60x60 mm² 'High Resolution' planning scan and two follow up 'Standard Resolution' 40x40 mm² scans. The newly proposed one is to be carried out in Promax 3D Max (Planmeca, Finland) using a planning scan (90x100 mm²), followed by two (50x55 mm²) scans (all of them Ultra low dose, normal reconstruction). To compare organ doses, MC simulations in voxel phantoms were implemented. CT scans of three paediatric patients (5 and 8 years old male, 12 years old female) were used to segment internal anatomy and create paediatric head voxel models. Three clinical dental applications (canine, incisor and premolar tooth) were investigated. An EGSnrc based MC framework was calibrated and employed to calculate absorbed organ doses and effective dose (ED) for each paediatric voxel phantom.

RESULTS
The total EDs of the currently used protocol for the 3 dental applications range from 356 µSv to 390 µSv for the 5 years old, 390 to 402 µSv for the 8 years old and 270 to 288 µSv for the 12 years old phantoms. The new suggested protocol results in ED ranges of 267 to 275 µSv, 242 to 246 µSv and 207 to 208 µSv for 5, 8 and 12 years old respectively. The contribution of the planning scan on the total ED is 70% on average with the current protocol in Accuitomo 170 and 50% with the newly proposed one in Promax 3D Max.

CONCLUSION
Effective doses for the new protocol are lower and it is therefore dosewise justified. The contribution of the follow up scans to the total ED suggests that the next step towards dose optimisation should investigate the dose reduction of the follow up scans even further.

CLINICAL RELEVANCE/APPLICATION
The newly proposed tooth auto transplantation protocol delivers lower doses to children compared to the currently used protocol.

SSG15-09  Is Simulation of 3D Tube Current Modulation Needed for Organ Dose Assessment with MC Frameworks?

Tuesday, Dec. 1 11:50AM - 12:00PM Location: S404AB

Participants
Xochitl Lopez-Rendon, Msc, Leuven, Belgium (Presenter) Nothing to Disclose
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Hilde Bosmans, PhD, Leuven, Belgium (Abstract Co-Author) Co-founder, Qaelum NV Research Grant, Siemens AG
Federica Zanca, PhD, Leuven, Belgium (Abstract Co-Author) Nothing to Disclose

PURPOSE
To estimate the error associated with breast and lung dose calculation when using longitudinal tube current modulation (TCM) only versus the full 3D TCM information for three chest CT protocols.

METHOD AND MATERIALS
Four cadavers (3 female, 1 male) with different BMI (underweight, normal, overweight and obese) were scanned with a Siemens Definition Flash CT scanner using Standard-, XCare- and Flash-protocols (120 kVp, TCM). CTDIvol was matched to the patient specific CTDIvol of the Standard protocol for comparison purposes. The doses to the lungs and breasts were calculated with a MC simulation framework (EGSnrc) by using the full 3D TCM information obtained from raw data versus the use of longitudinal modulation only, obtained from DICOM headers. For each cadaver a voxel model was generated to be used for the dose calculation.

RESULTS
Results were analyzed per protocol and BMI. For the Standard protocol, independently of patient habitus, lung and breast dose differences between the two TCM methods were negligible (3.6% at maximum). For the XCare protocol, not accounting for the angular modulation caused a maximum underestimation of the lung dose for the underweight BMI of 1.6%. However, for the breast we found an overestimation for the smaller BMI (7.0%) whereas the tendency reverted to an underestimation which increased with BMI (up to 14.4%). For the Flash protocol we found that the lung dose is underestimated for all BMI, with a maximum of 4.6% for...
the underweight, decreasing to 0.7% for overweight, when considering only longitudinal TCM. For the breast, we found an overestimation for the underweight BMI (3.3%), and a tendency to switch to underestimating values of 1.4% and 0.9% for the normal and overweight BMI, respectively.

CONCLUSION

Lung and breast dose estimations with MC frameworks or commercial tools that implement only z-modulation are within 5% of the respective doses when simulating 3D TCM for chest CT scans using a Standard or a Flash CT protocol. For the XCare protocol, the use of 3D TCM is recommended. This can be explained by the larger impact of the patient’s anatomy and the particular tube current modulation scheme used for that protocol.

CLINICAL RELEVANCE/APPLICATION

The implementation of longitudinal modulation only is sufficiently accurate for Standard and Flash CT protocols. This facilitates organ dosimetry estimation as 3D TCM is not accessible without the help of the manufacturer.
PURPOSE
To retrospectively evaluate the capability of computed-tomography (CT) radiomic features in predicting EGFR mutation status in surgically resected peripheral lung adenocarcinomas in Asian cohort patients.

METHOD AND MATERIALS
This study was approved by the institutional review board, with waiver of informed consent. 298 patients (167 for training and 131 for validation) with surgically resected peripheral lung adenocarcinomas were enrolled in this study. The EGFR mutations at exons 18 - 21 were determined by amplification refractory mutation system-PCR. We used Definiens Developer XD© (Munich, Germany) as the image analysis platform to perform tumor segmentation and feature extraction.

RESULTS
Mutant EGFR was significant associated with neversmoker status (p=0.041), lepidic predominant adenocarcinomas subtype (p=0.030), and low or intermediate pathologic grade (p=0.041) in peripheral lung adenocarcinomas. Eight radiomic features were significantly associated with the presence of EGFR mutation, including three size base features, four tumor location based features, and one runlength and cooccurrence based feature. The results of a multivariable model showed that the most important predictors of harboring EGFR mutation in Asian patients with peripheral lung adenocarcinoma were histologic subtype (OR 1.99, 95% CI 0.97-4.06), smoking status (OR 0.55, 95% CI 0.29-1.03), and one radiomic feature describing tumor location (OR 0.01, 95% CI <0.001-1.10). The AUC value calculated from the predictive logistic model was 0.650 (95% CI: 0.567 - 0.734), and the AUC value computed by cross-validation method was 0.569 (95% CI: 0.480 - 0.659). The AUC value of this predictive model on the independent validation dataset was 0.696 (95% CI: 0.605 - 0.787).

CONCLUSION
CT based radiomic features of peripheral lung adenocarcinomas can capture useful information regarding tumor phenotype, and the current model we built could be highly useful to predict the presence of EGFR mutations in peripheral lung adenocarcinoma in Asian patients when mutational profiling is not available or possible.

CLINICAL RELEVANCE/APPLICATION
The significant association between radiomic features and EGFR mutation status for patients with peripheral lung adenocarcinomas would serve as image biomarker to allow identification of patients with high incidence of harboring EGFR mutations.
To investigate the potential relationship between iodine uptake levels estimated from single source dual-energy CT (DE-CT) and perfusion parameters with dual-input perfusion CT in lung cancer.

METHOD AND MATERIALS

This study was an institutional review board-approved study, and written informed consent was obtained from all patients. Twenty patients with lung cancers (including 12 of adenocarcinoma, 6 of squamous carcinoma and 2 of small cell lung cancer) underwent whole volume perfusion CT and single source DE-CT with 320-row CT in one examination (30S perfusion then DE-CT). The dual-input maximum slope CT perfusion (DI-CT) analysis was employed. Then, the single source DE-CT was applied, and iodine uptake were estimated by the difference ($\lambda$) and the slope ($\lambda$HU) between the CT numbers of net enhancement in 40keV and 70keV monochromatic images. For the perfusion CT, the pulmonary trunk and the ascending aorta were selected as the input arteries for the pulmonary circulation and the aortic circulation respectively. Pulmonary flow (PF), aortic flow (AF), and a perfusion index (PI, =PF/ (PF + AF)) were calculated using the maximum slope method. The DI-CT and DE-CT parameters were analyzed by Pearson/Spearman correlation analysis, respectively.

RESULTS

There are significant correlations between $\lambda$, AHU and AF, PF. Correlation coefficient between $\lambda$ and AF, PF are 0.615 ($P <0.01$) and 0.526 ($P<0.05$), respectively. Correlation coefficient between AHU and AF, PF are 0.575 ($P <0.01$) and 0.538 ($P<0.05$), respectively. There is a positive correlation between the DI-CT and DE-CT parameters.

CONCLUSION

Both the single source DE-CT and dual-input CT perfusion analysis method can be used to estimate lung cancer perfusion. This study demonstrates that the iodine uptake of lung cancer estimated from DE-CT is significant correlated with the pulmonary flow and aortic flow supplying the tumors.

CLINICAL RELEVANCE/APPLICATION

The iodine uptake of lung cancer estimated from single source DE-CT may assess tumor perfusion in consistent with the whole volume perfusion CT. It has potential value to reflect tumor pathophysiology and treatment response.
**SSG03-05**  
**Lesion Differentiation with Material Decomposition Images Acquired from Dual Energy CT of the Chest**  
Tuesday, Dec. 1 11:10AM - 11:20AM Location: S404CD

**Participants**

Alexi Otrakji, MD, Boston, MA (Presenter) Nothing to Disclose  
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Jo-Anne O. Shepard, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose  
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Shaunagh McDermott, FFR(RCSI), Boston, MA (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To assess imaging characteristics of pulmonary abnormalities seen on material decomposition images of dual energy CT of the chest.

**METHOD AND MATERIALS**

In an IRB approved retrospective study, 83 patients (mean age: 61±14 years, M:F 45:38, mean weight 77±18 kg) underwent dual-energy chest CT on dual source multidetector CT (Siemens Definition Flash) or a single source 64-row multidetector CT (GE 750HD Discovery). Virtual monochromatic (60 keV) images were reviewed for presence of pulmonary embolism, as well as presence, shape, size, location, and attenuation characteristics of pulmonary abnormalities. Pulmonary blood volume (PBV) images were assessed for presence and size of blood volume abnormalities in the area of pulmonary abnormalities seen on other images. Data were analyzed using Wilcoxon Signed Rank test.

**RESULTS**

In pulmonary embolism with infarction, the size of decreased perfusion on PBV images was greater or equal to the size of pulmonary opacities on 60 keV images (size mismatch between attenuation and decomposition images in 10/83 patients). Decreased PBV ("perfusion defect") was also seen in 6/83 patients with non-occlusive pulmonary embolism without definite pulmonary infarction. The "stripe sign" described in perfusion scans was negative in all patients with infarctions and perfusion defects. In patients with atelectasis, pneumonia or emphysema the size of perfusion abnormalities on PBV was smaller or equal to the size of pulmonary opacity or lucency seen on 60 keV images (no size mismatch). Areas of heterogeneously increased perfusion on PBV with associated "Swiss cheese" appearance was seen in 17/83 patients with pneumonia. PBV abnormality in 34/83 patients with atelectasis is characterized by homogeneously increased perfusion on PBV. Perfusion abnormality in 15/83 patients with lucent lesions (emphysema, air trapping, cysts) is characterized by homogeneous hypo-perfusion on PBV images.

**CONCLUSION**

Size matching of area of abnormalities seen on attenuation and on PBV images help differentiate pulmonary opacities from pulmonary infarcts, pneumonia and atelectasis. Lessons from nuclear medicine (V:Q) can help the chest radiologists interpret DECT.

**CLINICAL RELEVANCE/APPLICATION**

Simultaneous interpretation of virtual monochromatic and PBV images can increase the diagnostic confidence of differentiating between the lung lesions.

**Honored Educators**

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Subba R. Digumarthy, MD - 2013 Honored Educator

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**SSG03-06**  
**Reproducibility and Consistency of Dual Energy Computed Tomography (DECT) Pulmonary Blood Volume (PBV) Measurements in Repeated Examinations**  
Tuesday, Dec. 1 11:20AM - 11:30AM Location: S404CD

**Participants**

Sam Dumonteil, MBBS, London, United Kingdom (Presenter) Nothing to Disclose  
Jaymin H. Patel, MBBS, BSc, London, United Kingdom (Abstract Co-Author) Nothing to Disclose  
Charlie Sayer, MBBS, FRCR, London, United Kingdom (Abstract Co-Author) Nothing to Disclose  
Ioannis Vlahos, MRCP, FRCR, London, United Kingdom (Abstract Co-Author) Research Consultant, Siemens AG Research Consultant, General Electric Company

**PURPOSE**

To evaluate the reproducibility of DECT in the measurement of PBV in patients with and without pulmonary embolism (PE).

**METHOD AND MATERIALS**

133 patients were identified from a 3yr retrospective review of all patients undergoing more than one DECT for suspected PE.
RESULTS

For N-P pairs all regional PBV measures showed no significant difference between the two scans: Both Lungs (25 v 26), Right Lung (25 v 25), Left Lung (25 v 26), 6 Regions (22 v 22, 26 v 26, 28 v 28, 24 v 23, 26 v 27, 27 v 28), all p>0.05. ICC concordance in all regions was moderate to substantial (Mean 0.66, 0.57-0.73) improving further when corrected for central pulmonary enhancement (Mean 0.75, 0.65-0.82). For the N-N PE pairs all regional PBV measures showed significant reduction on the PE positive study: Both Lungs (31 v 25), Right Lung (31 v 25), Left Lung (31 v 27), 6 Regions (28 v 21, 31 v 25, 33 v 28, 28 v 23, 32 v 27, 34 v 29), all p<0.01. In the N-PE group the PE positive study demonstrated significantly increased variance of the 6 standard region PBVs compared to the normal study (554 v 1062, p=0.04), whereas comparable variance comparison in the N-N pairs was not statistically different.

CONCLUSION

In patients undergoing repeated DECT, PBV measures are reproducible with a high degree of concordance within individual patients when normal, but with significant reduction and variability in all lung regions when PE is present.

CLINICAL RELEVANCE/APPLICATION

The reproducibility of DECT PBV measures in normality and their predictable absolute value reduction and increased variance in PE raises the possibility of using such measures to assess treatment response.

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Ioannis Vlahos, MRCP, FRCR - 2015 Honored Educator

SSG03-07  Iodine-density Analysis Using Enhanced ssDECT Imaging in Differentiating Benign and Malignant Serous Cavity Effusion

Tuesday, Dec. 1 11:30AM - 11:40AM Location: S404CD

Participants

Ye Ju, Dalian, China (Presenter) Nothing to Disclose
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Yijun Liu, Dalian, China (Abstract Co-Author) Nothing to Disclose
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Shifeng Tian, Dalian, China (Abstract Co-Author) Nothing to Disclose
Lingxin Kong, Dalian, China (Abstract Co-Author) Nothing to Disclose

PURPOSE

To assess the value of quantitatively iodine concentration measurement of enhanced ssDECT imaging in the differential diagnosis of malignant and benign serous cavity effusion.

METHOD AND MATERIALS

Approval for this retrospective HIPAA -compliant study was obtained from the institutional review board, and informed consent was waived. From August 2012 to February 2015, totally 51 patients, including 17 cases of benign serous effusion and 34 cases of malignant serous effusion proven by histopathological diagnosis or laboratorial examination, underwent plain and three-phase enhanced ssDECT imaging through fast kVp-switching technique. The iodine-based material density images were reconstructed. The iodine concentration (M-IE) in the effusion was measured at plain and three-phase enhanced iodine-based material density images, and the iodine concentration (M-IA) in the artery was also measured. The normalized iodine concentration (NIC= M-IE /M-IA) was calculated. The difference of normalized iodine concentration (D-I) was also calculated. The difference of these parameters was evaluated statistically by Mann-Whitney Test.

RESULTS

1) The NIC of benign group in the three-phase enhanced images all lower than those of malignant group (26.13 vs. 36.76, 25.87 vs. 36.90, 23.87 vs. 38.00, respectively) with statistical difference (P=0.03, P=0.02, P=0.00). 2) D-I between arterial phase and plain scan of benign group (21.96) was lower than that of malignant group (39.05) with statistical difference (P=0.00). The D-I between venous phase and plain scan of benign group (20.91) was also lower than that of malignant group (39.62) with statistical difference (P=0.00). The D-I between delayed phase and plain scan of benign group (19.48) was also lower than that of malignant group (40.40) with statistical difference (P=0.00).

CONCLUSION

The malignant and benign effusion shows different NIC and D-I in the iodine-density images of enhanced ssDECT imaging.

CLINICAL RELEVANCE/APPLICATION

The iodine-density images of enhanced ssDECT scanning provides a sensitive approach for identifying benign and malignant serous cavity effusion.

SSG03-08  Xenon Ventilation CTs Using Dual-Energy CT and Subtraction CT Methods versus Krypton Ventilation
SPECT/CT: Capability for Regional Ventilation and Pulmonary Functional Loss Assessments in Smokers

Tuesday, Dec. 1 11:40AM - 11:50AM Location: S404CD

Participants
Daisuke Takenaka, MD, Kobe, Japan (Abstract Co-Author) Nothing to Disclose
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Kazuo Sugimura, MD, PhD, Kobe, Japan (Abstract Co-Author) Research Grant, Toshiba Corporation Research Grant, Koninklijke Philips NV Research Grant, Bayer AG Research Grant, Eisai Co, Ltd Research Grant, DAIICHI SANKYO Group

PURPOSE
To compare the capability for regional ventilation and pulmonary functional loss assessments among xenon ventilation CT (Xe-CT) obtained by dual-energy CT (DECT) and subtraction CT (Sub-CT) methods, and krypton ventilation SPECT/CT in smokers.

METHOD AND MATERIALS
Eleven consecutive smokers (7 male and 4 female, mean age: 69 years) prospectively underwent low-dose unenhanced and xenon-enhanced CT as well as xenon-CT as Sub-CT method. To evaluate the capability of regional ventilation difference on each method, regional ventilation was assessed by consensus of board certified chest radiologists according to previously reported 3-point scoring system on a per segment basis. To determine functional lung volume in each subject was calculated based on visual scores according to past literatures. To evaluate qualitative capability for regional ventilation assessment, the inter-method agreements were determined by kappa statistics. To determine quantitative capability for regional ventilation and pulmonary functional loss assessments among three methods, functional lung volume was correlated each other by Pearson's correlation. Finally, functional lung volume on each method was also correlated with FEV1%.

RESULTS
Inter-method agreements were as follows: DECT vs. Sub-CT, κ=0.90, DECT vs. SPECT/CT, κ=0.82, Sub-CT vs. SPECT/CT, κ=0.79. On correlation of functional lung volume among three methods, there were excellent correlations among three methods (DECT vs. Sub-CT: r=0.99, p<0.0001; DECT vs. SPECT/CT: r=0.96, p<0.0001; Sub-CT vs. SPECT/CT: r=0.96, p<0.0001). In addition, FEV1% had excellent correlations with all methods (DECT: r=0.93, p<0.0001; Sub-CT: r=0.93, p<0.0001; SPECT/CT: r=0.88, p<0.0001).

CONCLUSION
Xenon CT can be obtained by DECT and subtraction CT methods, and have similar potentials to evaluate regional ventilation and pulmonary functional loss as well as krypton ventilation SPECT/CT.

CLINICAL RELEVANCE/APPLICATION
Xenon CT can be obtained by DECT and subtraction CT methods, and have similar potentials to evaluate regional ventilation and pulmonary functional loss as well as krypton ventilation SPECT/CT.

SSG03-09 Dual-Point Contrast-Enhanced Dual-Energy CT vs. FDG-PET/CT: Capability for Distinguishing Malignant from Benign Pulmonary Nodules

Tuesday, Dec. 1 11:50AM - 12:00PM Location: S404CD

Participants
Sachiko Miura, MD, Kashihara, Japan (Presenter) Nothing to Disclose
Yoshinari Ohno, MD, PhD, Kobe, Japan (Abstract Co-Author) Research Grant, Toshiba Corporation; Research Grant, Koninklijke Philips NV; Research Grant, Bayer AG; Research Grant, DAIICHI SANKYO Group; Research Grant, Eisai Co, Ltd; Research Grant, Terumo Corporation; Research Grant, Fuji Yakuhin Co, Ltd; Research Grant, FUJIFILM Holdings Corporation; Research Grant, Guerbet SA; Takeshi Kawaguchi, Kashihara, Japan (Abstract Co-Author) Nothing to Disclose
Takashi Tojo, Kashihara, Japan (Abstract Co-Author) Nothing to Disclose
Kinya Hiroki, Kashihara, Japan (Abstract Co-Author) Nothing to Disclose

PURPOSE
To directly and prospectively compare the capability of dual-point contrast-enhanced (CE-) dual-energy CT (DECT) for distinguishing malignant from benign pulmonary nodules as compared with FDG-PET/CT.

METHOD AND MATERIALS
Fifteen consecutive patients who had 19 lung nodules totally (10 men, 5 women, mean age: 70.5 years) underwent dual-point CE-DECT and FDG-PET/CT, and pathological and/or follow-up examinations. According to the pathological and follow-up examinations, all nodules were divided into two groups as follows: malignant (n=15) and benign (n=4) nodules. From dual-point CE-DECT data obtained at 80 and 140kV, we generated virtual non-contrast (VNC) images and iodine maps at early and late phases. To determine the capability of dual-point CE-DECT for nodule evaluation in each patient, ROIs were placed over all nodules for measuring values on all generated images at the two phases and difference of values between early and late phases on VNC image (ΔVNC). On FDG-PET/CT in all patients, SUVmax was also assessed by ROI measurement placed over each nodule. To evaluate differences of all CE-
DECT indices and SUVmax between malignant and benign nodule groups, Student’s t-test was performed. For distinguishing malignant from benign nodules, ROC-based positive test was performed to determine feasible threshold values of the indices as having significant differences between the two groups. Finally, sensitivity (SE), specificity (SP) and accuracy (AC) were compared each other by means of McNemar’s test.

RESULTS

On comparison between the two groups, there were significant differences between malignant and benign groups on ΔVNC (malignant vs. benign: 0.67±4.2HU vs. 10.8±7.6HU, p=0.002) and SUVmax (malignant vs. benign: 6.7±4.6 vs. 1.5±0.58, p=0.0007). When applied feasible threshold values, diagnostic performance of ΔVNC (SE: 100 [15/15] %, SP: 50 [2/4] %, AC: 89.5 [17/19] %) was slightly better than that of SUVmax (SE: 86.7 [13/15] %, SP: 50 [2/4] %, AC: 78.9 [15/19] %), although there were no significant differences (p>0.05).

CONCLUSION

Dual-point CE-DECT is considered at least as valuable as FDG-PET/CT for distinguishing malignant from benign nodules.

CLINICAL RELEVANCE/APPLICATION

When applied dual-point CE-DECT technique, CE-DECT is considered at least as valuable as FDG-PET/CT for distinguishing malignant from benign nodules in routine clinical practice.
LEARNING OBJECTIVES

1) Know some of the latest technology for text processing. 2) Learn some of the latest technology for health in the workplace. 3) Be aware of technology that can make the RSNA meeting more pleasant and productive.

ABSTRACT

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Michael L. Richardson, MD - 2013 Honored Educator
Michael L. Richardson, MD - 2015 Honored Educator
Making the Most of Google Docs: Docs, Slides, Forms, and Sheets (Hands-on)

Tuesday, Dec. 1 10:30AM - 12:00PM Location: S401CD

AMA PRA Category 1 Credits™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Marc D. Kohli, MD, San Francisco, CA (Moderator) Research Grant, Siemens AG
Marc D. Kohli, MD, San Francisco, CA (Presenter) Research Grant, Siemens AG
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Aaron P. Kamer, MD, Indianapolis, IN, (apkamer@iupui.edu) (Presenter) Nothing to Disclose
Andrew B. Lemmon, MD, Atlanta, GA (Presenter) Nothing to Disclose
Thomas W. Loehfelm, MD, PhD, Atlanta, GA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Describe the benefits and drawbacks of using Google tools for collaborative editing. 2) Explain issues related to storing protected health information in Google Drive. 3) Demonstrate the ability to use the Google productivity applications for collaboration on document, spreadsheet, online form and presentation creation.

ABSTRACT
Note: Attendees should have or create a Google account prior to coming to the session. In today's busy environment, we need tools to work smarter, not harder. Google's suite of productivity applications provides a platform for collaboration that can be used across and within institutions to produce documents and presentations and to obtain and work-up data with ease. However, with increased sharing, security concerns need to be addressed. At the end of the session, learners should be able to demonstrate creating, sharing, and editing a document as a group.
SSG05

Gastrointestinal (CT Dose Reduction)

Tuesday, Dec. 1 10:30AM - 12:00PM Location: E352

[CT GI SQ]

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

FDA Discussions may include off-label uses.

Participants
William P. Shuman, MD, Seattle, WA (Moderator) Research Grant, General Electric Company
Kathryn J. Fowler, MD, Chesterfield, MO (Moderator) Research support, Bracco Group
Achille Mileto, MD, Durham, NC (Moderator) Nothing to Disclose

Sub-Events

SSG05-01 Automated Tube Voltage Adaptation in Combination with Advanced Modeled Iterative Reconstruction in Thoracoabdominal Oncological Follow-up Third-generation Dual-Source Computed Tomography: Effects on Image Quality and Radiation Dose

Tuesday, Dec. 1 10:30AM - 10:40AM Location: E352

Participants
Jan-Erik Scholtz, MD, Frankfurt, Germany (Presenter) Nothing to Disclose
Moritz H. Albrecht, MD, Frankfurt am Main, Germany (Abstract Co-Author) Nothing to Disclose
Kristina Husers, Frankfurt, Germany (Abstract Co-Author) Nothing to Disclose
Martin Beeres, MD, Frankfurt Am Main, Germany (Abstract Co-Author) Nothing to Disclose
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Julian L. Wichmann, MD, Charleston, SC (Abstract Co-Author) Nothing to Disclose
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Thomas J. Vogl, MD, PhD, Frankfurt, Germany (Abstract Co-Author) Nothing to Disclose

PURPOSE
To evaluate image quality and radiation exposure of portal-venous-phase thoracoabdominal third-generation 192-slice dual-source computed tomography (DSCT) with automated tube voltage adaptation (TVA) in combination with advanced modeled iterative reconstruction (ADMIRE).

METHOD AND MATERIALS
Fifty-one patients underwent oncological portal-venous-phase thoracoabdominal follow-up CT twice within 7 months. The initial examination was performed on second-generation 128-slice DSCT with a fixed tube voltage of 120 kV in combination with filtered back projection reconstruction (FBP). The second examination was performed on a third-generation 192-slice DSCT using automated TVA in combination with ADMIRE. Attenuation and image noise of liver, spleen, renal cortex, aorta, vena cava inferior, portal vein, psoas muscle and perinephric fat were measured. Signal-to-noise (SNR) and contrast-to-noise ratios (CNR) were calculated. Radiation dose was assessed as size-specific dose estimates (SSDE). Subjective image quality was assessed by 2 observers using five-point Likert scales. Interobserver agreement was calculated using intraclass correlation coefficients (ICC).

RESULTS
Automated TVA set tube voltage of follow-up CT to 90 kV (n=8), 100 kV (n=31), 110 kV (n=11), or 120 kV (n=1). Average SSDE was decreased by 34.9% with 192-slice DSCT compared to 128-slice 120-kV DSCT (SSDE, 7.8±2.4 mGy vs. 12.1±3.2 mGy; p<0.001). Image noise was substantially lower, SNR and CNR were significantly increased with 192-slice DSCT compared to 128-slice DSCT (all p<0.005). Image quality was voted excellent for both acquisition techniques (5.00 vs. 4.93; p=0.083) without significant differences.

CONCLUSION
Automated TVA in combination with ADMIRE in third-generation 192-slice portal-venous-phase thoracoabdominal DSCT reduces average radiation dose by 34.9% compared to 128-slice DSCT while providing improved objective image quality.

CLINICAL RELEVANCE/APPLICATION
Automated TVA in combination with ADMIRE is feasible in routine thoracoabdominal follow-up CT on a third-generation DSCT and results in substantial dose reduction without impairment of image quality.

SSG05-02 Assessment of Sinogram-affirmed Iterative Reconstruction Techniques for Reduced Dose Abdomen CT

Tuesday, Dec. 1 10:40AM - 10:50AM Location: E352

Participants
Atul Padole, MD, Boston, MA (Presenter) Nothing to Disclose
Nisha Sainani, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Shelly Mishra, Boston, GA (Abstract Co-Author) Nothing to Disclose
Azadeh Tabari, Boston, MA (Abstract Co-Author) Nothing to Disclose
Alexi Otrakji, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Mannudeep K. Kalra, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Subba R. Digumarthy, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Body weight, CT exams obtained on new generation scanners with automated kVp selection result in a significant reduction in radiation dose. A substantial (78%) of abdominal CT exams are obtained at low kVp [80% (≤91 kg) and 69% (>91 kg)]. Regardless of the patient weight, low kVp (≤110 kVp) was applied in 78% (281) of CT exams [80 kVp=4 (1%); 90 kVp=22 (6%); 100 kVp=251 (70%); 110kVp=4 (1%)].

RESULTS
Mean CTDIvol were 9±3 mGy and 1.4±0.1 mGy for SD CT and RD CT, respectively. There were total 70 lesions detected on SD CT. There were five missed lesions (4 liver lesions, 2-4 mm, and a liver mass < 1.2 cm) and a pseudo liver lesion (<4 mm) on SD images. For >91 kg, 69% of exams were obtained at low kVp (mGy;≤110 kVp =9.6,≥120kVp=17.2, 44% reduction; p<0.001). The CNR correlation with kVp [CTDI(mGy): 80=6.1;90=6.3;100=8.1;110=10.9; 120=14.1;140=22.9; r2=0.46,p<0.001]. For patients ≤91 kg, 22% of exams (n=81) were obtained at high kVp [120kVp=78(21%);140kVp=3(1%)]. The radiation doses showed a strong linear decrease with an increase in the kVp with highest values noted for exams obtained at low kVp (r2=0.18,p<0.001). The CNR of our 4 scanners from same vendor (Siemens) during one month period. All of these 4 CT scanners [Stellar Detectors=3 (Definition Edge with Stellar detectors) and conventional Solid detector=1 (Force)] have automated kvp selection (80-140) option. Radiologists performed independent, random, and blinded comparison for lesion detection, lesion conspicuity, and visibility abdominal structures, first for all patients on RD dose images and subsequently for SD images.

CONCLUSION
SubmSv radiation doses for routine abdominal CT are associated with missed lesions and suboptimal image quality despite use of higher strength iterative reconstruction techniques.

CLINICAL RELEVANCE/APPLICATION
Abdominal CT acquired at CTDIvol of 1.4 mGy is not sufficient for diagnostic confidence.

Method and Materials
In an IRB approved prospective study, 20 patients (age 68 ± 6 years, M:F 11:9) undergoing SD abdominal CT on 128-MDCT (Definition Edge with Stellar detectors) scanner gave informed consent for acquisition of an additional RD CT. The RD series were acquired with reduced tube current but identical scan length compared to the SD CT. The sinogram data of RD CT were reconstructed with three settings of Safe (S1, S3, S5) and SD CT reconstructed with Safe (S3) (n= 4*20=80 series). Radiologists performed independent, random, and blinded comparison for lesion detection, lesion conspicuity, and visibility abdominal structures, first for all patients on RD dose images and subsequently for SD images.

RESULTS
Mean CTDIvol were 9±3 mGy and 1.4±0.1 mGy for SD CT and RD CT, respectively. There were total 70 lesions detected on SD CT. There were five missed lesions (4 liver lesions, 2-4 mm, and a liver mass < 1.2 cm) and a pseudo liver lesion (<4 mm) on SD images. For >91 kg, 69% of exams were obtained at low kVp (mGy;≤110 kVp =9.6,≥120kVp=17.2, 44% reduction; p<0.001). The CNR correlation with kVp [CTDI(mGy): 80=6.1;90=6.3;100=8.1;110=10.9; 120=14.1;140=22.9; r2=0.46,p<0.001]. For patients ≤91 kg, 22% of exams (n=81) were obtained at high kVp [120kVp=78(21%);140kVp=3(1%)]. The radiation doses showed a strong linear decrease with an increase in the kVp with highest values noted for exams obtained at low kVp (r2=0.18,p<0.001). The CNR of our 4 scanners from same vendor (Siemens) during one month period. All of these 4 CT scanners [Stellar Detectors=3 (Definition Edge with Stellar detectors) and conventional Solid detector=1 (Force)] have automated kvp selection (80-140) option. Radiologists performed independent, random, and blinded comparison for lesion detection, lesion conspicuity, and visibility abdominal structures, first for all patients on RD dose images and subsequently for SD images.
Dramatically lower contrast medium volume with maintaining sufficient contrast enhancement thanks to low kVp imaging.

**Clinical Relevance/Application**

The clinical benefits of low kVp imaging are well recognized, however, image quality concerns may limit its implementation in clinical practice. The new generation scanners with automated kVp selection, stellar detectors as well as iterative reconstructions facilitate low kVp exams without degrading image quality, especially, in large sized patients.

**Honored Educators**

Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Dushyant V. Sahani, MD - 2012 Honored Educator
Dushyant V. Sahani, MD - 2015 Honored Educator

**Purpose**

To investigate whether the personalized liver CT examination protocol based on body mass index (BMI) could obtain the diagnostic image quality.

**Method and Materials**

This prospective study was approved by IRB. Informed patient consent was obtained. From 2014 May to 2015 March, patients with known or suspected HCC were recruited consecutively, who underwent MDCT. Patients were scanned with different tube voltage (80-120 kVp) in combination with different amount of iodine contrast medium (352 to 550 mgI/kg) based on their BMI: BMI 18.0-24.0, 80-kVp, 352mgI/kg; BMI 24.1-28.0, 100-kVp, 440 mgI/kg; BMI 28.1-35.0, 120-kVp, 550 mgI/kg. All the other scanning parameters were set as the same. For each patient, the late arterial phase images were reconstructed into 6 sets of images, filter back projection (FBP) and sonogram-confirmed iterative reconstruction (SAFIRE) 1 to 5 (S1 to S5). The image noise, attenuation, contrast-to-noise ratio (CNR), and figure of merit (FOM) of the liver parenchyma and portal vein and estimated effective dose (ED) were measured and calculated. Radiologists were independently blinded to grade images quality (sharpness, image noise, beam-hardening artifacts and reconstruction artifact).

**Results**

Totally 133 patients were recruited, according to BMI, 37 in 80-kVp group, 50 in 100-kVp group, 47 in 120-kVp group. Image subjective score of S3 was significantly higher than that of the other reconstructions on the 80-kVp. Images of S2 had the highest image subjective score compared with the other reconstructions on the 100-kVp (p<0.05) and 120-kVp (p>0.05). The estimated ED was 49.6%, 56.8% lower at 80-kVp than at 100-kVp and 120-kVp. CNR of the portal vein was 16.3% higher at the 80-kVp S3 images than of 120-kVp S2 images (p>0.05). FOM of liver on the 80-kVp S3 images was higher than on 100-kVp and 120-kVp S2 images (p<0.05). The subjective score of image quality was significantly higher for 120-kVp S2 images than for 80-kVp S3 images and 100-kVp S2 images; however, there was no significant difference among them.

**Conclusion**

High quality liver CT images could be obtained by using personalized liver CT protocol based on BMI, with combination of optimized kVp and iodine injection method.

**Clinical Relevance/Application**

This method will be of benefit to the patients with lower BMI, who will receive lower contrast dosage, significantly less radiation dose compared with the conventional uniform method.

**Purpose**

Low kVp CT can dramatically reduce contrast media (CM) volume with maintaining sufficient contrast enhancement harmonics.

**Participants**

SSG05-04 Personalized Liver CT Examination Protocol Based on BMI: Combination of Optimized kVp and Optimized Iodine Injection Method

Tuesday, Dec. 1 11:00AM - 11:10AM Location: E352

Jian Jiang, MD, Beijing, China (Presenter) Research Grant, General Electric Company
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Xiaochao Guo, MD, Beijing, China (Abstract Co-Author) Nothing to Disclose

SSG05-05 Can 3rd Generation Dual-source CT Achieve 70kV-imaging for Routine Contrast-enhanced Body CT?

Tuesday, Dec. 1 11:10AM - 11:20AM Location: E352

Satoru Takahashi, MD, Kobe, Japan (Presenter) Nothing to Disclose
Noriyuki Beigi, RT, Kobe, Japan (Abstract Co-Author) Nothing to Disclose
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Kazuhiro Sugimura, MD, PhD, Kobe, Japan (Abstract Co-Author) Research Grant, Toshiba Corporation Research Grant, Koninklijke Philips NV Research Grant, Bayer AG Research Grant, Eiais Co, Ltd Research Grant, DAIICHI SANKYO Group

Participants
Low-kV CT can dramatically reduce contrast media (CM) volume with maintaining sufficient contrast enhancement thanks to improved iodine absorption of lower kV. Although low-kV CT has been applied to vascular imaging, its application to parenchymal organs is limited due to high image noise or beam-hardening artifact. The purpose of this investigation is to compare quantitative and qualitative data in two contrast enhanced CT protocols acquired with 3rd generation dual-source CT scanner; 70 kV CT with 60% dose of CM and 120 kV CT with a standard dose.

METHOD AND MATERIALS

We retrospectively compared 100 consecutive patients (57±12 kg) who underwent post-contrast body CT (thorax to pelvis) on a 192-slice 3rd generation dual-source CT scanner at 70 kV with 60% dose of diluted 270 mgI/Kg CM (50.8±9.6 mL), with 103 historical control patients (59±13 kg) at 120 kV with a standard dose of 450 mgI/Kg CM (84.4±16.4 mL). CT values of the vessels and the visceral organs, as well as contrast to noise ratio (CNR) of hepatic and renal cysts were compared between the groups. Subjective assessment of image quality, severity of beam-hardening artifact was scored on a 4-point scale. Radiation dose (CTDvol) was recorded in each case.

RESULTS

CT values of the abdominal aorta, portal vein, liver, kidney, pancreas, spleen at 70 kV with 60% CM were statistically significantly greater than those at 120 kV with a standard dose of CM (p<0.0001). There were no significant differences in CNR of hepatic or renal cysts between 70 kV and 120 kV techniques (p=0.93, p=0.11, respectively). The beam-hardening artifact at the level of thoracic inlet and the pelvis was stronger at 70 kV (120 kV, 1.1 and 1.0, 70 kV, 1.6 and 1.3, respectively), while streak artifact from intravenous CM was significantly more prominent at 120 kV technique (120 kV, 2.1, 70 kV, 1.5, respectively). Radiation dose was significantly higher in the 120 kV than 70 kV group [CTDvol; 9.1±1.7 mGy, and 8.3±2.0 mGy, respectively (p<0.01)].

CONCLUSION

70kV-CT would be sufficient for routine clinical body CT study with reduced CM and radiation dose. Although beam-hardening artifact may be seen in the pelvis and the thoracic inlet, streak artifact from CM could be reduced.

CLINICAL RELEVANCE/APPLICATION

70kV imaging can provide sufficient image quality not only for the vessels but also for the organs with reduced dose of CM and radiation.

SSG05-06 Observer Performance at Varying Dose Levels and Reconstruction Methods for Detection of Hepatic Metastases

Tuesday, Dec. 1 11:20AM - 11:30AM Location: E352

Participants
Joel G. Fletcher, MD, Rochester, MN (Presenter) Grant, Siemens AG;
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Rickey Carter, PhD, Rochester, MN (Abstract Co-Author) Nothing to Disclose
Cynthia H. McColouge, PhD, Rochester, MN (Abstract Co-Author) Research Grant, Siemens AG

PURPOSE

To estimate the ability of abdominal radiologists to detect hepatic metastases (HM) at varying dose levels with or without iterative reconstruction (sinogram-affirmed iterative reconstruction; IR) using a two-stage study design.

METHOD AND MATERIALS

For stage I, CT projection data from 44 CT contrast-enhanced exams were collected (22 with HM). HM was defined by histopathology, progression/regression on CT/MR. Using a validated noise insertion technique, 12 datasets were reconstructed with filtered back projection (FBP) or IR for each patient at 6 dose levels (automatic exposure control settings of 60, 80, 100, 120, 160 and 200 Quality ref. mAs [QRM]; 528 cases). In each reading session, 3 abdominal imagers randomly evaluated each patient’s dataset once. Using a dedicated computer workstation, readers circled all liver lesions, selecting diagnosis and confidence score (0 - 100), and then graded image quality. Automated matching of reference and reader lesions was performed using overlapping spheres. A successful reading was defined as ≥2 readers localizing all "essential" HM (or no non-lesion localizations in negative cases), where an essential HM was identified by the reference standard and ≥2 readers at 200 QRM FBP. Sample size calculations (p0=0.8, p1=0.9, alpha=0.05 (one sided)) determined ≥37 cases to pass through stage I. JAFROC analysis was also performed on a per-lesion basis for HM using a non-inferiority limit of -0.1.

RESULTS

There were 75 HM with a median size of 1.2 +/- 0.6 cm. 7 of the 12 configurations passed through stage I screening, corresponding to dose levels of ≥120 QRM (or at 100 QRM with IR). Using non-inferiority criterion and JAFROC FOM, all but the IR 60 QRM met the a priori definition of having the lower limit of 95% CI > -0.1. At dose levels ≤ 120 QRM, IR improved diagnostic confidence (p<0.05).

CONCLUSION

Lower dose CT images reconstructed at dose levels corresponding to 120 and 160 QRM, or at 100 QRM for IR only, performed similar to 200 QRM FBP in this pilot study for detection of hepatic metastases. IR improved diagnostic image quality but not performance at lower dose levels.

CLINICAL RELEVANCE/APPLICATION

Pilot data obtained over a range of doses suggests that substantial dose reduction is possible without compromising performance.
To compare radiation dose, image quality and diagnostic performance of low dose CT-enterography protocol (256 MDCT scanner) combined with iterative reconstruction algorithm (iDose4), with standard dose CT-enterography in follow-up of patients with known Crohn's disease.

**PURPOSE**

Participants were compared with two-way analysis of variance and intra-class-correlation coefficients. Dose-independent figure-of-merit (FOM) contrast-to-noise ratios (CNR) were calculated for various organs and vessels. Subjective overall image quality and image artifacts and reader confidence were assessed by three observers using five-point scales. Results were compared with two-way analysis of variance and intra-class-correlation coefficients.

To compare dual-energy (DE) and single-energy (SE) abdominal computed tomography (CT) in matched cohorts of routine clinical patients performed with third-generation dual-source CT (DSCT) and to assess differences in radiation dose and image quality compared to second-generation DSCT.

**METHOD AND MATERIALS**

This retrospective study was approved by the local institutional review board with a waiver of written informed consent. A total of 200 patients divided into four groups of 50 patients matched by gender and body mass index underwent portal-venous-phase abdominal DECT with standard scan protocols on second-generation DSCT (SE 120-kV, group A; DE 80/140-kV, group C) and third-generation (100-kV SE, group C; 90/150-kV DE, group D) DSCT. Radiation dose was normalized for a typical scan length of 40 cm. Dose-independent FOM CNR peaked for liver, kidney, and portal vein measurements (all P ≤ 0.0285) in group D. Results for pancreas and aorta did not reach significance compared to group C (both P > 0.0719), but did compared to groups A and B (all P ≤ 0.0077). Overall subjective image quality and image artifacts and reader confidence were consistently rated as excellent in all groups (all ≥ 1.53 out of 5).

**CONCLUSION**

Both acquisition modes with third-generation abdominal DSCT result in significantly lower radiation dose compared to second-generation DSCT while maintaining image quality. Third-generation abdominal DE DSCT can be routinely performed without any dose penalty compared to SE acquisition.

**CLINICAL RELEVANCE/APPLICATION**

Third-generation DSCT is more dose-efficient than second-generation DSCT; the spectral imaging opportunities of DE acquisition can be utilized without radiation dose penalty.

**SSG05-08 CT Enterography: Diagnostic Value Of 4th Generation Iterative Reconstruction Algorithm with Low Dose CT-Protocol In Comparison with Standard Dose Protocol for Clinical Follow-Up of Patients with Crohn’s Disease**

Participants were compared with two-way analysis of variance and intra-class-correlation coefficients. Dose-independent FOM CNR peaked for liver, kidney, and portal vein measurements (all P ≤ 0.0285) in group D. Results for pancreas and aorta did not reach significance compared to group C (both P > 0.0719), but did compared to groups A and B (all P ≤ 0.0077). Overall subjective image quality and image artifacts and reader confidence were consistently rated as excellent in all groups (all ≥ 1.53 out of 5).

**PURPOSE**

To compare radiation dose, image quality and diagnostic performance of low dose CT-enterography protocol (256 MDCT scanner) combined with iterative reconstruction algorithm (iDose4), with standard dose CT-enterography in follow-up of patients with known Crohn's disease.
METHOD AND MATERIALS

Fifty-one patients (32 male; mean BMI 24.9), with CD underwent low-dose CTE scan in a single venous phase on 256 MDCT scanner (iCT, Philips) with following parameters: 120 kV, automated mAs dose modulation, slice thickness 2mm, with iDose4 iterative reconstruction algorithm. The same patients underwent a standard dose examination on 256-rows CT scan (120kV, 200-400mAs, depending on patient weight, slice thickness 2mm). Two radiologists, blinded to clinical and pathological findings, independently evaluated, in each scan, HU values in bowel wall and presence of CD activity features (mural thickening and enhancement pattern, mesenteric fat stranding, comb sign, lymphoadenomegaly and disease’s complications). Image noise and diagnostic quality were evaluated using a 4-point scale. Dose-length product (DLP) was calculated and data from both examinations were compared and statistically analyzed.

RESULTS

Low-dose CTE protocol showed high diagnostic quality in assessment of Crohn’s disease features (i.e. mural thickening and enhancement, halo sign, mesenteric fat stranding, lymphadenopathy), which were detected in 43/51 (82%) of our series. Total DLP and CTDI were significantly (p<0.001) lower for CTE studies with iDose (607 mGy*cm and 12 mGy) as compared to standard dose examinations (891 mGy*cm and 19.13 mGy), allowing an overall dose reduction of 35%. The objective noise measurements were slightly higher in iDose images (DS 12.9) than in standard dose studies (DS 10.37) but not statistically significant difference was achieved (p=0.06).

CONCLUSION

Low-dose CTE protocol combined with iDose4 reconstruction algorithm offers high quality images with lower radiation dose, being a useful tool in CD patients management, in regard of their young age and the frequent imaging follow-up required.

CLINICAL RELEVANCE/APPLICATION

Low-dose CTE protocol combined with iDose4 algorithm allows a significant reduction of radiation dose, while providing an appropriate diagnostic image quality for the evaluation of CD manifestations.
ISP: Breast Imaging (Intervention Path Correlation)
Tuesday, Dec. 1 10:30AM - 12:00PM Location: E451A

Participants
Thomas J. Lawton, MD, Chapel Hill, NC (Moderator) Nothing to Disclose
Dianne Georgian-Smith, MD, Boston, MA (Moderator) Nothing to Disclose
Michael A. Cohen, MD, Atlanta, GA (Moderator) Nothing to Disclose

Sub-Events
SSG01-01 Breast Imaging Keynote Speaker: Radiology-Pathology Challenges to Lobular Neoplasia and Radial Scars
Tuesday, Dec. 1 10:30AM - 10:40AM Location: E451A

Participants
Dianne Georgian-Smith, MD, Boston, MA (Presenter) Nothing to Disclose

SSG01-02 Breast Imaging Keynote Speaker: Radiology-Pathology Challenges to Lobular Neoplasia and Radial Scars
Tuesday, Dec. 1 10:40AM - 10:50AM Location: E451A

Participants
Thomas J. Lawton, MD, Chapel Hill, NC (Presenter) Nothing to Disclose

SSG01-03 ACR BI-RADS Assessment Category 4 Subdivisions in Diagnostic Mammography: Utilization and Outcomes in the National Mammography Database
Tuesday, Dec. 1 10:50AM - 11:00AM Location: E451A

Participants
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Elizabeth S. Bumsild, MD, MPH, Madison, WI (Abstract Co-Author) Stockholder, NeuWave Medical Inc
Wendy B. Demartini, MD, Madison, WI (Abstract Co-Author) Nothing to Disclose

PURPOSE
Since 2003, the ACR Breast Imaging Reporting and Data System (BI-RADS) Atlas has suggested that mammography category 4 assessments be subdivided by likelihood of malignancy into 4A (> 2% to ≤ 10%), 4B (> 10% to ≤ 50%) and 4C (> 50% to ≤ 95%). This allows a more meaningful practice audit and aids patients, clinicians and pathologists. However, little is known about use and outcomes of category 4 subdivisions in clinical practice. We evaluated utilization of these subdivisions in the National Mammography Database (NMD), a large national registry with approximately 160 participating facilities.

METHOD AND MATERIALS
This study was NMD Registry Committee approved and HIPAA compliant. We included data for all diagnostic mammograms submitted to the NMD performed from January 2008 to December 2013. We calculated the utilization rate of BI-RADS assessment category 4 subdivisions overall and by year, and determined the positive predictive values of biopsy performed (PPV3) overall and by category 4 subdivision.

RESULTS
Data from 968,670 diagnostic mammograms were included. Overall, 90,988 (9%) were given BI-RADS assessment category 4, with subdivisions used in 30,163 (33%) and not used in 60,825 (67%) of category 4 exams. Subdivision use by year was 54% (2008), 46% (2009), 35% (2010), 31% (2011), 30% (2012) and 32% (2013). Among the 30,163 diagnostic mammograms given category 4 subdivisions, frequencies were 4A in 1,690 (56%), 4B in 9,555 (32%) and 4C in 3,708 (12%). PPV3s were: overall category 4 20% (13,925/69,537), category 4A 8% (941/12,460), category 4B 22% (1,683/7,652) and category 4C 69% (1,990/2,892).

CONCLUSION
Despite the ACR BI-RADS Atlas suggestion for use of assessment category 4 subdivisions since 2003, the minority (33%) of NMD category 4 diagnostic mammograms utilized these subdivisions. When category 4 subdivisions were used, positive predictive values for biopsy performed reproduced appropriate BI-RADS specified malignancy ranges. This analysis supports the use of subdivisions in broad practice and should motivate increased utilization given benefits for patient care.

CLINICAL RELEVANCE/APPLICATION
In the NMD, subdivisions were used in the minority of category 4 diagnostic mammograms, but PPV3s were in BI-RADS-specified malignancy ranges. Increased utilization should be encouraged given benefits for patient care.
PURPOSE
Radial scars/complex sclerosing lesions (RS/CSL) are not considered premalignant, yet are routinely excised because of a reported risk of coexistent malignancy. This study’s purpose was to determine if pathologic and imaging criteria can identify patients who may not require surgery.

METHOD AND MATERIALS
A literature review identified 21 published studies since 1999, reporting upgrade rates for RS from 0% to 40%. In addition to significant selection bias, each of these retrospective studies had at least one major confounding factor: 1) Admixing upgrade rates of RS plus atypia with benign RS; 2) Not reporting CNB RadPath concordance and/or including discordant cases; 3) Not providing histologic review; 4) Not reporting distance from the biopsy site to upgrade lesion on excision, thereby not confirming association. With IRB approval, we identified all breast biopsies from 2004 to 2014 with RS/CSL, with and without atypia, followed by excision. All above confounding factors were addressed, and pathologic and radiologic features were catalogued for each case. Statistical significance was evaluated using the chi-square test.

RESULTS
The literature review identified 352 cases that met our inclusion criteria, with 1.1% upgrading to DCIS or invasive malignancy at excision. Our study identified 50 discordant RS/CSL without atypia, 11 discordant RS/CSL with atypia, and 2 discordant RS/CSL without atypia; all were excised. Imaging features and CNB techniques used are detailed in Figure 1. Of the 50 cases of RS/CSL without atypia that were discordant, 0% were upgraded to DCIS or invasive malignancy at excision. 16% of these cases had an excisional diagnosis of atypia that was not present on CNB. This occurred more frequently when CNB technique was automated load device (23.5%) vs vacuum assisted device (13.2%). 2/2 discordant cases upgraded to DCIS or invasive carcinoma on excision, and 3/11 cases of RS/CSL with atypia upgraded (27.2%).

CONCLUSION
Our review suggests that discordant RS/CSL without atypia do not warrant excision. The data also suggests CNB for suspected RS should be performed with larger gauge VAD for improved accuracy of risk assessment based on the presence of atypia.

CLINICAL RELEVANCE/APPLICATION
Entering the era of increased detection of RS/CSL by digital breast tomosynthesis, it is relevant to have identified strict pathologic and biopsy technique criteria that may permit patients to forgo unnecessary surgery.

SSG01-05 Suspicious Breast Calcifications in Women Over Age 70: Are Some Safe to Follow?

PURPOSE
While the incidence of breast cancer increases with age, tumor prognosis in the elderly is often favorable. Our study evaluated the histologic outcomes of stereotactically biopsied breast calcifications in women ≥70 years of age to determine if specific BI-RADS morphology descriptors may be candidates for active surveillance rather than biopsy.

METHOD AND MATERIALS
In this HIPAA compliant, IRB approved study, digital mammograms from 236 consecutive patients ≥70 years who underwent stereotactic biopsy of calcifications without associated findings were independently reviewed by three breast radiologist who provided BI-RADS morphology descriptors for each case. The majority opinion was recorded. Stereotactic and surgical excision pathology reports were reviewed and final tumor type, hormone receptor status, and lymph node status were recorded. Surrogate molecular subtypes based on ER, PR and HER2 data were tabulated. The proportion of benign, atypical, in situ, and invasive disease were calculated in total and by morphology.

RESULTS
The 236 biopsies resulted in 131 (56%) benign, 20 (9%) atypical, 57 (24%) in situ, and 28 (12%) invasive diagnoses. There were 30 (53%) low risk (low/intermediate grade) and 27 (47%) high risk (high grade) in situ cases. Of the 28 invasive cases, 24 (86%) were luminal type (ER and/or PR+), 1 (4%) HER2 (ER/PR-, HER2+), and 3 (11%) triple negative cancers; 5 (18%) were node positive. Invasive disease was found in 25% (7/28) of fine linear, 18% (3/17) of round, 15% (16/105) of fine pleomorphic, and 5% (2/40) of amorphous calcifications, with no invasive disease in the coarse heterogeneous calcifications. In situ disease was found in 35% (37/105) of fine pleomorphic, 29% (8/28) of fine linear, 20% (8/40) of amorphous, 12% (2/17) of round, and 5% (2/37) of coarse heterogeneous. There was no malignancy detected in 9 cases of calcifications described as dystrophic.

CONCLUSION
Biopsies of calcifications in women ≥ 70 years yielded a greater than 5% likelihood of malignancy, including triple negative and
lymph node positive tumors, for all suspicious calcification morphologies. Active surveillance in this age group is not appropriate.

**CLINICAL RELEVANCE/APPLICATION**

Active surveillance is not appropriate for women ≥ 70 years with suspicious calcification morphologies.

**SSG01-06 Amorphous Calcifications Rarely Represent Aggressive Malignancy**

**Tuesday, Dec. 1 11:20AM - 11:30AM Location: E451A**

**Participants**

Wendie A. Berg, MD, PhD, Pittsburgh, PA (Presenter) Consultant, SuperSonic Imagine; Departmental Research Grant, General Electric Company; Departmental Research Grant, Hologic, Inc; Equipment support, Gamma Medica, Inc; Equipment support, General Electric Company; Equipment support, Hologic Inc; ;

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**PURPOSE**

To determine rate and molecular subtypes of malignancy on stereotactic biopsy of amorphous calcifications and to consider implications for overdiagnosis.

**METHOD AND MATERIALS**

From 6727 stereotactic 9-g vacuum-assisted biopsies performed from 1/1/2009 through 9/30/2013 at a single institution, consecutive cases were reviewed under an IRB-approved protocol. Calculation morphology and distribution were recorded. For cases with primarily amorphous calcifications but no more suspicious morphologies, demographic information was recorded together with imaging findings and histopathologic outcomes including exclusion for any high-risk result or malignancy.

**RESULTS**

Interim analysis of 804 biopsies revealed 233 (29.0%) were for amorphous calcifications in 203 women (median age 53 years, range 30–78). Of 233 biopsies, 25 (10.8%) were ultimately malignant in 24 women (median age 51, range 39–75), including nine invasive ductal carcinomas (IDC) with median size 0.3 cm (range 0.1 to 1.2 cm), all node negative, seven Nottingham grade 2 and two grade 1; seven were luminal A [ER/PR(+),HER2(-), low Ki-67] and two were luminal B [ER(+),HER2(-), Ki-67 20%]; one PR(+) and one PR(-)]. Among 16 DCIS lesions, two were nuclear grade 3, 11 grade 2 (two of which were upgraded from ADH on core), and grade 1; three of the DCIS were PR(-). Distribution influenced malignancy rate: 4/11(36%) linear distribution were malignant as were 3/9(33%) segmental, 17/194(8.8%) grouped, and 1/18(5.6%) regional (p<0.001). Of 24 women diagnosed with cancer, 18 (75%) had risk factors other than age or breast density. Another 67/233 (28.8%) biopsies yielded a final result of atypical/high risk results: 45 ADH; 8 LCIS; 7 FEA; 6 ALH; 1 atypical apocrine adenosis.

**CONCLUSION**

Malignancy rate of 10.8% was observed on stereotactic biopsy of amorphous calcifications. All malignancies were DCIS or ER-positive IDC; 4/203 (2.0%) women were diagnosed with luminal B IDC or high nuclear grade DCIS. Among 69 lesions atypical/high risk on core biopsy only 2 (2.9%) (95% CI 0.9 to 4.9%) were upgraded at excision (grade 2 DCIS), both of whom had ipsilateral cancer (one current, one prior).

**CLINICAL RELEVANCE/APPLICATION**

Stereotactic biopsy remains necessary for amorphous calcifications, but an atypical result on vacuum biopsy of amorphous calcifications has a very low (2.9%) rate of upgrade to malignancy. Further study is warranted to determine if excision is necessary in this context.

**SSG01-07 Pilot Evaluation of Minimally Invasive Needle-biopsy of Sentinel Nodes as Compared to Surgical Removal**

**Tuesday, Dec. 1 11:30AM - 11:40AM Location: E451A**

**Participants**

Stefan Paepeke, MD, Munich, Germany (Abstract Co-Author) Advisor, SurgicEye GmbH; Advisor, NeoDynamics AB

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Marien Kiechle, MD, Munich, Germany (Abstract Co-Author) Nothing to Disclose

Klemens Scheidhauer, Munich, Germany (Abstract Co-Author) Nothing to Disclose

Thomas Wendler, Munich, Germany (Abstract Co-Author) Former Employee, SurgicEye GmbH

Joerg Traub, PhD, Garching bei Munchen, Germany (Presenter) Shareholder and Managing Director of SurgicEye GmbH

**PURPOSE**

Evaluate within a pilot setup feasibility and safety of minimally invasive needle-biopsy of sentinel nodes guided by SPECT/US as compared to surgical removal while defining optimal needle for follow-up trial.

**METHOD AND MATERIALS**

As pre-trial test phase of the MinimalSNB study, 38 breast cancer patients (6 centers) were taken a needle-biopsy of their sentinel lymph nodes (SLNs) under guidance of SPECT/US (SentriGuide by SurgicEye). All patients were indicated for a surgical SLN biopsy which was performed immediately after the needle-biopsy. For the test phase, 4 different biopsy systems were tested: HistoCore
14G (BIP), elite 10G and 13G (Mammotome) and CASSI II 10G (Scion Medical Technologies). Histopathological examination (HandE, step-sectioning) of needle-biopsies and surgically removed SLNs were compared.

RESULTS
No single complication was reported. Occasionally, small hematomas could be found close to the SLN during surgery. The needle-biopsies showed lymphatic tissue in 29/38 cases. Within the 29 successful cases both methods matched in 26 cases (24 true negative, 2 true positive). The needle biopsy failed to detect metastases in 2 pN1 SLNs. In 1 case, the surgically resected tissue did not contain lymph nodes and the needle biopsy remained the only information on nodal status (pN0). The success of the biopsies was strongly dependent on training and experience of user making axillary needle biopsies. 5 of the failed needle biopsies were the first attempt of the user. In both false negative cases, the retrieved lymph tissue was minimal (1x 14G sample, 1x 10G sample tangential to node).

CONCLUSION
SPECT/US showed to be a valid method for percutaneous detection of SLNs and needle-guidance. Sampling SLNs with a needle seems safe and feasible. However it requires proper training and user experienced with axillary needle-biopsies. Retrieving more tissue (more cores and larger lumen needles) improves diagnostic power of needle-biopsy. These considerations will be taken within the upcoming MinimalSNB trial.

CLINICAL RELEVANCE/APPLICATION
Sentinel lymph biopsy today is a surgical diagnostic procedure with an non-zero morbidity. Moving it out of the operating theatre to a needle-based intervention has a huge impact on the burden of this procedure for the patient as well as relevant improvements in logistics, workflow and radiation burden.

SSG01-08 Detection of Different Nuclear Grades of Ductal Carcinoma in Situ in Digital Mammography Screening

Participants
Stefanie B. Weigel, Muenster, Germany (Presenter) Nothing to Disclose
Jan Heidrich, Muenster, Germany (Abstract Co-Author) Nothing to Disclose
Oliver Heldinger, Muenster, Germany (Abstract Co-Author) Nothing to Disclose
Shona Berkemeyer, Muenster, Germany (Abstract Co-Author) Nothing to Disclose
Walter L. Heindel, MD, Muenster, Germany (Abstract Co-Author) Nothing to Disclose
Hans Werner Hense, Muenster, Germany (Abstract Co-Author) Nothing to Disclose

PURPOSE
To investigate detection rates of ductal carcinoma in situ (DCIS), separately for different nuclear grades of the first subsequent round in relation to the initial round of a population-based digital mammography screening program.

METHOD AND MATERIALS
We included data from 516,286 subsequent round (SR) examinations (52-69 years, 2007-2010) and 720,778 initial round (IR) examinations (50-69 years, 2005-2008) from 16 screening areas provided by the population-based cancer registry. The total detection rate per 100 women screened (DetR%) for DCIS was dissected into low (SR n= 64, IR n= 181), intermediate (SR n= 220, IR n= 387) and high grades (SR n= 285, IR n= 425). Spearman rank correlations and Wilcoxon test were used. P values less than .05 were considered significant.

RESULTS
The SR-DetR% of total DCIS correlated significantly with high grade DCIS ($r = 0.75$; $P < .001$) and intermediate grade DCIS ($r = 0.55$; $P = .028$), the association with low grade DCIS was lower ($r = 0.48$; $P = .057$). SR-DetR% of DCIS low grade was lower than for intermediate ($P < .001$) and high grade ($P < .001$).The median SR-DetR% of total DCIS (0.12%) was lower than the median IR-DetR% (0.14%; $P = .039$). In particular, the median SR-DetR% of low grade was significantly lower than in the initial round (0.01% vs. 0.02%; $P = .01$) while the median DetR% of intermediate grade were 0.04% and 0.05%, respectively ($P = 0.19$), and for high grade 0.05% and 0.06%, respectively ($P = .67$).

CONCLUSION
Only DCIS of low grade decreased significantly from the initial to the first subsequent screening round, it was less common than intermediate and high grade DCIS and it showed only a weak association with total DCIS detection.

CLINICAL RELEVANCE/APPLICATION
Biennial digital mammography screening of women aged 50 to 69 years showed constantly higher DCIS detection rates of the more progressive grades than of the DCIS low grade.

SSG01-09 Following Imaging-concordant Benign MRI-guided Vacuum-assisted Breast Biopsy: Is MRI Follow Up Needed?

Participants
Monica L. Huang, MD, Houston, TX (Presenter) Nothing to Disclose
Megan E. Speer, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose
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PURPOSE
To investigate detection rates of ductal carcinoma in situ (DCIS), separately for different nuclear grades of the first subsequent round in relation to the initial round of a population-based digital mammography screening program.
Follow up of lesions with imaging-concordant benign MRI-guided vacuum-assisted biopsy result is not currently standardized. We aim to investigate the false omission rate of benign breast MRI-guided vacuum-assisted biopsy (MVAB) to assess whether MRI follow up is needed.

METHOD AND MATERIALS
Medical records of patients with 9-gauge breast MRVAB from January 1, 2007 to July 1, 2012 were reviewed retrospectively. Only patients/lesions with imaging-concordant MRVAB benign result and 1) surgical histopathology or 2) minimum of 2-year imaging follow up were included in this study. The false omission rate (1-NPV = # false negative result/ # negative calls) of the MRVAB with imaging-concordant benign result was calculated.

RESULTS
A total of 161 patients (170 lesions) with MRVAB imaging-concordant benign result met the inclusion criteria. The majority, 127/161 (79%) patients [134/170 (79%) lesions] had only imaging follow up; 58/161 (36%) patients [61/170 (36%) lesions] had mammography and > 24 months MRI follow up; and 26/161 (16%) patients [29/170 (17%) lesions] had mammography with < 24 months follow up (MRI follow up range 2 to 20 months, median 11 months). Of the 34/161 (21%) patients [36/170 (21%) lesions] with surgical correlation, none had surgical discordance. Malignancy was later diagnosed in the same breast in 3/161 patients (1.9%): 1 invasive ductal carcinoma (IDC) (0.6%), 1 IDC with ductal carcinoma in situ (DCIS) (0.6%), and 1 DCIS (0.6%). Only 1 of these 3 patients (1/127 = 0.8%) had subsequent malignancy (IDC) near (1 cm from) the site of previous MRVAB, with malignancy discovered on follow up mammography (calcifications) >23 months after MRVAB. The other 2 patients developed cancer in a different site in the same breast: 1(DCIS) found on mammography (calcifications) >11 months post MRVAB and 1(DCIS) found on MRI (mass) >22 months post MRVAB.

CONCLUSION
Our study shows a false omission rate for benign MRVAB of 0.6%, with cancer near the MRVAB site detected by mammography at 24 months post MRVAB in 1/170 lesions (1 false negative result/170 negative calls).

CLINICAL RELEVANCE/APPLICATION
Imaging-concordant benign MRVAB has extremely low false omission rate and may not warrant MRI follow up.
Mexico Presents: The Challenges of Radiology Education in Mexico and Some Proposals for Mexico and Latin American Countries

Tuesday, Dec. 1 10:30AM - 12:00PM Location: E353C

LEARNING OBJECTIVES
1) Explain some of the problems of the 52 university postgraduate programs in radiology, and also the need of more academic radiologists.
2) To describe the different needs of radiology education through the nation as well as the need of more academic radiologist to teach the present and future generations in the upcoming radiological knowledge.
3) To recognize for this purpose the support of international societies, RSNA, ARRS, ACER, CIR, ESR, SERAM.

ABSTRACT
Mexico has 52 university radiology programs. For a country of one hundred million inhabitants there are no more than six thousand radiologists. More radiologists are needed and for that purpose more academic radiologists are needed. We also consider that there must be a standardization of radiology programs and our radiology institutions, Federation, Societies, Board and College of Radiology are working together for this unification. We have had for many years the academic support of many International Radiology Institutions, specially by RSNA, we will mention in the presentation what results have been obtained. There will be also information of Mexico and the health system.

URL
Handout: Jose Rene Manuel Anguiano-Martinez
http://abstract.rsna.org/uploads/2015/15000046/Presentacion Dr. Anguiano RSNA 2015.pptx

Sub-Events

SPCP31A Opening Remarks

Participants
Ronald L. Arenson, MD, San Francisco, CA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
View learning objectives under main course title.

SPCP31B Closing Remarks

Participants
James P. Borgstede, MD, Colorado Springs, CO (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
View learning objectives under main course title.
To optimize MRI of fingers nine technical points should be especially checked: (1) the choice of the surface coil according to the clinical findings, (2) the gradient strength and the bandwidth, (3) the positioning and the contention, (4) a dedicated scout view, (5) the spatial resolution, (6) the slice thickness with a special attention to 3D millimetric slices, (7) the choice of a main slice plane according to the suspected lesion, (8) the suppression of motion artifacts and (9) the use of stress images if possible (collateral ligaments, pulleys, extensor tendon).

PURPOSE
Wrist pain may involve the triangular fibrocartilage complex (TFCC; Fig.A). The purpose of this study was to evaluate MR morphology of TFCC tissues, and relate it to regional quantitative MR (qMR) and biomechanical properties.

METHOD AND MATERIALS
Five cadaveric wrists (22 to 70 yrs) were imaged at 3T using morphologic (PD SE, Fig.AC; 3D SPGR, Fig.B) and quantitative (ME SE T2; UTE T2*; 2D SCMP T1rho; 3D MAPSS T1rho; UTE T1rho) MR sequences. In 8 geographic regions (Fig.B), morphology of TFCC disc and the laminae were evaluated for pathology (Fig.BDE) and quantitative MR (qMR) values (Fig.F). Four of the samples were disarticulated, and biomechanical indentation testing was performed on the distal surface of the discs (Fig.C). Instantaneous (Indentation) modulus, taking into account tissue thickness, was determined.

RESULTS
On PD SE images, pathology of TFCC disc included degeneration (Fig.BE) and tears (Fig.E), while that of the lamina included degeneration, degeneration with superimposed tear, and mucinous transformation (Fig.E). Calcifications were highly visible on 3D SPGR images (Fig.D). Calcifications were found only among pathologic regions, and disc pathology was found more frequently in the proximal than distal regions. In the disc (Fig.G), most qMR values were the lowest in normal samples, and increased significantly with degeneration or tear. Indentation modulus (Fig.G) showed an inverse trend, being the highest in normal samples and decreasing with pathologic changes. qMR properties also correlated moderately with indentation modulus. Laminae samples (Fig.H) were mostly pathologic, and requires additional normal samples to discern qMR changes.

CONCLUSION
These results show potential utility of morphologic, qMR, and biomechanical techniques to characterize pathology of the TFCC.

CLINICAL RELEVANCE/APPLICATION
Quantitative MR techniques provide novel and sensitive means of evaluating tissues of TFCC, which compliment conventional techniques.
**PURPOSE**

Anatomic variants are common in the wrist and hand, and some of them may be the triggering factor of tendon disorders. The purpose of this study was to report the MRI findings of accessory tendon slips arising from the extensor carpi ulnaris (ECU), and evaluate their association with ECU tendon abnormalities.

**METHOD AND MATERIALS**

All wrist MRI scans performed over a 1-year period in two university hospitals were retrospectively reviewed. Patients with prior ulnar-sided wrist surgery and MRI scans without at least axial T1-weighted and T2-weighted sequences were excluded. Two musculoskeletal radiologists independently assessed the presence of accessory tendon slips arising from the ECU, as well as ECU tendinosis, partial or complete tears, and tenosynovitis. The origin and insertion of the accessory tendon slips were noted, and their diameter and the cross-sectional area of the ECU tendons were measured.

**RESULTS**

A total of 254 wrist MRI scans from 257 patients (139 men, 115 women; mean age, 46 years) were included. The prevalence of accessory tendon slips arising from the ECU was 23% (58/254). Surgical correlation was available in 12% (7/58) of cases. Their mean long-axis diameter was 1.1 ± 0.2 mm. Their origin was always visible, while their insertion on the fifth metacarpal or extensor digiti minimi tendon was seen in 33% (19/58) of cases. Patients with accessory tendon slips had statistically significantly more ECU tendon abnormalities and tenosynovitis than patients without the anatomic variant (14% vs. 6%, and 46% vs. 11%, respectively; p ≤ 0.02). The prevalence of accessory tendon slips was statistically significantly higher in patients with ulnar-sided wrist pain (23% vs. 14%; p = 0.01).

**CONCLUSION**

Accessory tendon slips arising from the ECU are common and frequently associated with ECU tendon abnormalities. They are frequently found in patients with ulnar-sided wrist pain.

**CLINICAL RELEVANCE/APPLICATION**

Accessory tendon slips arising from the ECU are important to recognize because they represent a diagnostic pitfall and may also play a role in the pathogenesis of ECU tendon abnormalities.

**SSG10-05 Computer-Based Temporal Subtraction Analysis of Joint Space Narrowing in Rheumatoid Patients: Validation Study in Carpal Joints**

*Tuesday, Dec. 1 11:10AM - 11:20AM Location: E450B*

**Participants**

- Shota Ichikawa, Sapporo, Japan (Presenter) Nothing to Disclose
- Tamotsu Kamishima, MD, Sapporo, Japan (Abstract Co-Author) Nothing to Disclose
- Kenneth Sutherland, Hokkaido, Japan (Abstract Co-Author) Nothing to Disclose
- Takehiko Okubo, Asahikawa, Japan (Abstract Co-Author) Nothing to Disclose
- Kou Katayama, Asahikawa, Japan (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To evaluate the computer-based method using temporal subtraction in carpal joints of rheumatoid arthritis (RA) patients, which can detect the difference in joint space between two images as the joint space difference index (JSDI).

**METHOD AND MATERIALS**

Twenty-seven rheumatoid arthritis patients (24 females and 3 males, mean age 60 years) on Tocilizumab were enrolled. Radiographs were obtained at baseline and at 1 year. The joint space narrowing (JSN) of a total of 229 carpal (3rd carpometacarpal, 5th carpometacarpal, scaphoid-trapezium, scaphoid-capitate, and radius-scaphoid) joints on bilateral hand radiographs was assessed by our computer-based method, setting the Sharp/van der Heijde method as the gold standard. We performed three examinations to confirm that the JSDI reflects the chronological change in joint space width. We compared the JSDI of joints with JSN progression (increase in Sharp/van der Heijde score) in the follow-up period with those without JSN progression. In addition, we examined whether there is a significant difference in JSDI in terms of laterality or topology of the joint.

**RESULTS**

The JSDI of joints with JSN progression was significantly higher than those without JSN progression (Mann-Whitney U test, p < 0.001). There was no statistically significant difference in the JSDI between left and right carpal joints, which was analyzed for 5 different joints altogether and each joint separately (Mann-Whitney U test, p > 0.05 respectively). There was no statistically significant difference in JSDI among different joints (Kruskal-Wallis test, p = 0.155). In all examinations, the results of the computer-based method were consistent with those of the Sharp/van der Heijde method as the gold standard.

**CONCLUSION**

These results suggest that our computer-based method may be useful to recognize the joint space narrowing progression on radiographs in carpal joints.

**CLINICAL RELEVANCE/APPLICATION**

The computer-based temporal subtraction method can detect the joint space narrowing progression in the wrist, which is the single most predilection site for rheumatic diseases.
Hand MRI: Quality of Fat Signal Suppression with Dixon versus CHESS and STIR Imaging

Tuesday, Dec. 1 11:30AM - 11:40AM Location: E450B

Participants
Thomas P. Kirchgesner, MD, Brussels, Belgium (Presenter) Nothing to Disclose
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Bruno C. Vande Berg, MD, PhD, Brussels, Belgium (Abstract Co-Author) Consultant, Bone Therapeutics SA

PURPOSE
To compare the quality of fat signal suppression and signal to noise ratio (SNR) obtained by the Dixon method in comparison to the CHESS (CHEmical Shift Selective) and STIR (Short Tau Inversion Recovery) sequences at hand MRI of healthy subjects.

METHOD AND MATERIALS
Both hands of 14 healthy volunteers were imaged with IDEAL T1 SE (Spin Echo), IDEAL T2 SE, FS (Fat Saturated) T1 SE, FS T2 SE and STIR on a 1.5T MR scanner. Water pure IDEAL T1 SE, water pure IDEAL T2 SE, FS T1 SE, FS T2 SE and STIR images were anonymized and archived by an independent operator in the picture archiving communication system. Three radiologists blindly and independently scored the quality of the fat signal suppression (1: absent; 2: partial; 3: complete) in bone marrow and adjacent soft tissues of 20 articulations. One radiologist calculated the SNR in 5 locations for each hand.

RESULTS
Scores for fat signal suppression were significantly higher in water pure IDEAL T1 SE than in FS T1 SE for the 3 readers (p<0.001). Scores for fat signal suppression were significantly higher in water pure IDEAL T2 SE than in FS T2 SE for the 3 readers (p<0.017). Scores for fat signal suppression were statistically and significantly higher in water pure IDEAL T2 SE than in STIR for 2 readers (p<0.022), and not statistically different for the third reader (p=0.109). SNR in water pure IDEAL T1 SE was significantly higher than SNR in FS T1 SE (p<0.001). SNR in water pure IDEAL T2 SE was statistically and significantly higher than SNR in STIR (p<0.001), but statistically and significantly lower than SNR in FS T2 SE (p<0.001).

CONCLUSION
Quality of fat signal suppression at hand MRI achieved with the Dixon method is superior to that obtained with fat selective...
RESULTS

Comparing Tomosynthesis and conventional X-ray to CT, the agreement was of 69.64% vs. 63.89% for the presence of osteophytes; 80.56% vs. 56.94% for joint space narrowing; 69.44% vs. 68.1% for subchondral sclerosis; 94.44% vs. 91.67% for lateral deformity; 97.22% vs. 80.56% for subchondral cysts; and 100% vs. 97.22% for erosion. While Tomosynthesis showed no significant difference (p=0.846) in OARSI score grading to CT (mean OARSI-score CT: 16.8, SD=10.64 vs. mean OARSI-score Tomosynthesis: 16.25, SD=9.56), conventional X-ray had significant lower mean OASIS scores (mean OARSI-score X-ray: 11, SD=8.33; p=0.037). Inter-reader agreement for OARSI scoring was excellent (k= 0.83).

CONCLUSION

Tomosynthesis depicts more lesions than conventional X-ray compared to CT.

CLINICAL RELEVANCE/APPLICATION

The mean OARSI score of Tomosynthesis is not significantly different from CT.

SSG10-08  Value of Tomosynthesis for Lesion Evaluation in Osteoarthritic Hands Using the OARSI Score

Tuesday, Dec. 1 11:40AM - 11:50AM Location: E450B

Participants

Katharina Martini, Zurich, Switzerland (Presenter) Nothing to Disclose
Anton S. Becker, Zurich, Switzerland (Abstract Co-Author) Nothing to Disclose
Joerg Mueller, Dusseldorf, Germany (Abstract Co-Author) Employee, FUJIFILM Holdings Corporation
Roman Guggenberger, Zurich, Switzerland (Abstract Author) Nothing to Disclose
Gustav Andreisek, MD, Zurich, Switzerland (Abstract Co-Author) Grant, Holcim Ltd; Grant, Siemens AG; Speaker, Mepha Pharma AG; Speaker, Guerbet AG; Travel support, Otsuka Holdings Co, Ltd; Institutional research collaboration, Koninklijke Philips NV; General Electric Company; Speaker, Koninklijke Philips NV; Speaker, Siemens AG; ;
Thomas Frauenfelder, MD, Zurich, Switzerland (Abstract Co-Author) Nothing to Disclose

PURPOSE

To investigate the value of Tomosynthesis in depicting osteoarthritic lesions in comparison to conv. X-ray, with use of computed tomography (CT) as standard-of-reference.

METHOD AND MATERIALS

Imaging of 12 cadaver wrists was performed with Tomosynthesis in anteriorposterior (ap) projection (50 kV at 40 mA; tube angle: 40°), conventional X-ray and multi-detector CT (70kV at 16mA as ref). Distal interphalangeal joint (DIP) II, DIP III, proximal interphalangeal joint (PIP) II, III, first carpometacarpal (CMC) and scaphotrapezotrapezoidal joint (STT) were individually graded using the Osteoarthritis Research Society International (OARSI) score by two independent readers for the presence of osteophytes (0-3), joint space narrowing (0-3), subchondral sclerosis (0-1), lateral deformity (0-1), subchondral cysts (0-1) and erosion (0-1). Total scores range from 0-60. Inter-reader agreement (Cohen’s k) was calculated. CT served as standard of reference.

RESULTS

The mean OARSI score of Tomosynthesis is not significantly different from CT.

CLINICAL RELEVANCE/APPLICATION

The mean OARSI score of Tomosynthesis is not significantly different from CT.

SSG10-09  Assessment of Pisotriquetral Instability with 3D Dual Echo Steady State (DESS): Is It Associated with Trauma or not?

Tuesday, Dec. 1 11:50AM - 12:00PM Location: E450B

Participants

Hee-Dong Chae, MD, Seoul, Korea, Republic Of (Presenter) Nothing to Disclose
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Ja-Young Choi, MD, San Diego, CA (Abstract Co-Author) Nothing to Disclose
Sung Hwan Hong, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

PURPOSE

To determine if there is an association between pisotriquetral (PT) instability and trauma history or internal derangements of the carpal joint by using three-dimensional (3D) dual echo steady state (DESS).

METHOD AND MATERIALS

We evaluated 44 patients with distal radius fracture (patient) and other 44 patients without previous trauma history (control), who underwent 3T magnetic resonance (MR) imaging including 3D DESS sequence. To analyze PT instability, three parameters were measured on axial and sagittal images by two blinded-readers, independently: PT interval, PT angle and pisiform translation relative to triquetrum. The MR appearances of PT joint and ulnar-sided structures were also evaluated. The associations between PT instability and distal radius fracture, abnormality of ulnar-sided structures or osteoarthritic features of PT joint were calculated.

RESULTS

PT instability parameters measured by two radiologists showed good or excellent agreement (ICC=0.628-0.965). Proximal translation of pisiform in relation to triquetrum was reduced in the patients with distal radius fracture (P=0.028). However, there was no difference of other instability parameters between the two groups. ECU tendinopathy was associated with larger PT interval (P=0.01) and with wider opening of sagittal PT angle (P=0.021). Triangular ligament tear was also related to reduced proximal translation of pisiform (P=0.031). Osteoarthritic features of PT joint and triangular fibrocartilage tear were not associated with PT instability.
CONCLUSION

Only pisiform translation was associated with distal radius fracture. Other instability parameters were not affected by distal radius fracture. ECU tendinopathy and triangular ligament tear were associated with PT instability.

CLINICAL RELEVANCE/APPLICATION

Knowledge of PT instability and its relation to other carpal abnormality and traumatic disorder will facilitate early diagnosis of PT instability preventing symptomatic degenerative change of PT joint.
**SSG04**

**Gastrointestinal (Liver Masses)**

Tuesday, Dec. 1 10:30AM - 12:00PM Location: E350

**Participants**

Ernst J. Rummeny, MD, Munich, Germany (Moderator) Nothing to Disclose
Sudhakar K. Venkatesh, MD, FRER, Rochester, MN (Moderator) Nothing to Disclose

**Sub-Events**

**SSG04-01**  
**Predictive Value of MRI Combined with MR Cholangiography in the Preoperative Assessment of Perihilar Cholangiocarcinoma**

Tuesday, Dec. 1 10:30AM - 10:40AM Location: E350

**Participants**

Claudio Sallemi, MD, Milan, Italy (Presenter) Nothing to Disclose
Francesca Ratti, Milan, Italy (Abstract Co-Author) Nothing to Disclose
Paolo Marra, Milan, Italy (Abstract Co-Author) Nothing to Disclose
Luca Aldighetti, MD, Milano, Italy (Abstract Co-Author) Nothing to Disclose
Alessandro Del Maschio, MD, Milano, Italy (Abstract Co-Author) Nothing to Disclose
Francesco A. De Cobelli, Milano, Italy (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To evaluate the predictive value of contrast enhanced MR images with MR cholangiography (MRC) in the preoperative evaluation of perihilar cholangiocarcinoma.

**METHOD AND MATERIALS**

Twenty-five patients that underwent MRI/MRC and surgical treatment were included. Two radiologists evaluated the biliary MR images, including 3D-MRC and gadolinium-enhanced dynamic images, regarding the tumor resectability (including longitudinal tumor extent, vascular involvement of the bile duct cancer, and lymph node metastasis) and the surgical radicality, intended as tumor-free\textbackslash{}tumor-involved margins (R0\textbackslash{}R1) of biliary ducts and portal vein. The results of preoperative and retrospective (blinded) assessment of diagnostic data were compared with the surgical and pathology findings used as the reference standards.

**RESULTS**

The prospective assessment of the resection to be performed was correct in 80% of cases. For determining the assessment of tumor margins (R0\textbackslash{}R1) of biliary ducts and portal vein, the overall accuracy was, respectively, 84% and 88% for each reviewer. The area under the receiver operating characteristic curve (Az) of the 2 reviewers for evaluation of tumor margins (R0\textbackslash{}R1) was 0.83 and 0.78 for biliary ducts, and 0.68 and 0.97 for portal vein. In the assessment of lymph node metastasis, the overall accuracy was 0.75 for each reviewer.

**CONCLUSION**

MR imaging combined with MRC showed excellent diagnostic capability for assessing the tumor resectability of bile duct cancer, although it generally underestimated the tumor involvement of lymph nodes, and predicted with good diagnostic accuracy surgical radicality.

**CLINICAL RELEVANCE/APPLICATION**

MRI combined with MRC can predict in advance R0\textbackslash{}R1 resection in perihilar cholangiocarcinoma. In case of R1, it can lead to a focused neo adjuvant therapy or change of the treatment strategy.

**SSG04-02**  
**Correlation between Standardized Uptake Value and Apparent Diffusion Coefficient in Focal FDG-PET Positive Hepatic Metastasis**

Tuesday, Dec. 1 10:40AM - 10:50AM Location: E350

**Participants**

Vaseemali J. Mulla, MBBS, DMRD, Gokak, India (Presenter) Nothing to Disclose
Vishal Agrawal, Bangalore, India (Abstract Co-Author) Nothing to Disclose
Kapil K. Shirodkar, DMRD, MBBS, Mapusa, India (Abstract Co-Author) Nothing to Disclose
Govindarajan J. Mallaarajapatna, MBBS, MD, Bangalore, India (Abstract Co-Author) Nothing to Disclose
Anna R. Patil, MD, FCRCT, Bangalore, India (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

1)To evaluate a potential correlation of the maximum standard uptake value (SUVmax) and the minimum apparent diffusion coefficient (ADCmin) in FDG-PET positive hepatic metastasis

2)To study the role of Diffusion Weighted MR Imaging in patients with FDG-PET positive hepatic metastasis

**METHOD AND MATERIALS**

Twenty patients with a known and histopathologically proven extrahepatic primary lesion, who were referred for FDG PET and found
to have FDG avid hepatic lesion were enrolled. Regions of interest were drawn on the PET images and SUV mean was calculated. Patients with a SUVmean more than 4 were further imaged with MRI within 30-60 min of acquisition of PET images. Diffusion-weighted imaging was performed with free breathing and with b values of 0, 500, and 800. ADC map was generated using the above raw diffusion data. Regions of interest were manually drawn along the contours of neoplastic lesions, which were identified on PET and diffusion-weighted images. Maximum SUV (SUVmax) and mean SUV (SUVmean) were recorded from PET/CT fusion images using fusion viewer (Philips medical systems). Minimum ADC (ADCmin), and mean (ADCmean) were recorded on MRI workstations for each FDG-avid lesion. Pearson correlation coefficient was used to assess the following relations: SUVmax versus ADCmin and SUVmean versus ADCmean. A total of 33 lesions were studied.

RESULTS

Thirty three lesions were evaluated in a total of 20 patients. The mean SUVmax was 13.5 with standard deviation of 5.1; SUVmean, 8.3 with standard deviation of 3.1; mean ADCmin, 491 with standard deviation of 235; and mean ADCmean, 809 with standard deviation of 263. Pearson correlation coefficient of 0.026 was found between SUVmean and ADCmean. Pearson correlation coefficient of 0.002 was found between SUVmax and ADCmin.

CONCLUSION

There was no correlation between SUVmax and ADCmin or SUVmean and ADCmean. Focal hepatic lesions visualized on PET/CT were visualized clearly with a high contrast in the background of reduced signal from normal liver on b 0,500 and 800 maps of DWI.

CLINICAL RELEVANCE/APPLICATION

Liver metastases are the most frequently encountered malignant liver lesions. DWI is a non-contrast technique that is easy to perform, fast, has the potential to provide tissue characterization, and gives qualitative and quantitative information that can be helpful for tumor assessment. DWI gives visually comparable imaging which can be approximated to PET CT.

SSG04-03 Improving Detection of Vascular Structure and Intratumoral Hemorrhage in Primary Hepatic Carcinoma with a Multi-breath-hold Susceptibility-weighted Imaging Technique

Tuesday, Dec. 1 10:00AM - 11:00AM Location: E350

Participants
Ling Zhang, MD, Nanning, China (Presenter) Nothing to Disclose
Zhongkui Huang, Nanning, China (Abstract Co-Author) Nothing to Disclose
Yongming Dai, Shanghai, China (Abstract Co-Author) Nothing to Disclose
Wenmei Li, Nanning, China (Abstract Co-Author) Nothing to Disclose

PURPOSE

The purpose is to evaluate the role of abdominal susceptibility-weighted imaging (SWI) in the detection of vascular structure and intratumoral hemorrhage of primary hepatic carcinoma.

METHOD AND MATERIALS

Nineteen patients with pathologically identified primary hepatic carcinoma were imaged at 3T (MAGNETOM Verio, A Tim System, Siemens, Germany) using a standard body matrix coil. Imaging included precontrast transverse T1-weighted GRE (flip angle 70°, TR/TE 140/2.46 msec), transverse T2-weighted fat-suppressed 2D turbo-spin-echo (TSE, flip angle 122°, TR/TE 3700/84 msec, ETL 9) and transverse abdominal 2D SWI (flip 20°, TR/TE 150/2.5 msec). For all sequences, the following parameters were used: field of view (FOV) 380×285 mm2; matrix 320-384×250, slice thickness 5 mm with a gap of 1 mm. Two to three 15-20 second breath-hold acquisitions were acquired to cover the liver. Two radiologists prospectively analyzed all magnetic resonance imaging (MRI) studies. Vascular structure and hemorrhage detected by each imaging technique were evaluated for comparison.

RESULTS

Nineteen lesions were found in nineteen patients. 2D SWI showed the evidence of hemorrhage in 12 of all 19 cases. SWI displayed vasculature of tumors in 11 cases. Only 5 cases found vasculature in conventional sequences. On 2D SWI, the hemorrhage or vasculature in the lesions manifested dot-like, streak, circular areas with hypointensity signal. In the evaluation of blood products, SWI is superior to the conventional T1WI and T2WI for visualizing the intra vascular structure and hemorrhage (X2= 4.17, P < 0.05). There was close correlation between pathological results and SWI in depicting internal architecture of lesions.

CONCLUSION

SWI surpassed conventional MRI sequences in discovering vascular structure in tumor and intratumoral hemorrhage. SWI offers a new way to show the internal structures of primary hepatic carcinoma. It is more useful than conventional MRI in showing blood products and details of tumor related veins.

CLINICAL RELEVANCE/APPLICATION

SWI offers a new way to show the internal structures of primary hepatic carcinoma. It is more useful than conventional MRI in showing blood products and details of tumor related veins.

SSG04-04 Subtraction Images of Gadoxetic Acid-enhanced MR: The Impact on Image Interpretation of Focal Hepatic Lesions in Patients at Risk for HCC

Tuesday, Dec. 1 11:00AM - 11:10AM Location: E350

Participants
Sang Hyun Choi, Seoul, Korea, Republic Of (Presenter) Nothing to Disclose
So Yeon Kim, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Seung Soo Lee, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Seong Ho Park, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Jae Ho Byun, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Yong Moon Shin, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Moon-Gyu Lee, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

PURPOSE

The purpose is to evaluate the role of abdominal susceptibility-weighted imaging (SWI) in the detection of vascular structure and intratumoral hemorrhage of primary hepatic carcinoma.

METHOD AND MATERIALS

Nineteen patients with pathologically identified primary hepatic carcinoma were imaged at 3T (MAGNETOM Verio, A Tim System, Siemens, Germany) using a standard body matrix coil. Imaging included precontrast transverse T1-weighted GRE (flip angle 70°, TR/TE 140/2.46 msec), transverse T2-weighted fat-suppressed 2D turbo-spin-echo (TSE, flip angle 122°, TR/TE 3700/84 msec, ETL 9) and transverse abdominal 2D SWI (flip 20°, TR/TE 150/2.5 msec). For all sequences, the following parameters were used: field of view (FOV) 380×285 mm2; matrix 320-384×250, slice thickness 5 mm with a gap of 1 mm. Two to three 15-20 second breath-hold acquisitions were acquired to cover the liver. Two radiologists prospectively analyzed all magnetic resonance imaging (MRI) studies. Vascular structure and hemorrhage detected by each imaging technique were evaluated for comparison.

RESULTS

Nineteen lesions were found in nineteen patients. 2D SWI showed the evidence of hemorrhage in 12 of all 19 cases. SWI displayed vasculature of tumors in 11 cases. Only 5 cases found vasculature in conventional sequences. On 2D SWI, the hemorrhage or vasculature in the lesions manifested dot-like, streak, circular areas with hypointensity signal. In the evaluation of blood products, SWI is superior to the conventional T1WI and T2WI for visualizing the intra vascular structure and hemorrhage (X2= 4.17, P < 0.05). There was close correlation between pathological results and SWI in depicting internal architecture of lesions.

CONCLUSION

SWI surpassed conventional MRI sequences in discovering vascular structure in tumor and intratumoral hemorrhage. SWI offers a new way to show the internal structures of primary hepatic carcinoma. It is more useful than conventional MRI in showing blood products and details of tumor related veins.

CLINICAL RELEVANCE/APPLICATION

SWI offers a new way to show the internal structures of primary hepatic carcinoma. It is more useful than conventional MRI in showing blood products and details of tumor related veins.
**PURPOSE**

To evaluate the impact of subtraction images of gadoxetic acid-enhance on image interpretation of hepatic lesions in patients at risk for hepatocellular carcinomas (HCC).

**METHOD AND MATERIALS**

We retrospectively identified 228 patients (181 men, 47 women; mean age, 55.2 years) with chronic viral hepatitis or liver cirrhosis who underwent gadoxetic acid-enhanced liver MR for the evaluation of focal hepatic lesions and then hepatic resection. The patients were confirmed to have 243 focal hepatic lesions including 227 HCCs, and 16 cholangiocarcinomas. We compared the detection rate of arterial hypervascularity on subtraction images and that on visual assessment of arterial phase images. Subgroup analysis was performed according to the pathology and the size of the lesions (≤ 3 cm vs. > 3 cm). We assessed the impact of subtraction images in diagnosing HCC according to the American Association for the Study of Liver Diseases (AASLD) guidelines in comparison with that of visual assessment.

**RESULTS**

Subtraction images (92.6%, 225/243) detected arterial hypervascularity of all the focal hepatic lesions more sensitively than visual assessment (85.6%, 208/243; P = .001). On the subgroup analysis according to the pathology, the same trend was also observed in HCC (96.0% vs. 90.3%; P = .011), and in cholangiocarcinomas (43.8% vs. 18.8%, P = .125). In the 113 lesions ≤ 3 cm, subtraction images (91.2%, 103/113) depicted arterial hypervascularity significantly better than visual assessment (81.4%, 92/113; P = .013), while they did not significantly differ in detecting arterial hypervascularity in the 130 large lesions (> 3 cm, P = .109).

When we included arterial hypervascularity detected on subtraction images, it increased the sensitivity from 86.3% to 92.5% in diagnosing HCCs with the increased false positive rate from 0.8% to 2.5%.

**CONCLUSION**

Subtraction images can enhance the sensitivity of the non-invasive diagnosis of HCC by detecting arterial hypervascularity more sensitively especially in small focal hepatic lesions, with minimal increase in a false positive rate.

**CLINICAL RELEVANCE/APPLICATION**

Subtraction images may be considered as an option to enhance the diagnostic performance of the noninvasive diagnosis for HCC.

**SSG04-05 Is Contrast-Enhanced Ultrasound Comparable to MRI with Liver-Specific Contrast Agent for Diagnosis of Focal Nodular Hyperplasia and Hepatocellular Adenoma?**

**Tuesday, Dec. 1 11:10AM - 11:20AM Location: E350**

Participants
Krishan Ramsaransing, MD, Rotterdam, Netherlands (Abstract Co-Author) Nothing to Disclose
Roy S. Dwarkasing, MD, Rotterdam, Netherlands (Abstract Co-Author) Nothing to Disclose
Francois Willemssen, MD, Hoogstraten, Belgium (Presenter) Nothing to Disclose
Marianne De Vries, MD, Maastricht, Netherlands (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To compare the diagnostic performance of contrast-enhanced ultrasonography (CEUS) with MRI with gadobenate dimeglumine (CEMRI) for the diagnosis of focal nodular hyperplasia (FNH) and hepatocellular adenoma (HCA) in a tertiary referral center for hepatobiliary diseases.

**METHOD AND MATERIALS**

One hundred-nineteen patients (111 female and 8 male, mean age 39 years) referred to a tertiary center for hepatobiliary diseases were included. Patients had undergone standard diagnostic work-up with CEUS and CEMRI for the diagnosis of FNH or HCA. Final diagnosis was considered correct when outcome of CEUS and CEMRI were concordant. Histopathologic assessment (PA) followed in case of discrepancy between outcome of CEUS and CEMRI. CEMRI was considered as the reference method for final diagnosis when lesion biopsy for PA was considered undesirable or contra-indicated. Agreement between CEUS and CEMRI was calculated with Cohen's kappa and sensitivity, specificity, predictive values and likelihood ratios were calculated for CEUS and CEMRI.

**RESULTS**

Outcomes of CEUS and CEMRI were concordant in the majority of patients (n=80, 67%) (p<0.001) with an unweighted kappa of 0.34 (95% CI 0.20-0.49). In case of discrepancy between CEUS and CEMRI (n=39, 33%), PA followed in fourteen cases (12% of total), where CEMRI was correct in thirteen cases (93%) and CEUS in one case (7%) (p=0.002). In the remaining twenty-five cases (21% of total), CEMRI was considered as reference for final diagnosis. For HCA, sensitivity was 64% (95% CI 48% - 78%) with CEUS and 100% (95% CI 92% - 100 %) with CEMRI. For FNH, sensitivity was 67% (95% CI 55% - 77%) with CEUS, and 99% (95% CI 93% - 100%) with CEMRI.

**CONCLUSION**

In our study, agreement between CEUS and CEMRI was fair and the diagnostic performance of CEUS was inferior to CEMRI for diagnosis of FNH and HCA, especially with emphasis on PA proven cases.

**CLINICAL RELEVANCE/APPLICATION**

In case of discordance between CEUS and CEMRI, it may be justifiable to be prudent with liver biopsy and prefer CEMRI-outcome as final diagnosis, especially when the diagnosis on CEMRI is firm.
RESULTS

There were a total of 265 lesions from 14 patients. The weighted sensitivity and specificity of gadofosveset was 89.2% (SD: 25.0%) and 81.3% (SD: 37.2%) respectively, which corresponds to positive and negative likelihood ratio's of 4.76 and 0.13, respectively. The weighted sensitivity and specificity of gadobutrol was 41.6% (SD: 48.9%) and 98.1% (5.6%), which corresponds to positive and negative likelihood ratio's of 22.5 and 0.59. In the GEE model, hypoenhancement on delayed phase significantly predicted malignancy (p=0.005) as did the interaction of hypoenhancement and contrast agent (p=0.006).

CONCLUSION

Hypoenhancement on delayed phase contrast-enhanced MRI with gadofosveset is a more sensitive sign of malignancy in colorectal cancer patients than with gadobutrol.

CLINICAL RELEVANCE/APPLICATION

Delayed phase gadofosveset-enhanced MRI may be a helpful problem-solving tool for excluding malignancy in colorectal cancer patients.

SSG04-07 Accuracy of the Extended Washout of Gadoxetic-Acid for Distinguishing Hypervascular Hepatic Metastases from Hemangiomas on MRI

Tuesday, Dec. 1 11:30AM - 11:40AM Location: E350

Participants

Sheela Agarwal, MD, MS, Boston, MA (Presenter) Subsequent to the conduct of this research, speaker has become an employee of Bayer HC.
Cynthia Cruz, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Joseph R. Grajo, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Mukesh G. Hansinghani, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Sanjay Saini, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Peter F. Hahn, MD, PhD, Belmont, MA (Abstract Co-Author) Stockholder, AbbVie Laboratories Stockholder, Medtronic, Inc. Stockholder, CVS Caremark Corporation Stockholder, Kimberly-Clark Corporation Stockholder, Landauer, Inc.

METHOD AND MATERIALS

This IRB approved retrospective study performed quantitative and qualitative image analysis of 24 patients with proven neuroendocrine liver metastases, together with data on 45 hemangioma patients and 39 with hypovascular metastases already reported. Gadoxetic-acid MR imaging was obtained during arterial and portal-venous phase, and delays of 3, 8, and 20 minutes. During each phase, signal intensities were measured for the lesion, liver, and aorta, and were normalized by paraspinal musculature. Quantitatively, extended washout was defined as a 10% change in signal intensity from 8 to 20 minutes. Statistical analysis was performed using paired Student's t-test. Qualitative analysis was performed by one reader, who assessed the appearance of all lesions on T2-weighted images alone, dynamic images alone, and combined early (8 min) and late (20 min) hepatobiliary phases. Extended washout was defined as a perceptible change in signal from 8 to 20 minutes.

RESULTS

On quantitative analysis, 84% (n=38) of hemangiomas demonstrated a positive extended washout sign while only 8% (n=2) of hypervascular metastases, and 4% (n=7) of hypovascular metastases did. Hemangiomas demonstrated a mean change in signal intensity of 18.4% as compared to 5.5% for hypovascular metastases (p<0.05). Qualitatively, 78% of hemangiomas demonstrated a perceptible change is signal from 8 to 20 minutes, but only 4.1% of metastases did. 67% of hemangiomas demonstrated peripheral nodular enhancement during dynamic phases and 87% demonstrated classic T2 hyperintensity. Arterial enhancement of the metastases was appreciated with gadoxeticacid in 83% of the cases. When extended washout was used in combination with T2 hyperintensity, specificity increased to 98%, with a sensitivity of 96%.

PURPOSE

Hypoenhancement on delayed phase contrast-enhanced MRI using extracellular contrast agents, such as gadobutrol, is often used as a sign to diagnose colorectal liver metastases. Some studies have suggested that MRI with intravascular contrast agent, gadofosveset, may be useful in diagnosing focal liver lesions. The goal of this study is to determine the diagnostic accuracy of this sign using gadofosveset versus gadobutrol.
CONCLUSION
The extended washout sign on gadoxetic acid-enhanced MRI can be applied to hypervascular as well as to non-hypervascular liver metastases to help in distinguishing them from hemangiomas.

CLINICAL RELEVANCE/APPLICATION
Extended washout sign, particularly when used in conjunction with T2 signal intensity, can be used to increase accuracy of differentiating hemangiomas from metastases on gadoxetate-enhanced MRI.

SSG04-09 Fully Integrated PET/MRI for the Colorectal Cancer Liver Metastases: Diagnostic Performance and Prognostic Value

Tuesday, Dec. 1 11:50AM - 12:00PM Location: E350

Participants
Dong Ho Lee, MD, Seoul, Korea, Republic Of (Presenter) Nothing to Disclose
Jeong Min Lee, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Grant, Guerbet SA; Support, Siemens AG; Support, Koninklijke Philips NV ; Grant, Bayer AG; Consultant, Bayer AG; Grant, General Electric Company; Grant, STARMED Co, Ltd; Grant, RF Medical Co, Ltd; Grant, Toshiba Corporation; Grant, Dong-Seo Medical Industrial Co, Ltd
Ijin Joo, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Bo Yun Hur, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Joon Koo Han, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

PURPOSE
To evaluate the diagnostic performance and prognostic value of fully integrated PET/MRI in patients with colorectal cancer liver metastases (CRLMs)

METHOD AND MATERIALS
between January 2013 and June 2014, 55 patients with 98 CRLMs who underwent fully integrated PET/MRI and MDCT were included in this study. Among these CRLMs, 66 CRLMs in 34 patients were diagnosed by histopathology after hepatic resection, and 32 CRLMs in 21 patients were diagnosed by follow-up imaging. Among the 34 patients who underwent hepatic resection for CRLMs, 17 patients received neoadjuvant chemotherapy (NAC) and then followed by surgery. Two board-certificated radiologists independently and randomly assessed both MDCT and fully integrated PET/MRI for detection of CRLMs. In order to compare the diagnostic performance of PET/MRI for detecting CRLMs to MDCT, jackknife alternative free-response receiver-operating characteristic (JAFROC) and generalized estimating equations (GEE) were used. For the evaluation of prognostic value of PET, we analyzed recurrence-free survival in 17 patients who underwent NAC and followed by hepatic resection for CRLMs.

RESULTS
reader average figure-of-merit of PET/MRI was significantly higher than that of MDCT for detecting CRLMs (0.842 for MDCT vs. 0.932 for PET/MRI, P=0.004). Sensitivity per tumor as well as per patients of PET/MRI was also significantly higher than those of MDCT in both two readers. Especially, PET/MRI showed significantly higher sensitivities for CRLMs ≤1cm and CRLMs treated by NAC in both tow readers. According to the PET imaging findings of PET/MRI, six of 17 patients who underwent NAC were classified as having iso-metabolic CRLMs on PET, while 11 patients as having hyper-metabolic CRLMs. 1-year recurrence-free survival rate was 80.0% in 6 patients with iso-metabolic CRLMs, compared to 15.2% in 11 patients with hyper-metabolic CRLMs: this difference was statistically significant (P=0.034).

CONCLUSION
fully integrated PET/MRI can provide significantly higher diagnostic performance for detecting CRLMs compared to MDCT, especially for small CRLMs and CRLMs treated by NAC. PET imaging findings of PET/MRI after NAC was a significant affecting factor for recurrence-free survival after hepatic resection.

CLINICAL RELEVANCE/APPLICATION
fully integrated PET/MRI can be helpful for patients with CRLMs.
SSG14

Physics (CT IV-New Development 1)

Tuesday, Dec. 1 10:30AM - 12:00PM Location: S403B

AMAPRA Category I Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Willi A. Kalender, PhD, Erlangen, Germany (Moderator) Consultant, Siemens AG Consultant, Bayer AG Founder, CT Imaging GmbH Scientific Advisor, CT Imaging GmbH CEO, CT Imaging GmbH
Guang-Hong Chen, PhD, Madison, WI (Moderator) Research funded, General Electric Company; Research funded, Siemens AG

Sub-Events

SSG14-01 Lung Cancer Screening (LCS) in Ultra-low-dose CT (U-LDCT) by Means of Massive-Training Artificial Neural Network (MTANN) Image-Quality Improvement: An Initial Clinical Trial

Tuesday, Dec. 1 10:30AM - 10:40AM Location: S403B

Participants
Wataru Fukumoto, Hiroshima, Japan (Presenter) Nothing to Disclose
Kenji Suzuki, PhD, Chicago, IL (Abstract Co-Author) Royalties, General Electric Company; Royalties, Hologic, Inc; Royalties, MEDIAN Technologies; Royalties, Riverain Technologies; Royalties, Toshiba Corporation; Royalties, Mitsubishi Corporation; Research Consultant, Alara Systems; Stockholder, Alara Systems; Research Consultant, AlgoMedica; Stockholder, AlgoMedica; ; ; ; ;
Toru Higaki, PhD, Hiroshima, Japan (Abstract Co-Author) Nothing to Disclose
Yoshikazu Awaya, MD, Miyoshi, Japan (Abstract Co-Author) Nothing to Disclose
Masayo Fujita, Hiroshima, Japan (Abstract Co-Author) Nothing to Disclose
Kazuo Arai, MD, Hiroshima, Japan (Abstract Co-Author) Research Grant, Toshiba Corporation; Research Grant, Hitachi, Ltd; Research Grant, Bayer AG; Research Grant, DAIICHI SANKYO Group; Medical Advisor, DAIICHI SANKYO Group; Research Grant, Eisai Co, Ltd; Research Grant, Nemoto-Kyourindo; ; ; ;

PURPOSE
We developed a method for improving the image quality of U-LDCT by means of a supervised patch/pixel-based machine-learning technique called an MTANN. The MTANN can create the virtual higher-dose CT (v-HDCT) from U-LDCT by learning the relationship between U-LDCT and higher-dose CT. The purpose of this study was to investigate the clinical feasibility of U-LDCT with the MTANN technology for LCS.

METHOD AND MATERIALS
Thirty subjects (median age: 66 y.o.; range: 55-74) underwent CT LCS with both low-dose CT (LDCT) and U-LDCT using a 320-detector-row CT scanner (Aquilion One, Toshiba, Japan). LDCT were performed under our LCS protocol (120 kVp, automatic tube-current control with 22 noise index, 0.5 mm x 80 detector row, 1.39 pitch factor, 2 mm reconstruction slice thickness and interval), while U-LDCT were done with the same parameters except a tube-current-time-product of 5 mAs. Effective radiation doses for LDCT and U-LDCT were approximately 2.0 and 0.2 mSv, respectively. Both LDCT and U-LDCT were reconstructed with the filtered-back-projection algorithm. Our MTANN converted U-LDCT images to v-HDCT images. Two radiologists reviewed LDCT images, and "gold-standard" pulmonary nodules 4 mm or larger in diameter were determined in consensus. We evaluated v-HDCT in comparison to the "gold-standard" by using a 3-point subjective scale, i.e., Grade 3: a nodule and its type (solid nodule [SN] or ground-glass nodule [GGN]) were accurately identified on v-HDCT; Grade 2: a nodule but not its type was identified confidently; Grade 1: a nodule could not be identified.

RESULTS
We identified 18 nodules (16 SN; 2 GGN) on LDCT images in the 30 subjects. All 16 SNs on v-HDCT were classified as Grade 3, whereas the 2 GGNs were Grade 2.

CONCLUSION
All SNs and GGNs could be identified on MTANN v-HDCT, but a nodule type for 2 GGNs was difficult to be determined confidently.

CLINICAL RELEVANCE/APPLICATION
MTANN may be useful for further reduction of radiation dose in LDCT for lung cancer screening.

SSG14-02 Motion Compensation from Short-Scan Data in Cardiac CT

Tuesday, Dec. 1 10:40AM - 10:50AM Location: S403B

Participants
Juliane Hahn, Heidelberg, Germany (Presenter) Nothing to Disclose
Thomas Allmendinger, Forchheim, Germany (Abstract Co-Author) Nothing to Disclose
Herbert Bruder, Forchheim, Germany (Abstract Co-Author) Nothing to Disclose
Marc Kachelriess, PhD, Heidelberg, Germany (Abstract Co-Author) Nothing to Disclose

PURPOSE
To reduce motion artifacts of the coronary arteries (CAs) and to increase the temporal resolution (TR) while utilizing only the minimal amount of rawdata needed for a short-scan reconstruction.
METHOD AND MATERIALS
The TR in diagnostic single source cardiac CT lies in the order of 0.15 s. In cases with higher heart rates, however, motion artifacts remain in the region of the CAs. Motion compensation (MoCo) algorithms estimate and apply motion vector fields (MVF) and can, potentially, reduce such artifacts by effectively improving the TR. Most of the MoCo algorithms described so far require scan data significantly larger than the short scan interval to estimate the motion parameters. We propose a new approach to increase the TR in the region of the CAs. It consists of three steps: a) performing an initial reconstruction and segmenting the CAs, b) estimating the motion from the short scan interval (180° + fan angle) and c) performing the MoCo. The last two steps are based on the decomposition of the initial volume into N overlapping limited angle reconstructions. As an initial MVF guess the barycenters of the CAs are determined slice-wise in the limited angle image volumes. The MVFs are iteratively refined using a cost function maximizing the image sharpness. To validate the algorithm a dynamic CA simulation study is employed. Furthermore the algorithm is applied to clinical patient data with heart rates between 60 bpm and 90 bpm. Motion-compensated reconstruction is performed in several heart phases.

RESULTS
In the simulated and measured cases the value N = 30, yielding limited angle images covering a 12° projection range each, turned out to be sufficient. The TR could be increased which was found by comparison with simulations at faster rotation speeds. Regarding the patient data we found that 10 coronary segments showed motion artifacts and with our MoCo method we were able to remove the artifacts in all but two cases.

CONCLUSION
We presented a cardiac MoCo algorithm providing an improved delineation of the coronary arteries. The findings have been evaluated based on a simulation study and on patient data, where the visibility of the coronary arteries increased due to an increased temporal resolution.

CLINICAL RELEVANCE/APPLICATION
Increasing the temporal resolution in cardiac CT imaging and thereby reducing motion artifacts improves the accuracy in the diagnosis of coronary artery disease.

SSG14-03 XACT: A New Imaging Modality Based on Ultrasonic Detection of X-ray Absorption
Tuesday, Dec. 1 10:50AM - 11:00AM Location: S403B

Awards
Trainee Research Prize - Fellow

Participants
Shanshan Tang, PhD, Norman, OK (Presenter) Nothing to Disclose
Hong Liu, PhD, Norman, OK (Abstract Co-Author) Nothing to Disclose
Liangzhong Xiang, PhD, Norman, OK (Abstract Co-Author) Nothing to Disclose

PURPOSE
Absorption based X-ray imaging including CT is an invaluable tool in medical diagnostics. However, the use of conventional CT is limited by two factors; one is the limited spatial resolution, and the other is the relatively high radiation dose. The purpose of this study is to explore X-ray induced acoustic computed tomography (XACT), a new imaging modality, which take advantages of the X-ray absorption contrast at low radiation dose and high ultrasonic resolution in a single modality.

METHOD AND MATERIALS
First, a theoretical model was built to analyze the sensitivity to X-ray absorption by comparing with XACT and conventional X-ray imaging. Second, an XACT imaging system was developed to evaluate the X-ray induced acoustic signal generation. 60-nanosecond x-ray pulses were generated from an X-ray source operated at the energy of 150 kVp with a 25-Hz repetition rate. The X-ray induced acoustic signals were captured by a commercial ultrasonic transducer (2.25 MHz in central frequency).

RESULTS
Theoretical analysis shows that X-ray induced acoustic signal has 100% relative sensitivity to the X-ray absorption. It naturally filters out the X-ray scattering. Less background from the ultrasonic detection of X-ray absorption will increase the imaging sensitivity. In the experiment, a lead wire and a piece of bone were irradiated to demonstrate the X-ray induced acoustic signals generation, respectively. A major peak is readily observed in the signals. We found that the pulse width of the acoustic signal was about 0.66 us; which correspond with the target size of 1 mm. The radiation dose of a single pulse is 0.03 mGy. It is only 1/100 less radiation dose of the normal X-ray CT.

CONCLUSION
In XACT imaging, we detect the acoustic signal generated by X-rays instead of detecting X-rays themselves. The acoustic signal is sensitive only to the X-ray absorption, and not to X-ray scattering. Using this principle, we improve the imaging sensitivity of X-ray absorption. Taking advantage of the high ultrasonic resolution, we can also perform 3-D imaging with a single x-ray pulse and without any mechanical motion of the imaging system. We can thus reduce the radiation dose by a factor of 100, and image 100 times faster when compared to the conventional X-ray CT. This new modality has the potential to revolutionize x-ray imaging applications in medicine and biology.

CLINICAL RELEVANCE/APPLICATION
Dedicated breast XACT for breast cancer screening.

SSG14-04 Assessment of Dose Performance of a New Technique for Single Source Dual Energy Acquisition
Tuesday, Dec. 1 11:00AM - 11:10AM Location: S403B

Participants
Christian Hofmann, Erlangen, Germany (Abstract Co-Author) Employee, Siemens AG
Dual Energy (DE) scanning has skyrocketed in scientific relevance and diagnostic importance. The goal of this research is to determine if a novel, yet simple technique for DE utilizing a single x-ray tube by applying a split filtration to the x-ray beam in scan direction enabling simultaneous acquisition of different spectra, allows for dose efficient CT acquisitions compared to other single source DE approaches and standard single energy scanning.

**METHOD AND MATERIALS**

Two water equivalent phantoms, an anthropomorphic phantom (20cmx30cm) and a circular phantom (30cm), both equipped with an iodine insert (15mg I/cm³) in the center, were used for measurements. Four different scan acquisitions at matched dose (CTDIvol) were utilized for comparison; split filter DE (SFDE) utilizing 120kV, Dual Scan DE (optimized mA between kVs, DSDEopt), Dual Scan DE (fixed mA between kVs, DSDEfixed), and 120kV single energy (SE). Each phantom was scanned 5 times for each acquisition to gather statistical meaning. All measurements were performed on systems with highly integrated circuit detectors (Stellar, Siemens, Forchheim, Germany). Image noise and iodine contrast-to-noise ratio (CNR) were measured in mixed images generated by linear combination of the high and low kV images resulting in minimal image noise.

**RESULTS**

At equal CTDIvol the image noise in SFDE approach tends to be lower than in the other approaches. For the anthropomorphic phantom: $\sigma_{SFDE} = 1.6 < \sigma_{SE} = 13.9 < \sigma_{DSDEfix} = 14.4 < \sigma_{DSDEopt} = 14.5$ HU. For the circular phantom: $\sigma_{SFDE} = 21.5 < \sigma_{DSDEfix} = 22.4 < \sigma_{DSDEopt} = 23.1$ HU. At equal CTDIvol the iodine CNR tends to be highest for DSDEopt followed by SFDE. For the anthropomorphic phantom: $\text{CNR}_{DSDEopt} = 27.9 > \text{CNR}_{SFDE} = 24.9 > \text{CNR}_{SE} = 24.2 > \text{CNR}_{DSDEfix} = 22.4$. For the circular phantom: $\text{CNR}_{DSDEopt} = 15.4 > \text{CNR}_{SFDE} = 14.9 > \text{CNR}_{SE} = 14.0 > \text{CNR}_{DSDEfix} = 12.7$.

**CONCLUSION**

SFDE provides an effective solution to simultaneously acquire high and low energy data without dose penalties compared to standard single scanning, thus enabling routine Dual Energy scanning.

**CLINICAL RELEVANCE/APPLICATION**

Dose efficient dual energy scanning has been limited to dual source systems. SFDE allows for dose efficient scans on a single source systems, further enabling routine Dual Energy in clinical practice.

**SSG14-05 Value of Scout-View Based Personalized Scan Protocol Selection of Spectral CT Imaging Individual Contrast Medium Protocol**

**Tuesday, Dec. 1 11:10AM - 11:20AM Location: S403B**

**Participants**

Shiyu Wang, Dalian, China (Presenter) Nothing to Disclose
Yijun Liu, Dalian, China (Abstract Co-Author) Nothing to Disclose
Ailian Liu, MD, Dalian, China (Abstract Co-Author) Nothing to Disclose
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**Purpose**

To investigate the value of scout-view based personalized scan protocol selection of gemstone spectral imaging and personalized contrast medium protocol (400mgI/kg) in enhanced abdomen CT, comparison the image quality with routine 120 kV and contrast medium protocol.

**Method and Materials**

83 patients suggested with abdomen enhanced CT scan were enrolled and all were divided into two groups randomly. Group A (n=49) used tube voltage of 120kV and automatic exposure control (AEC), according to the body mass index (BMI), the noise index (NI) of AEC were setted as 10 (BMI<23), 12(23≤BMI≤26) and 14(BMI>26) respectively. The contrast medium concentration was 350mgI/ml, the injection volume and speed was 100ml and 5ml/s respectively. Group B (n=34) underwent plain CT scanning using AEC with BMI based NI setting (BMI<23,NI=10;23≤BMI≤26,NI=12;BMI>26,NI=14). According the maximum mA and average mA, choosing corresponding GSI protocols with approximate CTDIvol. The maximum mA corresponded CTDIvol approximate GSI protocol was used for arterial phase and vein phase. The average mA corresponded CTDIvol approximate GSI protocol was used for parenchyma phase. Monochromatic images at 60kV blending with 40% adaptive statistical iterative reconstruction (ASIR) were reconstructed. The CT value and SD value of abdomen aorta and erector spinae were measured and the contrast-noise-ratio was calculated. Data was compared with student T-test.

**Results**

The image noise and the CT value of aorta and erector spinae showed no significant difference between two groups (both P>0.05). The CNR of two groups have no significant difference (43.89±19.08 vs 38.29±9.44, P>0.05). The DLP of group B was lower than that of group A (460.91±225.18 vs 390.69±129.03, P<0.05). The total contrast volume of group B had an average 25.29% decrease than that of group A (74.71±11.04 vs 100ml±0.00, P<0.05).

**Conclusion**

Personalized scan and contrast medium protocol in spectral CT imaging significant reduce radiation dose and contrast medium dose without compromising image quality.

**Clinical Relevance/Application**

Spectral CT imaging provides a high-quality angiographic technique, which allows use of a lower contrast agent compared with conventional 120-kVP SECT.
SSG14-06  Fluence Field Modulation for Low-dose X-ray Computed Tomography using Compact Multiple Aperture Devices

Tuesday, Dec. 1 11:20AM - 11:30AM Location: S403B

Participants
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PURPOSE
CT scanning at low doses is limited by the scanner's ability to adapt to specific patients and imaging tasks. Current clinical CT permit exposure reductions via x-ray technique selection and current modulation. While dynamic fluence field modulation (FFM) has been proposed to greatly expand the capability of CT systems to customize acquisitions and minimize dose, design constraints including actuation speed, g-forces, and available space make practical solutions difficult. In this work, we propose a novel, compact FFM system based on multiple aperture devices (MADs) that can meet these practical requirements to provide patient-specific low-dose acquisitions.

METHOD AND MATERIALS
We develop a theoretical framework for design and simulation of MADs and construct prototype devices for initial characterization. MADs are essentially binary filters (entirely blocking or transmitting the x-ray beam on a fine scale). Spatial modulation is established through appropriately sized, space-variant aperture design. Dynamic FFM is possible when two devices are placed in series, and translated relative to one another. Various design options are explored - especially those that minimize undesirable high-frequency field modulations while enforcing the desired low-frequency modulations. Prototype devices were constructed using tungsten sintering and characterized on a CT test bench.

RESULTS
Various multiple apertures devices were studied including designs meant to yield flat fluence patterns for circular and elliptical objects of various sizes. In testbench studies using prototype devices, flattened fields are demonstrated in physical phantoms, minimized high-frequency aperture patterns are observed, and artifact-free tomographic reconstructions are produced and shown to have similar image quality as compared to traditional (static) bow-tie filters.

CONCLUSION
With relative motion requirements of less than a millimeter/quarter rotation, minimum thicknesses of several millimeters, and a rigid filter material, practical device placement within a clinical CT gantry is achievable. Combined with good image quality in initial reconstruction results, multiple aperture devices are a potential solution to practical FFM in CT.

CLINICAL RELEVANCE/APPLICATION
The proposed dynamic FFM system is practical for clinical CT scanners and will facilitate customized patient scans, maximizing diagnostic imaging performance at minimum radiation exposures.

SSG14-07  Quantitative Assessment of Coronary Artery CT Images with Full Iterative Reconstruction Performed on a 320 Detector-row Scanner

Tuesday, Dec. 1 11:30AM - 11:40AM Location: S403B

Participants
Masao Kiguchi, RT, Hiroshima, Japan (Presenter) Nothing to Disclose
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Kazuaki Awai, MD, Hiroshima, Japan (Abstract Co-Author) Research Grant, Toshiba Corporation; Research Grant, Hitachi, Ltd; Research Grant, Bayer AG; Research Grant, DAIICHI SANKYO Group; Medical Advisor, DAIICHI SANKYO Group; Research Grant, Eisai Co, Ltd; Research Grant, Nemoto-Kyourindo; ; ;
Akira Taniguchi, RT, Otawara, Japan (Abstract Co-Author) Employee, Toshiba Corporation
So Tsushima, Otawara, Japan (Abstract Co-Author) Employee, Toshiba Corporation

PURPOSE
To compare the spatial resolution, image noise, and image quality of volume scans performed on a 320 detector-row CT scanner with filtered back projection (FBP), hybrid iterative reconstruction (IR), and a new full IR algorithm.

METHOD AND MATERIALS
Using a 320-detector scanner (Aquilion One Vision, Toshiba) we scanned Catphan- and pulsating coronary artery (CA) phantoms (diameter 4 mm) with plaque-, calcium plaque-, and Cypher stent stenosis. The phantoms contained an iodine solution (CT number 350 HU at 120 kV) and were scanned in the volume scan mode, non-gated. Scanning was at 50-, 100-, and 150 mAs. Reconstruction was with filtered back projection (FBP) and quantum denoising filters, hybrid IR (Adaptive Iterative Dose Reduction-3D: AIDR 3D), and full IR (FIRST). We recorded the image noise (standard deviation [SD] of the CT number and the noise power spectrum), image resolution (contrast of the ladder pattern and the modulation transfer factor [MTF]), and the full width at half maximum (FWHM) of the inner diameter of the simulated CAs and performed Tukey's multiple comparisons among the different scan parameters.
RESULTS
The image noise on images acquired at 150 mAs was 7.9 (FBP), 10.0 (AIDR 3D), and 8.1 (FIRST) and the [WU1] 50% MTF was 0.45, 0.49, and 0.78. The mean absolute percentage error of the FWHM was 4.2, 4.7, and 6.6% (50% plaque stenosis model), 4.4, 3.7, and 2.1% (50% CA stenosis model), and 26.2, 25.8, and 14.4% (stent model). The FWHM [k2] of the stent model [WU3] on images reconstructed with FIRST was significantly larger than with FBP or AIDR 3D (p<0.01). On images reconstructed with FIRST, the image quality was improved by 15-20% compared with FBP or AIDR 3D.

CONCLUSION
On scans of the simulated pulsating CA, FIRST yielded better image noise and spatial resolution than FBP or AIDR 3D.

CLINICAL RELEVANCE/APPLICATION
Full iterative reconstruction (FIRST) yields better image noise and spatial resolution than FBP or AIDR 3D and facilitates the accurate quantitative analysis of CT images of the coronary artery.

SSG14-08 Phase Retrieval and De-wrapping in Grating-based X-ray Differential Phase Contrast CT with Twin-peaks in Phase-stepping Curves

Tuesday, Dec. 1 11:40AM - 11:50AM Location: S403B

Participants
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Xiangyang Tang, PhD, Atlanta, GA (Abstract Co-Author) Research Grant, Sinovision Technologies Co Ltd

PURPOSE
In x-ray differential phase contrast (DPC) CT implemented with Talbot interferometry, phase-stepping procedure is widely employed to extract the phase signal for imaging. Since the fabrication process may cause defects in analyzer grating G2, the actual period of G2 may double the nominal period of G2, and the experimental determined phase-stepping curve (PSC) exhibits two distinct peaks within an actual period 2g2. For such a DPC-CT system with twin-peak PSCs, we develop an approach to retrieve and unwrap the phase signal.

METHOD AND MATERIALS
Based on the paraxial Fresnel-Kirchhoff theory, we derive an analytical formula to characterize the PSCs of an x-ray Talbot interferometry with flawed analyzer grating. We also conduct an experimental investigation into the phase retrieval and de-wrapping in x-ray DPC-CT with twin-peak PSCs. An x-ray Talbot interferometry with 4.6 micron of g2 is utilized to scan a mouse and a phantom that consists of tubes filled with water, cotton, sugar and air.

RESULTS
Fourier analysis of the PSC demonstrates that its first-order Fourier component with spatial frequency 1/2g2 is non-negligible, although it is smaller in magnitude than the second-order Fourier component with spatial frequency 1/g2. Consequently, experimental results show that in comparison with scanning G2 over its nominal period g2, stepping G2 over its actual period 2g2 can provide data to enable a significantly improved reconstruction of the phase-contrast CT images. Furthermore, with the use of the phase signal retrieved from the first-order Fourier component, the possible phase wraps in the phase signal retrieved from the second-order Fourier component can be removed.

CONCLUSION
Our theoretical analysis and experimental investigation show that for an x-ray DPC-CT imaging system with twin-peak PSCs, the PSCs should be determined by scanning G2 over the double of its nominal period g2; and then the PSCs can be utilized to retrieve and unwrap the phase signal for imaging.

CLINICAL RELEVANCE/APPLICATION
The preliminary results reported in this study may be of relevance to the preclinical and eventually clinical applications of grating-based x-ray phase contrast CT.

SSG14-09 Third-generation Dual-source CT of the Neck Using Automated Tube Voltage Adaptation in Combination with Advanced Modeled Iterative Reconstruction: Evaluation of Image Quality and Radiation Dose

Tuesday, Dec. 1 11:50AM - 12:00PM Location: S403B

Participants
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PURPOSE
To evaluate image quality and radiation dose in third-generation 192-slice dual-source computed tomography (DSCT) of the neck using automated tube voltage adaptation (TVA) with an advanced modeled iterative reconstruction (ADMIRE) algorithm.

METHOD AND MATERIALS
CT studies of the neck in 116 patients were retrospectively evaluated. Group A (n=59) was examined on a second-generation DSCT with automated TVA and standard filtered back projection (FBP). Group B (n=57) was examined on a third-generation DSCT with automated TVA and ADMIRE. Age, neck diameter, and attenuation and noise of sternocleidomastoid muscle, internal jugular vein (IJV), submandibular gland, tongue, subscapularis muscle, and cervical fat were measured. Signal-to-noise ratio (SNR) and contrast-to-noise ratio (CNR) were calculated. Size-specific dose estimates (SSDE) were assessed. Diagnostic acceptability was rated by three readers on a five-point scale.

RESULTS

Age (Group A, 57.9±18.1 years; Group B, 57.4±17.7 years; p=0.87) and effective body diameter (Group A, 15.1±1.6 cm; Group B, 15.8±1.9; p=0.075) did not differ significantly. Tube voltage in Group A was automatically set by TVA to 100 kV for all patients in group A (n=59), and to 70 kV (n=2), 80kV (n=5), and 90kV (n=50) in Group B. Average image noise was reduced and CNR was increased significantly (both p<0.001) in group B compared to group A. Diagnostic acceptability was rated consistently high in both groups with significantly better ratings for Group B than for Group A (4.83 vs. 4.56; p<0.001). Average SSDE was reduced by 34% in Group B compared to Group A (20.38±1.63 mGy vs. 13.04±1.50 mGy, p<0.001).

CONCLUSION

Combination of automated TVA and ADMIRE reconstruction in neck CT using third-generation DSCT results in a 34% radiation dose reduction compared to second-generation DSCT with automated TVA and FBP reconstruction with substantially lower image noise and significantly increased CNR and subjective image quality.

CLINICAL RELEVANCE/APPLICATION

Automated TVA in combination with ADMIRE should be routinely applied to neck DSCT in clinical routine to reduce radiation exposure and image noise, and to increase image quality.
Informatics (Results and Reporting)

Follow that Patient! Follow-up of Patients with Abdominal Imaging Findings of Possible Cancer

Participants
David S. Hirschorn, MD, Staten Island, NY (Moderator) Nothing to Disclose
Amon Makori, MD, Chicago, IL (Moderator) Medical Advisory Board, Carestream Health, Inc

Background
Focal masses potentially representing cancer are commonly discovered in patients referred for abdominal imaging. Failure to properly follow-up patients with imaging findings of possible cancer can result in missed or delayed cancer diagnoses. Yet the proportion of patients in whom follow-up is not completed, but clinically appropriate, is poorly understood.

Evaluation
In July 2013 our radiology department implemented a mandatory coding scheme for reporting the malignant likelihood of focal masses in the adrenals, kidneys, pancreas and liver on all CT, MRI and ultrasound examinations. Focal masses with codes correlating to imaging findings of possible cancer were detected in 675 unique patients between 7/1/13 and 9/31/13 of whom 24% (164/675) expired within 30 days. Chart review within 15 months revealed that 40% of patients (268/675) received imaging follow-up, 7% (50/675) pathology follow up, 5% (35/675) other methods of follow-up (e.g. specialist referral, change in therapy), 5% (37/675) had documented reasons for the lack of follow-up, and 17% (118/675) had no reason for lack of follow-up documented in the chart.

Discussion
Over half of patients with abdominal imaging findings possibly representing cancer receive imaging, pathology or clinical follow-up within 15 months of initial detection; most commonly through imaging (40%). Yet, nearly one fifth of patients receive no follow-up and have no reason for the lack of follow-up documented in the medical record. These patients are at risk for missed or delayed cancer diagnoses.

Conclusion
Reliable methods of monitoring patients with abdominal imaging findings of possible cancer are needed to identify the nearly one fifth of patients with no documented reason for lack of follow-up in the clinical chart. Providers caring for these patients should be contacted to determine the reason for no follow-up in order to improve the quality and safety of patient care.

Lexical Disparities between Reports Authored by Residents and Reports Authored by Attending Radiologists Using Natural Language Processing

Participants
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Stuart L. Schulthies, Salt Lake City, UT (Abstract Co-Author) Nothing to Disclose
Marta E. Heilbrun, MD, Salt Lake City, UT (Abstract Co-Author) Nothing to Disclose

Background
We explored using simple natural language processing tools to characterize radiology reports and identify lexical features that differed between reports generated by residents and reports generated by attending radiologists. In this initial exploration, we limited ourselves to the Impression section (IS) of the reports. Reports generated from October through December 2013 were analyzed. From the IS we extracted the following features: 1) the number of words in the IS, 2) the number of RadLex concepts in the IS divided by the number of words, 3) the number of uncertainty phrases in the IS divided by the number of words in the IS, 4) the polarity of the IS (whether the concepts were expressed in a negative, neutral, or positive manner), and 5) the subjectivity of the IS. RadLex concepts consisted of all preferred names and synonyms defined in the RadLex ontology. Uncertainty terms were identified using pyConTextNLP using a lexical knowledge base defined previously. Polarity and subjectivity were measured using the textblob Python package. A logistic regression model determined the statistical relationships between lexical features and report authorship.

Evaluation
61705 impression sections were analyzed, of these 35352 were generated by an attending without a resident and 26353 were
generated by a resident supervised by an attending. On average, resident impression sections were longer, more subjective, less positive, used fewer RadLex terms and used fewer uncertainty terms. All features were significant in the logistic regression model (p<0.000).

**Discussion**

Our results indicate that there are measurable lexical differences between resident and attending reports. Attending reports are shorter, use more standard terms, express more positive sentiment, as well as use more uncertain expressions. It is somewhat surprising that the residents expressed less uncertainty and warrants further investigation.

**Conclusion**

Our study has several limitations. We have not analyzed the results by service or experience level of the residents. Also, the distribution of authorship was not uniform across services. Mammography and nuclear medicine had significantly fewer resident reports than other services.

**SSG08-04 Structured Reporting vs. Free Text Reporting of MRI Examinations of the Shoulder: Potential Impact on Durgical Planning**

**Tuesday, Dec. 1 11:00AM - 11:10AM Location: S402AB**

**Participants**

Marco Armbruster, Munich, Germany (**Presenter** Co-Founder of medical software company.
Sebastian Gassenmair, Munich, Germany (**Abstract Co-Author** Nothing to Disclose
Florian Haasters, MD, Munich, Germany (**Abstract Co-Author** Nothing to Disclose
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Maximilian F. Reiser, MD, Munich, Germany (**Abstract Co-Author** Nothing to Disclose
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Nora N. Kammer, MD, Munich, Germany (**Abstract Co-Author** Nothing to Disclose

**PURPOSE**

To compare structured reports vs. standard free text reports of MRI examinations of the shoulder and to evaluate quality of reports, satisfaction of referring physicians and potential effects for surgical planning.

**METHOD AND MATERIALS**

We included 30 patients who underwent MRI of the shoulder for one of the following reasons: trauma, luxation or a possible tendon tear. Exclusion criteria were known tumors, previous shoulder operations or inflammatory diseases. We acquired both standard free text reports and structured reports, which were performed with an online software with dedicated templates and clickable decision trees with concomitant generation of semantic structured reports. The template was specific for MRI of the shoulder after trauma and/or degenerative lesions and included specific information relevant for surgical planning. All reports were evaluated with regard to their impact on clinical decision making, sufficiency for surgical planning, convenience of information extraction, linguistic quality, and referring physicians' satisfaction.

**RESULTS**

Overall 30 structured and 30 free-text reports were reviewed by two orthopedic surgeons with long lasting experience in surgery of the shoulder (9 yrs, 6 yrs respectively). Decision making regarding surgery vs. conservative therapy was possible without further consultations in 87% of structured and 73% of free text reports. In case of surgery the provided information was considered to be sufficient for surgical planning in 87% of structured and 60% of non-structured reports. Overall, 17% of structured and 47% of free text reports were considered to be incomplete. The effort of information extraction from the reports was considered to be time-consuming in 17% of structured and 54% of free text reports (p<0.001). The linguistic quality was not rated different between structured and non-structured reports (p=0.1745).

**CONCLUSION**

Structured reporting of MRI of the shoulder facilitates clinical decision making and surgical planning and potentially leads to a higher satisfaction of referring physicians.

**CLINICAL RELEVANCE/APPLICATION**

Structured reporting of musculoskeletal MRI examinations with dedicated and specific templates is a valuable tool to provide standardized information to referring physicians.

**SSG08-05 Pilot Study of a Global Radiology Report Categorization (RADCAT) System in the Emergency Department**

**Tuesday, Dec. 1 11:10AM - 11:20AM Location: S402AB**

**Participants**

David W. Swenson, MD, Brooklyn, CT (**Presenter** Nothing to Disclose
Martha B. Mainiero, MD, Providence, RI (**Abstract Co-Author** Nothing to Disclose
Grayson L. Baird, MS, Providence, RI (**Abstract Co-Author** Nothing to Disclose
David C. Portelli, MD, Providence, RI (**Abstract Co-Author** Nothing to Disclose
Jonathan S. Movson, MBChB, Providence, RI (**Abstract Co-Author** Nothing to Disclose

**PURPOSE**

To develop a global categorization system for radiology reports in the emergency department, and to evaluate the inter-observer variation of the system as a first step in establishing its clinical utility.

**METHOD AND MATERIALS**

In collaboration, members from the departments of diagnostic imaging and emergency medicine developed a report categorization
system with 5 grades for characterizing the urgency of findings: RADCAT 1=Normal, 2=Routine, 3=Non-Urgent imaging follow-up recommended, 4=Priority (likely to affect treatment during the ongoing care episode), and 5=Critical (requiring immediate direct physician-to-physician communication). Four radiologists interpreted a minimum of 400 studies in the ED setting, assigning each report a RADCAT designation. 58 of these 1600 reports (without images) were selected as a representative sample, and re-categorized by 6 radiologists and 6 emergency medicine physicians, all blinded to the original RADCAT designation. Inter-observer agreement was assessed using Cohen's Kappa statistic.

RESULTS
Inter-observer agreement was interpreted according to the guidelines of Landis and Koch. Among radiologists, agreement was excellent for RADCAT 1 (k=0.83), substantial for RADCATs 2, 3, and 5 (k=0.73, k=0.68, and k=0.71, respectively), and moderate for RADCAT 4 (k=0.54). Among emergency physicians, agreement was excellent for RADCAT 1 (k=0.85), substantial for RADCATs 2 and 5 (k=0.70, k=0.77, respectively), and moderate for RADCATs 3 and 4 (k=0.51, k=0.52, respectively). Among both groups combined, agreement was excellent for RADCAT 1 (k=0.85), substantial for RADCATs 2, 3, and 5 (k=0.74, k=0.61, and k=0.74, respectively), and moderate for RADCAT 4 (k=0.54). Overall agreement for RADCAT designations of all physicians was substantial (k=0.65).

CONCLUSION
The RADCAT system for globally characterizing radiology reports may provide a valuable shorthand for communication between radiologists and emergency medicine physicians interacting through the electronic medical record, with substantial interobserver agreement demonstrated on this initial pilot study.

CLINICAL RELEVANCE/APPLICATION
We demonstrate a system for improving efficiency and fidelity of communicating information through radiology reports.

SSG06-06 Use of Conditional Statements in Radiology Follow-Recommendation Sentences: Relationship to Follow Up Compliance

Tuesday, Dec. 1 11:20AM - 11:30AM Location: S402AB

Participants
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PURPOSE
A significant proportion of patients do not receive timely follow-up (F/U) investigations that are recommended in radiology reports. Automated tools to detect, flag, and communicate F/U recommendations may increase the rate of follow-up, but risk alert-fatigue or over-reliance. The purpose of this study is to determine the correlation between conditional statements (CS) (hedge statements) in follow-up recommendation sentences (FURS) of radiology reports and the rate of F/U.

METHOD AND MATERIALS
A regular expression automated natural language processing (NLP) technique was developed to detect FURS in all radiology reports (1.6m) from 2010 to 2014 at a large multi-hospital academic radiology department. The NLP algorithm was validated using a sample of radiology reports. A representative cohort (n=355) of records containing FURS was extracted and a single expert reader (blinded to whether F/U occurred) evaluated full reports for the presence of CS; F/U timeframe, modality, and expectation of whether F/U was necessary/probable based on the entire text of the report (E=0,1,2 where 0=little, 1=moderate, and 2=high/definite). In a second phase, the expert reader determined whether the F/U occurred. A Chi-squared test was used with p < 0.05 considered statistically significant.

RESULTS
In the sample, CS's occurred in 125/355 reports with FURS (35.2%). Appropriate F/U rate was 55.5%. CS's occurred more in ED patients (46.3%) vs inpatient (43.1%, p<0.02) and outpatient settings (26.2%, p<0.001). FURS containing CS had lower follow-up compliance than FURS without CS (36% vs. 66%, p<0.001). The rate of CS dropped with expectation of follow up (59.4, 36.7, 16.7% with E=0, 1,2; p<0.001). However, in cases with high/definite expectation of follow-up (E=2), the rate dropped from 78.8% for no CS to 43.8% where CS's were present (p<0.001).

CONCLUSION
This study confirms low follow-up compliance. Conditional statements in FURS are associated with a significantly lower rate of follow-up than FURS without CS.

CLINICAL RELEVANCE/APPLICATION
Radiologists may use conditional statements in recommendation sentences for less clinically important F/U recommendations. However, these CS are associated with a lower overall rate of F/U. When developing automated tools for to detect F/U compliance, the presence of CS could be incorporated into an NLP algorithm, potentially improving specificity of the system for the detection of important failures to F/U.


Tuesday, Dec. 1 11:30AM - 11:40AM Location: S402AB

Participants
Daniel Pinto dos Santos, MD, Mainz, Germany (Presenter) Nothing to Disclose
Gordon Klos, Mainz, Germany (Abstract Co-Author) Nothing to Disclose
SSG08-08 Support-Vector Machine Classification of Indexed Keyword Search Results: Providing Context to Keywords

Tuesday, Dec. 1 11:40AM - 11:50AM Location: S402AB

Participants
Jaron Chong, MD, Montreal, QC (Presenter) Nothing to Disclose
Benoit P. Gallix, MD, PhD, Montpellier, France (Abstract Co-Author) Nothing to Disclose

PURPOSE
Keyword-indexed based retrospective searches of full-text radiology reports provide a powerful tool for the interactive identification of case series and population cohorts from large databases. While keyword searches are effective for rare terms, diseases, or keywords, keywords alone prove particularly limited in circumstances where a condition is used very frequently with heterogeneous meanings and contexts. We propose a support-vector machine learning workflow to improve the specificity of full-text keyword searches.

METHOD AND MATERIALS
This proposal outlines and explores an approach drawn from natural-language processing research used in informatics and linguistics by utilizing a statistically-based machine learning technique to infer associations in words frequencies from labeled examples. In our specific, we attempt to classify sentences containing the word 'appendicitis' into multiple contexts of meaning, specifically: 1-Positive, 2-Negative, 3-Clinical History, 4-Atypical and report upon both the classification performance characteristics of such a system, potential pitfalls and limitations to the technique, as well as the relationship between performance and a progressively expanded training set.

RESULTS
1000 CT Abdomen/Pelvis full-text reports narrative reports were parsed and analyzed. Classification performance began 86.5% and steadily rose to 95.3% after 500 examples of tagged reports were provided at which point classification performance ranged between 93.8 - 96.8% successful classification. Classifications of both 1-Positive or 2-Negative appendicitis were generally highly reliable as were classification of 3-Clinical History. Classifications of 4-Atypical sentences had the greatest relative unreliability with only 13 re-classifications out of 1000 reports. Performance and generation of the SVM models were instantaneous on standard commodity computer hardware.

CONCLUSION
The application of support-vector machines is a reliable and successful method for narrative text classification and paired with a full-text indexed search engine allows for powerful contextual language analysis.

CLINICAL RELEVANCE/APPLICATION
Support-vector machines provide a novel and practical method of labeling and inferring context of keywords which can be used to increase the specificity of full-text indexed searches.

SSG08-09 Initial Experience with Multi-Media and Quantitative Tumor Reporting Appears to Improve Oncologist Efficiency in Assessing Tumor Burden

Tuesday, Dec. 1 11:50AM - 12:00PM Location: S402AB

Participants
Les R. Folio, DO, MPH, Bethesda, MD (Presenter) Research agreement, Carestream Health, Inc
Alireza Asary Yazdi, MD, MPH, Bethesda, MD (Abstract Co-Author) Research agreement, Carestream Health, Inc
Melinda Merchant, Bethesda, MD (Abstract Co-Author) Nothing to Disclose
PURPOSE

Tumor assessment by Computed Tomography (CT) has become essential to oncologists in determining the therapeutic response of the metastatic tumor burden in cancer patients on therapeutic trials. This is done by measurement of a subset of “target” metastatic lesions on baseline and follow-up CTs. From these measurements a quantitative assessment of the change in tumor burden over time is calculated. Traditionally, radiologists’ CT reports do not consistently include these measurements. One major reason is the time and effort needed to identify target tumors on follow-up scans and making measurements. Instead, the measurements are commonly obtained from images by the oncologists themselves or with the radiologist in a tumor measurement session/consultation. A recent survey we performed at our institution demonstrated that 1) oncologists spend an excessive amount of time making measurements or searching for measurements buried in our reports and matching them to the images in PACS, and 2) oncologists and radiologists prefer measurements in reports be hyperlinked to annotated images. In an effort to improve the content and utility of CT reports for oncologists, we embarked on a collaboration with our PACS vendor (Carestream Health, Rochester, NY) to explore the addition of capacities to PACS that would facilitate the generation of tumor measurement data by the radiologist and presentation in a Multi-media (MM) report with hyperlinks to images that would enable efficient use by oncologists. The recent PACS upgrade we helped develop (v 12.0 Vue PACS) includes the hyperlink capacity and tables and graphs as part of the report, and tools that facilitate lesion identification and quantification (temporal image registration, lesion segmentation and serial 3D localization of measurements; measurement on current exam is automatically related to measurements on prior exams). In this pilot study, we assessed the impact of the PACS upgrade on the timing of radiologists in generating and of oncologists in using MM reports on cancer patients.

RESULTS

Radiologists’ average dictation times were 11.9 (±5.6) and 12.6 (±4) minutes, before and after PACS upgrade, respectively. Although the reporting time has increased after PACS upgrade, the observed difference was not statistically significant in our study (P value = 0.53). This timing is on par with an average day on CT service in that it takes about 6 hours to dictate and measure 25 complex cancer follow up cases at our institution. Average time for an oncologist to assess tumor burden initially (text-only reports) was 15.4 (±5.9) minutes. Average time for oncologist to assess tumor burden using the multimedia reports was 6.2 (±2.9) minutes for a mean time savings of 8.9 minutes (Range 5 -14 minutes per study) when used the MM report to enter data into study forms (P<0.001).

CONCLUSION

Our pilot study results demonstrate that multimedia reports with data tables and hyperlinks to measurements on key images of target lesions facilitate analysis of tumor response by oncologists resulting in a significant time savings. These MM reports may be generated by radiologists without significant increase in reporting times. We anticipate in our facility alone up to 6-10 hours work by each team of oncologists and research staff could be saved using MM presentation. Although we measured time to complete the work by radiologists and oncologists, time is not the only domain that will be impacted by this innovation. With time saved and more straightforward presentation of data through quantitative MM reports, further studies in larger, more controlled settings can further test if MM reports are a more effective provision of care by improving oncologist’s decisions and patient outcomes. Leveraging technology that provides professional-appearing content and media-rich reporting including links to images, reports, and the images may also become increasingly important to patients with the more widespread use of patient portals.

METHODS

Two radiologists recorded the times it took them to dictate CT exams (of the Chest, Abdomen and Pelvis) in which they measured target lesions on 20 consecutive cancer patients on therapeutic trials before and after the PACS upgrade. The difference between the average times was tested using permutation test. Additionally, an oncologist recorded the times to extract and tabulate target lesion measurements on 10 CT studies of five synovial sarcoma patients that had been reported prior to the PACS upgrade. The timing was also recorded for the same process on the MM reports of the same patients after these reports became available. The permutation test of paired samples was used to compare the mean time differences between extracting the needed data from traditional text only and MM reports by the oncologist.
**Genitourinary Keynote Speaker: Gynecologic Cancer Imaging—Present and Future**

**Tuesday, Dec. 1 10:30AM - 10:40AM Location: N229**

Participants
Susanna I. Lee, MD, PhD, Boston, MA (Moderator) Nothing to Disclose
Andrea G. Rockall, MRCP, FRCR, London, United Kingdom (Moderator) Nothing to Disclose

**ABSTRACT**

The past decade has seen the development of MRI and FDG PET-CT, both of which now play central and complementary roles in treatment planning and followup of women with uterine, ovarian and vulvar cancer. Ongoing investigations of novel techniques such as diffusion and perfusion imaging, and of PET tracers capable of targeting hypoxia and hormone receptors, will push cancer radiology firmly into the realm of the molecular, quantitative and predictive in the coming decade. PET-MRI, capable of concurrent multi-modality functional imaging, will likely prove to be a mainstay in personalized gynecologic cancer care.

**High Grade Serous Ovarian Cancer: BRCA Mutation Status and CT Imaging Phenotypes**

**Tuesday, Dec. 1 10:40AM - 10:50AM Location: N229**

Participants
Stephanie Nougaret, MD, New York, NY (Presenter) Nothing to Disclose
Yuliya Lakhman, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
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Noah Kauff, New York, NY (Abstract Co-Author) Nothing to Disclose
Evis Sala, MD, PhD, New York, NY (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To investigate the associations between BRCA mutation status and preoperative CT imaging phenotypes in women with high-grade serous ovarian cancer (HGSOC).

**METHOD AND MATERIALS**

115 patients with HGSOC (76 BRCA mutation-positive and 39 BRCA mutation-negative) and CT scans prior to the primary cytoreductive surgery were included in this retrospective HIPAA-compliant study. Two radiologists (R1 and R2) independently reviewed all CT scans and R1 determined total measurable peritoneal tumor volume (TPTV) for each patient. Associations between BRCA mutation status, CT imaging features, and TPTV were analyzed using Fisher exact test and Mann Whitney test. Inter-reader agreement was assessed with the Cohen's kappa. Kaplan-Meier and Cox proportional hazards regression survival analyses were performed.

**RESULTS**

BRCA mutation-positive HGSOC had less frequent peritoneal disease, mesenteric infiltration, and lymphadenopathy at CT ($p = 0.0002, < 0.0001$ for both readers, respectively). Furthermore, the pattern of peritoneal implants was correlated with the BRCA mutation status: nodular pattern was more common in BRCA-associated tumors whereas infiltrative pattern was more frequent in sporadic tumors ($p = 0.0009$ and $p = 0.0005$ for R1 and R2, respectively). BRCA mutation-positive HGSOC had higher mean TPTV (125 cm$^3$ ± 171) than sporadic tumors (56 cm$^3$ ± 95) ($p < 0.001$). Irrespective of BRCA mutation status, mesenteric involvement by tumor was associated with shorter progression-free survival ($p < 0.0001$ for both readers) and overall survival ($p<0.0002$ and $p<0.0001$ for R1 and R2, respectively).

**CONCLUSION**

BRCA mutation status in HGSOC was linked to the distinct CT imaging phenotypes. Mesenteric disease at CT was an independent
predictor of reduced survival in both BRCA mutation-positive and sporadic tumors.

**CLINICAL RELEVANCE/APPLICATION**

BRCA-associated HGSOC have characteristic prognostically significant morphology on CT.

**Honored Educators**

Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Stephanie Nougaret, MD - 2013 Honored Educator
Evis Sala, MD, PhD - 2013 Honored Educator

**SSG06-03 Advanced Cervical Cancer: Quantitative Assessment of Early Response to Neoadjuvant Chemotherapy with Intravoxel Incoherent Motion Diffusion-weighted Magnetic Resonance Imaging**

**Tuesday, Dec. 1 10:50AM - 11:00AM Location: N229**

**Participants**

Yanchun Wang, Wuhan, China (Presenter) Nothing to Disclose
Dao Y. Hu, MD, PhD, Wuhan, China (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To investigate the utility of intravoxel incoherent motion (IVIM) diffusion-weighted magnetic resonance imaging (MRI) for predicting and monitoring the response of cervical cancer to neoadjuvant chemotherapy (NACT).

**METHOD AND MATERIALS**

This prospective study was approved by an institutional review board, and informed consent was obtained from all patients. A total of 42 patients with primary cervical cancer were recruited into this study. IVIM diffusion-weighted MRI was performed on all patients at three time points (prior to NACT, 3 weeks after the first NACT, and 3 weeks after the second NACT). The response to treatment was determined according to the Responded Evaluation Criteria in Solid Tumors (RECIST) three weeks after the second NACT treatment, and the subjects were categorized into responders and non-responders. The standard ADC, true diffusion coefficient (D), perfusion-related pseudo-diffusion coefficient (D*), and perfusion fraction (f) values were determined.

**RESULTS**

Patients were divided into responders (n=24) and non-responders (n=18) according to the RECIST guidelines. Before treatment, the D and standard ADC values were significantly higher in responders than in non-responders (both p<0.01). No significant differences were observed in D* and f. Analysis of the receiver operating characteristic (ROC) curve indicated that the threshold of D>0.93×10^-3 mm^2/s and the standard ADC<1.11×10^-3 mm^2/s could be used to differentiate responders from non-responders, yielding area under curve (AUC) values of 0.804 and 0.768, respectively. Three weeks after both the first and second NACT treatments, the D and standard ADC values in the responders were still significantly higher than those in the non-responders. D* and f values still showed no significant differences. The ROC curve analysis indicated that the AUC values for D and standard ADC were 0.823 and 0.763 for the second time point and 0.787 and 0.794 for the last time point.

**CONCLUSION**

IVIM may be useful for predicting and monitoring the efficacy of NACT in cervical cancer. D and standard ADC values could represent reliable early predictors of the NACT response prior to treatment. Furthermore, these parameters can be used to monitor NACT responses during and after therapy.

**CLINICAL RELEVANCE/APPLICATION**

These results should be useful for both patients and clinical doctors. Patients who are unsuitable for NACT could be given radiation or surgical treatment in a more timely manner.

**SSG06-04 Prognostic Value of Diffusion-weighted MRI and PET/CT During Concurrent Chemoradiotherapy in Uterine Cervical Cancer**

**Tuesday, Dec. 1 11:00AM - 11:10AM Location: N229**

**Participants**

Jung Jae Park, MD, Seoul, Korea, Republic Of (Presenter) Nothing to Disclose
Chan Kyo Kim, MD, PhD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Byung Kwan Park, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To evaluate the prognostic value of diffusion-weighted MRI (DWI) and PET/CT during concurrent chemoradiotherapy (CCRT) of cervical cancer for predicting disease progression.

**METHOD AND MATERIALS**

This retrospective study included 67 consecutive patients (median age, 55 years; range, 28-78 years) who received CCRT for locally advanced cervical cancer. All patients underwent both 3T-DWI and PET/CT before and during (at 4 weeks) treatment. The mean apparent diffusion coefficient (ADC) and maximum standardized uptake value (SUVmax) were measured on the tumors and the percentage changes of each parameter between the two time points (ΔADC and ΔSUVmax) were calculated. In the prediction of disease progression, the diagnostic performance of tumor ΔADC and ΔSUVmax was evaluated using the time-dependent receiver operating characteristics (ROC) curve analysis. The relationship between disease progression and clinical and imaging parameters was investigated using univariate and multivariate Cox regression analyses.

**RESULTS**
During a mean follow-up of 2.7 years, disease progression was identified in 16 patients (23.9%): local recurrence (n=7), distant metastasis (n=8) and both local recurrence and distance metastasis (n=1). During treatment, the mean ADC and SUVmax significantly increased and decreased, respectively (both P < 0.001). The mean ΔADC and ΔSUVmax were 42.6 ± 17% and 67.6 ± 16.5%, respectively. In the prediction of disease progression, the integrated area under the curve of ΔADC (0.791) and ΔSUVmax (0.781) were not significantly different (P = 0.88) and the optimal cut-offs of ΔADC and ΔSUVmax were 35.1% and 60.7%, respectively. On multivariate Cox regression analysis, the ΔADC (< 35.1%) and ΔSUVmax (< 60.7%) were the only independent predictors of disease progression after treatment (hazard ratio, 4.1 and 4.5; P, 0.04 and 0.03, respectively).

CONCLUSION

The percentage changes of DWI and PET/CT parameters during CCRT offer similar prognostic value for the prediction of post-treatment disease progression in patients with cervical cancer.

CLINICAL RELEVANCE/APPLICATION

DWI, as a noninvasive tool, can be used in the prediction of therapeutic outcomes following concurrent chemoradiotherapy in patients with cervical cancer, instead of PET/CT with the risk of ionizing radiation exposure.

SSG06-05 Application of Non-Gaussian Water Diffusional Kurtosis Imaging in the Assessment of Uterine Tumors: A Preliminary Study

Tuesday, Dec. 1 11:10AM - 11:20AM Location: N229

Participants

Aliou A. Dia, MD, Suita, Japan (Presenter) Nothing to Disclose
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Tomoyuki Okuaki, RT, Chuo-Ku, Japan (Abstract Co-Author) Employee, Koninklijke Philips NV

PURPOSE

To retrospectively evaluate the feasibility and the value of diffusional kurtosis imaging (DKI) in the assessment of uterine tumors compared with that of conventional diffusion weighted imaging (DWI) and with pathological findings as gold-standard.

METHOD AND MATERIALS

Sixty-one women (mean age: 54.85 years ±14.09, range 26-89 years) with histopathologically proven uterine cancers (51 cervical cancers and 10 corpus cancers) underwent 3-T MR imaging using DKI with high b values (b=700, 1000, 1700 and 2500 s/mm²) and DWI (b=0 s/mm², b=700 s/mm²). Thirteen of the 61 patients (21.3 %) had coexisting leiomyomas.ROI-based measurements of diffusivity (D), kurtosis (K) and ADC of the uterine cancers, leiomyomas, healthy myometrium and endometrium were performed. The areas under the ROC curve (AUC) in differentiating malignant from benign lesions were also compared.

RESULTS

Mean D of uterine cancers (0.879 mm²/s ± 0.30) was significantly lower than that of the leiomyomas (1.174 mm²/s±0.43) (P<0.001), the healthy myometrium (1.178 mm²/s ± 0.27) (P<0.001) and the healthy endometrium (1.308 mm²/s ± 0.5) (P=0.013). Mean K of uterine cancers (0.754 mm²/s ± 0.22) was moderately higher than that of leiomyomas (0.686 mm²/s ± 0.24), the healthy myometrium (0.708 mm²/s ± 0.19) and the healthy endometrium (0.568 mm²/s ± 0.25). No significant difference was found between the mean K of the uterine cancers, the leiomyomas, the healthy myometrium and endometrium (P=0.33, 0.27 and 0.23). There was no significant difference in AUC between D and ADC.

CONCLUSION

D is not superior or inferior to the conventional ADC in the differentiation between benign and malignant uterine lesions. The K that is related to the microstructural complexity was higher in uterine cancers than that of leiomyomas but without any significant difference, opposite to K values in white matter tissue of the brain, in breast or prostate cancers where the mean K of malignant lesions was significantly higher than of the benign lesions.

CLINICAL RELEVANCE/APPLICATION

The ΔK in non-Gaussian DKI, is equal to the conventional ADC in differentiating benign from malignant uterine lesions. The K of uterine malignant tumors was not significantly higher than that of the benign lesions, unlike in breast or prostate cancers.

SSG06-06 Clinical Value of Proton (1H-) Magnetic Resonance Spectroscopy (MRS) Using Body-phased Array Coil at 3.0 T in Pretreatment Assessment for Cervical Cancer Patients

Tuesday, Dec. 1 11:20AM - 11:30AM Location: N229

Participants

Gigin Lin, MD, Guishan, Taiwan (Presenter) Nothing to Disclose
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PURPOSE

To determine the clinical value of proton (1H-) magnetic resonance spectroscopy (MRS) using body-phased array coil at 3.0 T, in

To determine the clinical value of proton (1H-) magnetic resonance spectroscopy (MRS) using body-phased array coil at 3.0 T, in pretreatment assessment for cervical cancer patients.

**METHOD AND MATERIALS**

We prospectively enrolled 52 histology proven cervical cancer patients (age 27-80 years) and 30 age-matched surgical candidates for benign uterine myoma without evidence of cervical cancer. Pretreatment MR study plus MRS and diffusion weighted imaging (DWI) sequences were carried out at a 3.0 T system using body-phased array coil for the pelvis. PRESS localized 1H-MRS was applied to cervical tumor or normal tissue, with resonances analyzed by using the LC-Model algorithm. Cramer-Rao lower bound (CRLB) threshold of 20% was used as quality control. We compared resonances based on: (1) tumor vs normal cervical tissue, (2) histopathology type (squamous vs adenocarcinoma) (3) T stage = IIb (4) nodal metastasis (5) distant metastasis using Mann-Whitney test.

**RESULTS**

Cervical tumor showed a lower 1.3-ppm lipid level (0.30 vs 1.01μM, P < .05), as compared with normal cervical tissue. Squamous cell carcinoma demonstrated lower levels in 1.3-ppm lipid (0.17μM vs 0.59μM, P < .05) and 0.9-ppm lipid (0.04μM vs 0.16μM, P < .05) as compared with adenocarcinoma. Tumor with T stage >= IIb had lower levels in 1.3-ppm lipid (0.15μM vs 0.53μM, P < .05), 0.9-ppm lipid (0.04μM vs 0.15μM, P < .05) and total choline (0.04μM vs 0.16μM, P < .05). Tumors with nodal metastasis contained lower levels of 1.3-ppm lipid (0.16μM vs 0.44μM, P < .05) and glutamine (0.01μM vs 0.02μM, P < .005), whereas tumors with distant metastasis contained a lower level of 1.3-ppm lipid (0.12μM vs 0.50μM, P < .05). However, resonances from cervical tumor were independent to maximal tumor size or ADC value on MRI.

**CONCLUSION**

1H-MRS using body-phased array coil at 3.0 T in cervical cancer patients is useful in differentiating tumor, histopathology type, T stage >= IIb, nodal or distant metastasis, and is independent to maximal tumor size or ADC value on MRI.

**CLINICAL RELEVANCE/APPLICATION**

1H-MRS using body-phased array coil at 3.0 T added additional dimensions for pretreatment assessment in cervical cancer patients.

**SSG06-07 Impact of Multiparametric MRI (mMRI) on the Therapeutic Management of Suspicious Adnexal Masses Detected by Transvaginal Ultrasound (TVUS)**

Tuesday, Dec. 1 11:30AM - 11:40AM Location: N229

Participants

Simone Schrading, MD, Aachen, Germany (Presenter) Nothing to Disclose
Sabine M. Detering, Aachen, Germany (Abstract Co-Author) Nothing to Disclose
Dirk Bauerschlag, Aachen, Germany (Abstract Co-Author) Nothing to Disclose
Christiane K. Kuhl, MD, Bonn, Germany (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

Incidental adnexal masses at TVUS are common and diagnostically challenging. The primary goal of imaging is accurate tissue characterization to guide further management, i.e. the choice between plain follow-up vs laparoscopic surgery vs. open surgery. Aim of this study was to evaluate the diagnostic utility of mMRI for further management stratification in patients with such adnexal masses.

**METHOD AND MATERIALS**

Prospective IRB-approved trial on 126 women (mean age 54.6 years) with inconclusive adnexal masses at TVUS. All women underwent conventional work up, including pelvic examination, TVUS, and CA-125 levels. In addition, all women underwent mMRI at 3T with high resolution T2-TSE in three planes, DWI (max. b-800) and DCE. Likelihood of malignancy and appropriate management (i.e. follow-up vs. appropriate management or open surgery) was first determined based on results of conventional methods, and then, independently, based on mMRI. Then, all methods were reviewed in synopsis. Final surgical pathology served as standard-of-reference or clinical and imaging follow-up of at least 24 months.

**RESULTS**

In 65% (82/126) of patients the adnexal mass finally classified as benign, in 29% (36/126) as malignant and in 6% (8/126) as borderline. The diagnostic indices for TVUS+CA-125 alone vs. mMRI alone vs. all methods combined were as follows: Sensitivity: 86% (31/36) vs. 97% (35/36) vs. 100% (36/36); Specificity: 32% (29/90) vs. 83% (75/90) vs. 80% (68/80); PPV: 34% (31/91) vs. 70% (35/50) vs. 74% (40/54); NPV: 65% (29/44) vs. 98% (75/76) vs. 100% (72/72). After mMRI, the therapeutic management was changed in 41/126 (34%) of patients. In 30 patients in whom surgery had been recommended based on conventional assessment, mMRI correctly diagnosed typical benign findings; these patients underwent follow-up instead of surgery. None of these women developed malignancy during follow-up. In another 11 patients, mMRI results correctly suggested malignancy such that open surgery was performed instead of laparoscopic surgery.

**CONCLUSION**

Compared with conventional assessment (pelvic exam, TVUS, CA-125), mMRI correctly changed the management in one-third of women with incidental adnexal masses. It helps avoid unnecessary surgery, or unnecessary surgical steps (conversion from laparoscopic to open surgery).

**CLINICAL RELEVANCE/APPLICATION**

Pelvic mMRI helps to significantly improve clinical management of asymptomatic women with incidental adnexal masses identified on TVUS.
**CONCLUSION**

MRI derived tumor texture features reflecting tumor heterogeneity are significantly related to high risk histology and predict deep myometrial invasion in endometrial carcinomas. Thus, tumor texture features based on MRI represent promising biomarkers to aid preoperative tumor characterization for risk stratified surgical treatment.

**CLINICAL RELEVANCE/APPLICATION**

Tumor texture features derived from MRI reflect high risk endometrial carcinoma and may aid preoperative risk classification for stratified surgery.

**SSG06-09 Endometrial Cancer MR Staging Accuracy in a Large Multi-site UK Cancer Network Over Three Years: Can the Reported Single Centre Staging Accuracies be Met in Clinical Practice?**

Tuesday, Dec. 1 11:50AM - 12:00PM Location: N229

Participants

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Victoria Stewart, London, United Kingdom (Abstract Co-Author) Nothing to Disclose
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Nishat Bharwani, MBBS, FRCR, London, United Kingdom (Abstract Co-Author) Nothing to Disclose
Andrea G. Rockall, MRCP, London, United Kingdom (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To determine the radiological staging accuracy of endometrial cancer (EC) from images acquired from multiple MR scanners across a 10 centre UK cancer network over three years.

**METHOD AND MATERIALS**

Retrospective study of 382 consecutive patients with EC imaged in 9 external hospitals and 3 internal hospital sites discussed at our tertiary gyno-oncology centre between October 2011-October 2014. All patients with tertiary centre reports for both final histology and MRI were included (n=270). The radiological stage provided at MDT discussion was compared to the 'gold standard' histological report. Parameters assessed included depth of myometrial invasion, cervical and nodal stage. The use of DWI or DCE was included and the site for incorrect staging were recorded. MedCalc statistical software version 15.2.2 was used.

**RESULTS**

242 of 270 MRI reports (90%) included a final FIGO stage; of these 147 scans were performed internally and 95 at an external hospital. Accuracy of the reported depth of invasion was 72.7% for all cases (72.8% for internal and 72.6% for external scans). Sensitivity, specificity, positive and negative predictive values & accuracy with DWI (n=204) were 67%, 77%, 77%, 64%, 79%, 73% and without DWI (n=38) were 75%, 69%, 53%, 86%, 71% (p=0.05). Accuracy with DCE (n=109) was 72% and without (n=130) was 73%. For cervix stromal invasion, sensitivity, specificity, PPV, NPV and accuracy for all scans were 59%, 94%, 64%, 93% and 89%. As a percentage of all causes of staging error, depth of invasion accounted for 41-52%, cervix stromal invasion 20-32% and nodal stage 8-16% depending on whether the patient was scanned internally or externally, or whether DWI or DCE were included (p>0.05).

**CONCLUSION**

Staging accuracy in a large multi-site cancer network over three years does not meet the reported staging accuracies in meta-analyses of smaller single centre published research (pooled sensitivity/specificity of 86-90%). DWI and DCE did not affect staging accuracy, although only a small number of cases did not have these. The underlying causes for the reduction in sensitivity and specificity need to be evaluated in order to translate the highest achievable MR staging accuracy to long term routine practice.

**CLINICAL RELEVANCE/APPLICATION**

Tumor heterogeneity is a key feature of malignant disease. Heterogeneity in MR images can be quantified by texture analysis. We aimed to explore whether high risk histological features are reflected in texture parameters derived from preoperative MRI in endometrial carcinomas.
Accuracy of MR staging of endometrial cancer in a multi-site cancer network over three years does not reach single centre study results. The causes for staging inaccuracies need to be understood.
Neuroradiology (Imaging of White Matter and Demyelinating Disease)

Tuesday, Dec. 1 10:30AM - 12:00PM Location: N227

PURPOSE
We postulated that subcortical white matter hyperintensities (WMH) without clinical symptoms might be occurring in astronauts exposed to hypobaric conditions. We previously demonstrated the presence of increased WMH burden in high altitude U-2 pilots (U2P) and altitude chamber aerospace physiology personnel (AOP) occurring in the absence of clinical symptoms.

METHOD AND MATERIALS
In our prior study evaluating WMH burden in high altitude U-2 pilots (U2P) and aerospace physiology personnel (AOP) we obtained 2-dimensional 5mm clinical MRI sequences, both T2 FSE and FLAIR. Brain exams were conducted on the two Siemens 3T magnets with either a 12-channel or 32-channel phased array head coil. The National Aeronautics and Space Administration (NASA) has previously obtained similar 3T brain MRI scans on 42 astronauts after international space station (ISS) mission completion. These scans were conducted on 3 different 3T magnets, two Siemens scanners and one Philips scanner, with 12-channel head coils. WMH burden was evaluated by 1 neuroradiologist and 1 neurologist for lesion count. Assessment of lesion volume is in progress. Nonparametric Wilcox statistics were used to compare the astronauts to our normative, advanced degree (DOC) population (n=162) data as well as our AOP group (n=83) and U2P group (n=105). Age range of our prior study populations was 26-50; average DOC 34.6; average AOP 36.5; and average U2P 37.7. NASA age range 35-55, average 45.

RESULTS
The average number of WMHs for U2P was 8.1; AOP 6.3; DOC 2.8; and for the NASA astronauts 9.4. Wilcox rank sum test with continuity correction data demonstrates a significant difference for WMH burden between the NASA group and DOC (p value = 0.0211). There was no significant difference between the NASA group and AOP (p = 0.4762) or U2P (p = 0.725) groups.

CONCLUSION
Astronauts demonstrate a similar WMH burden to our high altitude U2 pilots and aerospace physiology personnel, significantly higher than the normal population.

CLINICAL RELEVANCE/APPLICATION
This study suggests the potential for similar pathophysiology in astronauts as seen in personnel exposed to the hypobaric environment in military operations, which has direct relevance to future deep space operations. Understanding the association between WMHs and hypobaric exposure may provide insight into the pathophysiology of other white matter disease processes.

FLAIR² for Improved MS Lesion Detection

Tuesday, Dec. 1 10:40AM - 10:50AM Location: N227

PURPOSE
To improve the spatial resolution and contrast-to-noise ratio (CNR) of fluid attenuated inversion recovery (FLAIR) MRI.
METHOD AND MATERIALS

Data from 5 healthy controls and 29 patients with relapsing-remitting and progressive multiple sclerosis (MS) were acquired on a Philips 3T using sagittal 3D sequences. Signal-to-noise ratio and CNR were estimate by assessing the noise between repeated acquisitions of the same scan. Various spatial resolutions ranging from 0.2 mm³ to 1 mm³ were tested.

RESULTS

Gray matter (GM)- white matter (WM) CNR was by 55% and 74.5% higher in FLAIR² than in FLAIR and double inversion recovery (DIR) and improved between lesions and WM by 59% and 29.6%, respectively. The figure shows a 3D T2 (A), a conventional 3D FLAIR (B), 3D FLAIR² (C) and 3D DIR of a person with relapsing-remitting MS. In agreement with the quantitative CNR measurements, lesion conspicuity and contrast between GM and WM appear improved on FLAIR². Here, FLAIR² was acquired at 0.6x0.75x1.35 mm³ and reconstructed to 0.3 mm³ voxels, while DIR was acquired and reconstructed to 1 mm³. The 3D-nature of FLAIR² allowed the visualization of callosal and infratentorial MS lesions. Cortical and juxtacortical MS lesions were more conspicuous in FLAIR² than in the other scans.

CONCLUSION

We present a simple approach for obtaining CSF suppression with improved CNR compared to conventional FLAIR and DIR. Lesions in the entire brain are captured, including infratentorial regions, the corpus callosum and most of the cervical cord as well as cortical lesions, at high spatial resolution. With its DIR-like contrast, FLAIR² may elegantly resolve the debate whether or not to include DIR into the standard imaging protocol of MS.

CLINICAL RELEVANCE/APPLICATION

FLAIR² is very easy to acquire on most MR scanners. Apart from MS, the improved detection of WM hyperintensities will benefit research and diagnosis in Alzheimer's disease, neurotrauma, stroke and other applications. The isotropic 3D-acquisition allows for excellent image registration in serial studies, which may improve automated detection of lesions. Dedicated head-neck coils will allow to assess abnormalities in the entire cervical cord and parts of the thoracic cord.

SSG13-03  Clinical Feasibility of Synthetic MRI in Multiple Sclerosis: A Diagnostic and Volumetric Validation Study

Tuesday, Dec. 1 10:50AM - 11:00AM Location: N227

Participants

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Maria Kristoffersen Wiberg, Stockholm, Sweden (Abstract Co-Author) Nothing to Disclose

PURPOSE

To implement synthetic magnetic resonance imaging (syMRI) on a new scanner type and to compare its diagnostic accuracy with conventional MRI in multiple sclerosis (MS). Secondary aims were to study the repeatability of syMRI volumetry and compare its feasibility with commonly used volumetric methods.

METHOD AND MATERIALS

This prospective study was approved by the ethical review board and written informed consent was obtained. In October 2014, 20 MS patients were consecutively recruited along with 20 healthy controls. SyMRI was implemented on a Siemens 3T scanner. Comparable conventional (11:00 minutes) and synthetic (6:50 minutes) T1, PD, T2 and FLAIR images were acquired. Diagnostic accuracy, lesion detection and artifacts were assessed by blinded neuroradiological evaluation and contrast-to-noise ratios by manual tracing. Volumetry was performed with SyMRI, Freesurfer, FSL and SPM. Ordinal data was analyzed using Wilcoxon signed ranks test and categorical data using McNemar test. Repeatability was quantified using the inter-measurement coefficient of variance (CoV).

RESULTS

Synthetic images were of good to sufficient quality, except FLAIR images that were degraded by artifacts. All participants were correctly classified as patients/controls and incidental findings were identical with both MRI techniques. There were no differences in lesion number (P = 0.78) or location (P = 0.50-0.77). SyMRI provided the fastest segmentations with the lowest CoV for brain volume (0.14%) and brain parenchymal fraction (0.14%).

CONCLUSION

SyMRI provides diagnostic T1-, PD- and T2-weighted images in MS patients and controls. Synthetic brain tissue segmentations are fast and precise quantitative biomarkers suitable for longitudinal MS studies.

CLINICAL RELEVANCE/APPLICATION

Synthetic MRI can lower the threshold of implementing radiological quantitative biomarkers into clinical practice in MS by providing fast and precise brain tissue segmentations Conventional T1, PD and T2 sequences could possibly be replaced by synthetic images with the additional benefits of being able to arbitrarily adjust the weightings post-hoc and a slight reduction in acquisition times, meanwhile providing abovementioned quantitative biomarkers.

SSG13-04  Grey/white Matter Ratio at Diagnosis, and the Risk of 10-year Multiple Sclerosis Progression

Tuesday, Dec. 1 11:00AM - 11:10AM Location: N227
Of the total 116 new T2w WM lesions, 65 were nodular with 62 (95.4%) isointense on QSM, 17 were shell with 15 (88.23%)

RESULTS

METHOD AND MATERIALS

The present 10-year retrospective longitudinal study included 134 RRMS subjects that performed MRI at the time of diagnosis with acquisition of T1-weighted volumes for segmentation purposes. In particular, the ratio between grey and white matter was subsequently calculated. The occurrence of clinical relapses, the reaching of Expanded Disability Status Scale (EDSS) 4.0, and the SP conversion were recorded during a mean follow-up period of 10.1±1.8 years (from 7.1 to 13.2).

RESULTS

During the study period, 54 subjects (40.3%) reached EDSS 4.0, and presented reduced grey/white matter ratio, as compared to subjects not reaching EDSS 4.0 (1.27±0.156 and 1.34±0.185, respectively) (p=0.017). At the same time, 29 subjects (21.6%) converted to SP, and presented reduced grey/white matter ratio, as compared to subjects not converting to SP (1.24±0.149 and 1.33±0.179, respectively) (p=0.012). In particular, subjects with higher grey/white matter ratio at diagnosis had a 80% reduced rate of reaching EDSS 4.0 (p=0.04; hazard ratio=0.195; 95% confidence interval=0.011-0.831), and a 90% reduced rate of SP conversion, as compared to subjects with lower grey/white matter ratio (p=0.043; hazard ratio=0.105; 95% confidence interval=0.041-0.829), and a 90% reduced rate of SP conversion, as compared to subjects with lower grey/white matter ratio (p=0.043; hazard ratio=0.105; 95% confidence interval=0.041-0.829).

CONCLUSION

The ratio of grey/white matter is a predictor of disability progression and of SP conversion in newly diagnosed RRMS subjects, suggesting that different pathological substrates are present from the early phases of MS, and highlighting the importance of appropriate MRI techniques at MS diagnosis.

CLINICAL RELEVANCE/APPLICATION

The present study evaluated for the first time the ratio between grey and white matter in MS, suggesting a novel MRI method to predict MS progression from the diagnosis.

Substages of Acute Multiple Sclerosis Lesions Demonstrated on Quantitative Susceptibility Mapping and R2* from Gradient Echo MRI

Tuesday, Dec. 1 11:10AM - 11:20AM Location: N227

METHOD AND MATERIALS

This retrospective study included 43 MS patients with newly identified T2w white matter lesions that first appeared on the current T2w image compared to the former scans. All patients underwent a 3D gradient multiple echoes sequence to generate QSM and R2* maps. These new lesions were substaged according to enhancing patterns: nodular, shell and non-enhancing. Lesions susceptibilities and R2* values were quantified and compared using analysis of variance (ANOVA) among three patterns. A paired t test was used to analyze susceptibility and R2* between the enhancing rim and the non-enhancing core of shell lesions.

RESULTS

Of the total 116 new T2w WM lesions, 65 were nodular with 62 (95.4%) isointense on QSM, 17 were shell with 15 (88.23%)
hyperintense on QSM and 34 were non-enhancing hyperintense on QSM lesions. The susceptibilities relative to contralateral mirror side normal appearing WM (NAWM) were 0.66 ppb ± 4.64 for nodular, 10.21 ppb ± 6.92 for shell, and 19.94 ppb ± 7.39 for non-enhancing (P<.01). R2* values relative to NAWM were -5.60 Hz ± 7.39, -7.80 Hz ± 2.40 and -3.10 Hz ± 2.48 (P<0.001) respectively. Of the 17 shell enhancing lesions, the differences of susceptibilities and R2* between the enhancing rim and non-enhancing core were significant (7.65 ppb ± 6.92 vs 15.51 ppb ± 7.30, P < .05; -6.13 Hz ± 2.31 vs -9.13 Hz ± 2.95, P < .05).

CONCLUSION

Gadolinium enhancement of acute MS lesions only reflects breakdown of blood-brain barrier. New T2 MS lesions may be substaged into acute, sub-acute, and early chronic according to GRE data: no change in QSM but rapid decrease in R2* during acute stage, rapid increase in QSM and further decrease in R2* during sub-acute, and increase in both QSM and R2* during early chronic.

CLINICAL RELEVANCE/APPLICATION

QSM and R2* can be used to capture different stages of early multiple sclerosis (MS) lesions.

SSG13-06 Decreased GABA Concentrations in Patients with Relapsing-remitting Multiple Sclerosis Demonstrated by Edited Magnetic Resonance Spectroscopy

Tuesday, Dec. 1 11:20AM - 11:30AM Location: N227

Participants
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PURPOSE

Gamma-aminobutyric acid (GABA) is the main inhibitory neurotransmitter in the central nervous system. Previous studies have demonstrated that there is a dysfunctional GABAergic neurotransmission in animal models of multiple sclerosis (MS). Edited magnetic resonance spectroscopy (MRS), using the MEGA-PRESS sequence, is the most widely used technique for detecting GABA in the human brain. However, to date there has been a paucity of studies exploring changes in GABA concentration in patients with MS. In this study, therefore, J-difference edited MRS was used to investigate GABA concentrations in patients with relapsing-remitting MS (RRMS) and healthy controls.

METHOD AND MATERIALS

Fifteen patients with RRMS (7 males/8 females, mean age 41.7±3.6 years) and fifteen healthy controls (6 males/9 females, mean age 43.3±4.7 years) were examined on a 3T scanner and T1-weighted three-dimensional TFE images were used as a localizer. The MEGA-PRESS sequence (TR 2000 ms; TE 68 ms; 256 averages) was used to measure GABA concentrations in the posterior cingulate cortex (PCC), left dorsolateral prefrontal cortex (DLPFC) and left hippocampus (LHC). For quantification, a shorter measurement (8 averages) of the unsuppressed water signal was obtained. The MRS data were analyzed using ‘Gannet’ (GABA-MRS Analysis Tool) in Matlab with Gaussian curve fitting to the GABA peaks. 3 Hz exponential line broadening was applied. The ratios of the integrals of the GABA and water signals, making corrections for T1 and T2 relaxation times and partial volume effects, were used to calculate water-scaled GABA concentration in mmol/L (mM) using a formula.

RESULTS

GABA concentrations in the PCC and LHC regions were significantly lower in RRMS patients compared to healthy controls (PCC region: 0.95±0.09 mM vs. 1.06±0.13 mM, p = 0.01; LHC region: 1.04±0.20 mM vs. 1.23±0.22 mM, p = 0.02). No statistical difference in GABA concentrations in the DLPFC region was seen between groups (0.91±0.10 mM vs. 0.95±0.13 mM, p = 0.32).

CONCLUSION

These results are consistent with a hypothesis of dysfunctional GABAergic neurotransmission in the central nervous system in patients with MS, and suggest a potential treatment target for MS.

CLINICAL RELEVANCE/APPLICATION

MRS study suggests dysfunctional GABAergic neurotransmission in the central nervous system in patients with MS, as well as a potential treatment target for MS.

SSG13-07 Temporal Assessment of Injury and Repair in Multiple Sclerosis Lesions Using Structure Tensor Analysis

Tuesday, Dec. 1 11:30AM - 11:40AM Location: N227

Participants
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PURPOSE

Multi-focal plaques remain to be the hallmark of multiple sclerosis (MS). Subtle changes in lesion structure are ongoing but not detectable with standard measures. Here we aimed to determine how lesions evolve in brain MRI of MS patients using a new measure of tissue alignment, structure tensor analysis.

METHOD AND MATERIALS

19 untreated MS patients were scanned bimonthly for 14 months at 1.5T. All images were non-uniformity corrected and sequential images were co-registered to baseline MRI (month 0). T2 lesions were segmented with reference to other MRI contrasts and followed over time. For lesions appeared during study, we mapped their onset time to baseline for consistency. Structure tensor analysis was applied to the corrected T2 images that resulted in 2 index maps: coherency and energy, which represent tissue
anisotropy and total strength of directions respectively. Lesion outcomes were then extracted from corresponding index maps and averaged per MRI slice, timepoint, and patient. Lesion size was also computed for comparison. Outcome significance was assessed using multi-effect modeling (p<=0.05).

RESULTS
We identified 156 white matter lesions; 145 visible throughout the study; 15 lesions appeared post baseline and were adjusted. Overall, there is a trend to increase for lesion coherency, prominently from month 10. Lesion energy appeared stable except a remarkable decrease at month 8, as also seen in lesion coherency. These results are not affected by lesion adjustment. Lesion size tended to decrease over 14 months.

CONCLUSION
Abrupt increase in lesion coherency from month 10 suggests tissue repair including remyelination in these patients. While being a similar measure to diffusion anisotropy, structure tensor coherency has the advantage of using standard MRI, no extra scan time needed. Stable energy and lesion size may indicate lack of sensitivity of these measures. Further confirmation is warranted.

CLINICAL RELEVANCE/APPLICATION
Structure tensor coherency may become a new measure of nerve repair in MS lesions after demyelination. As it is embeddable to clinical MRI, this measure may improve routine patient care.

SSG13-08 Lack of Correlation between Neck Venous Drainage and Multiple Sclerosis

Tuesday, Dec. 1 11:40AM - 11:50AM Location: N227

Participants
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PURPOSE
Presence of flow abnormalities in neck veins of Multiple Sclerosis (MS) patients is still controversial, and the best imaging technique to evaluate them is not well defined yet. Aim of this study is to evaluate, using a quantitative MRI analysis, blood flow and venous stenosis in neck vessels, and investigate if there are differences between MS patients and healthy controls (HC), along with possible correlation with clinical scores.

METHOD AND MATERIALS
A group of 61 Relapsing-Remitting MS patients (mean age 38±11 years; F/M=27/34) and 18 HC (mean age 38±13.6 years; F/M=8/10) underwent MR scan of the neck. Acquisition included a 2D dynamic Phase-Contrast sequence (TR=66.8ms; TE=5.3ms; slice thickness=3mm; 30 time points), with peripheral retrospective triggering, acquired as a single slice at two different levels (C2 and C6). Quantitative measures, obtained with a semi-automated method through a dedicated software (Signal Processing In NMR - SPIN, Detroit, USA), were: left and right internal jugular vein (IJV) flow rates, and their cross-sectional areas, total IJV flow rate, total arterial and venous blood flow rates and the corresponding arteriovenous mismatch. Clinical variables included: number of relapses, disease duration, Expanded Disability Status Scale, Annualized Relapsing Rate and Multiple Sclerosis Severity Score. All statistical analyses were performed using SPSS (SPSS Inc, 2008, V.17.0. Chicago, SPSS Inc.).

RESULTS
Only 13/61 (21.3%) MS patients, with 7/18 HC (38.9%), showed a reduction in IJV cross sectional area. An independent samples t-test between MS patients and HC showed no significant differences for any flow measure. Furthermore, no correlations were found between any MR measure and clinical variables.

CONCLUSION
Quantitative MR evaluation of blood flow in neck vessels found no difference between MS patients and HC in any of the tested flow measures, confirming that the neurovascular hypothesis of MS is, in our sample, not suitable. Also, MS patients and HC showed no difference in terms of IJV area, suggesting that IJV stenosis is not related to the disease. Further studies, with a larger HC group, need to be performed to confirm our results.

CLINICAL RELEVANCE/APPLICATION
Neck venous drainage abnormalities have been claimed to be associated with Multiple Sclerosis. Conversely, our quantitative MR analysis seems to exclude that venous patterns are related to the disease.

SSG13-09 fMRI and Multiple Sclerosis: Cognitive Function Assessment Using Verbal Fluency Paradigm

Tuesday, Dec. 1 11:50AM - 12:00PM Location: N227

Participants
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Purpose

Multiple Sclerosis (MS) is an autoimmune disease of the Central Nervous System, characterized by chronic inflammatory demyelination of both white and grey matter pathology. Individuals with MS suffer from a range of physical, psychiatric and cognitive symptoms. Cognitive impairments have been reported in 40-60% of these patients and verbal fluency tests such as semantic and phonemic have consistently been reported as more sensitive to executive functions impairments in MS than other measures. The aim of this study was to evaluate MS patients by functional magnetic resonance imaging (fMRI) with a verbal fluency paradigm and cognitive neuropsychological scores.

Method and materials

Nineteen patients with MS (14 women; mean age 35.47 years, SD +/- 9.01) underwent a neuropsychological assessment including: Mini Mental State Examination for exclusion criteria; Semantic and Phonemic Verbal Fluency to measure verbal initiation and inhibition, memory, phonological and semantic language; and Hayling test to evaluate verbal initiation and inhibition, search strategies, syntactic-semantic and processing speed. This was followed by one fMRI session within a period of no more than one month and no less than 1 week. All MRI studies were performed on a 3T Siemens Trio, using fMRI EPI sequences while the patients responded to a verbal fluency task. Image processing and analysis were done using BrainVoyager software using GLM.

Results

During Whole brain analysis (qFDR<0.05) we found an increased BOLD response to verbal fluency task of Wernicke and Brocas areas and Inferior Frontal Gyrus (Broadman Area 9) in left hemisphere. In a ROI analysis, this activation had an inverse correlation (r = -0.61, p<0.01) between Hayling test scores and Wernicke area fMRI responses during Verbal Fluency task. In this situation, subjects that scored higher in Hayling test exhibited lower Wernicke responses to verbal fluency task.

Conclusion

This results revealed that those patients that had reduced processing speed to evoke words had higher scores in Hayling test and lower brain responses in Wernicke area, reflecting on executive functions difficulties in initiation and inhibition of phonological and semantic language.

Clinical relevance/application

Cognitive impairments are important causes to functional disability on ME patients, and knowing its functional relationships in the brain can affect treatment decisions and improve patients life quality.
PURPOSE

Organization of white matter microstructure has been related to cognition. Yet, it remains unclear whether it is a brain-wide loss or localized loss of microstructure that leads to worse cognition. We investigated the role of tract-specific white matter microstructure in global cognitive function and specific cognitive domains.

METHOD AND MATERIALS

In 4516 non-demented middle-aged and elderly (mean age 63.8 ±11.1 years, 55.4% female) we obtained diffusion magnetic resonance imaging parameters (fractional anisotropy (FA) and mean diffusivity (MD)) in 25 white matter tracts using probabilistic tractography. In general, lower values of FA and higher values of MD are reflecting loss of white matter microstructural organization. With a cognitive test battery we assessed memory, information processing speed, executive functioning, and motor speed. We studied the association of tract-specific white matter microstructural organization and cognition using multivariable linear regression models, adjusting for macrostructural pathology, cardiovascular risk factors and APOE-ε4 allele carriership.

RESULTS

Loss of tract-specific white matter microstructure in all tracts, except for the brain stem tracts, was associated with worse global cognition. Lower FA in the association and callosal tracts and higher MD in the projection and association tracts most strongly related to poorer cognition. Loss of white matter microstructure associated with worse information processing speed, executive functioning, and motor speed, but not with memory.

CONCLUSION

Loss of white matter microstructure mainly in projection, association and callosal tracts is related to worse cognition, especially to worse information processing speed, executive function and motor speed, but not to memory.

CLINICAL RELEVANCE/APPLICATION

Tract-specific microstructural changes may aid in identifying early biomarkers to predict which persons will suffer from neurodegenerative diseases.
basis.

**METHOD AND MATERIALS**

At first, with a nonblinded manner, two radiologists reviewed the normal and ALS appearances of the PG on PADRE images, and deviations from the normal PG appearance were recorded. Next, the observer performance study based on the PG abnormalities on PADRE image was performed by two reviewers, and both diagnostic accuracy and inter-observer agreement for the diagnosis of ALS on PADRE images were calculated.

**RESULTS**

At the nonblinded evaluations, the two radiologists consensually defined the PG as abnormal when the following finding was present; a low signal intensity layer was seen in the middle gray matter in the PG. By the low signal intensity layer, we found that the four-layer organization could be characterized in the PG (Figure). The observer performance study demonstrated that the sensitivity, specificity, and accuracy of PG abnormalities on PADRE images for discriminating ALS patients from healthy subjects were 100% for reviewer 1 and 90%, 100%, and 96% for reviewer 2. The k values for inter-observer agreement were excellent (k = 0.932).

**CONCLUSION**

We propose the term "stripe sign" to describe the characteristically abnormal appearance (four-layer organization) of the PG in the ALS patients. Based on novel PADRE finding on the PG it was possible to discriminate between ALS patients and healthy subjects. The PADRE finding in ALS patients may reflect pathologic changes due to the degeneration of upper motor neurons.

**CLINICAL RELEVANCE/APPLICATION**

PADRE in ALS patients showed a stripe sign on precentral gyr, which may be the useful finding for diagnosis of ALS on an individual basis.

**SSG12-03  Systolic Cerebrospinal Fluid Flow Distinguishes Patients with Normal Pressure Hydrocephalus from Age-Matched Controls**

**Tuesday, Dec. 1 10:50AM - 11:00AM Location: N226**

**Participants**
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Birgit E. Ertl-Wagner, MD, Munich, Germany (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

Patients with idiopathic normal pressure hydrocephalus (iNPH) suffer from a potentially treatable cause of dementia, and therefore benefit from fast and precise diagnosis. However, MR-based imaging signs are often ambiguous, and obscured by concomitant age-related changes such as generalized atrophy and microangiopathy. The aim of this study was to find an MR-based flow measure that can help discriminate iNPH patients from age-matched controls.

**METHOD AND MATERIALS**

10 patients with NPH (mean age=74.4, STD=6.2, 8 female), 18 age-matched healthy control subjects (mean age=71.1, STD=5.2, 11 female), and 14 young control subjects (mean age=21.6, STD=1.7, 8 female) were studied using a 3.0 T MR scanner (Siemens Healthcare, Erlangen, Germany). Cine phase-contrast images of blood and CSF flow to and from the cranium were used to quantify systolic CSF flow rate and arterial blood flow rates.

**RESULTS**

Maximal systolic CSF flow rate was significantly decreased in iNPH patients as compared to age-matched healthy controls (p<0.01). Maximal systolic arterial blood flow, however, did not differ significantly between patients and their age-matched controls (p>0.05). Both maximal arterial blood flow and CSF flow were reduced in healthy adult subjects and iNPH patients as compared to the young control group (p<0.0001 respectively).

**CONCLUSION**

While both vascular and CSF flow rates showed age-related decline, only reduction of CSF flow exceeded age-related changes in iNPH patients.

**CLINICAL RELEVANCE/APPLICATION**

Reduced systolic CSF flow rates are a robust and easily obtainable MR-based measure that may support the diagnosis of iNPH.

**SSG12-04  Enlarged Perivascular Spaces on MRI - Pathological or Normal Finding in Cognitive Impairment?**

**Tuesday, Dec. 1 11:00AM - 11:10AM Location: N226**

**Participants**
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Enlarged perivascular spaces (EPVS) are seen as a normal finding in the brain. However, increased amounts of EPVS have shown associations with high age and impaired cognitive function, and are thought to be a marker of cerebral small vessel disease. In this study we sought to investigate EPVS in a continuum of cognitive impairment, and the associations with clinical and radiological parameters.

**METHOD AND MATERIALS**

989 patients undergoing memory investigation (mean age 63 ±10) were recruited and scanned on 1.5T MRI scanners. Routine clinical cerebrospinal fluid (CSF) biomarkers, amyloid B42 (AB42), total-tau (T-tau), tau phosphorylated at threonine 18 (P-tau), and CSF/ serum albumin ratios were analyzed in 761 patients. Rating of EPVS was made on T2-weighted sequences according to the EPVS rating scale. Associations between EPVS and clinical and radiological parameters were analyzed with multivariate linear and logistic regression models, controlling for appropriate variables.

**RESULTS**

Increasing number of EPVS had increased odds ratio for white matter hyperintensities (WMH) (OR: 3.7, 95CI: 2.5-5.4), cerebral microbleeds (OR: 2.3, 95CI: 1.6-3.3) and lacunar infarctions (OR: 3.2, 95CI: 2.2-4.8). Odds ratios for EPVS further increased with high age (OR: 2.5, 95CI:1.8-3.5), mild cognitive impairment (OR:1.1, 95CI: 1.0-1.1), and vascular dementia (OR:2.5, 95CI: 1.1-5.8), but not in Alzheimer's disease. No association between low cognition, measured by the MMSE test, and increased EPVS was seen. AB42 levels decreased with increasing EPVS (Beta: -0.131, P<0.01). T-tau (Beta: 0.10, P<0.01) and P-tau (Beta: 0.08, P<0.05) levels increased with increasing EPVS. No difference was seen in CSF/serum albumin ratios.

**CONCLUSION**

Our results suggest that increased EPVS may be a marker of cerebral small vessel disease, and associated with cognitive impairment. Increased EPVS with vascular dementia, but not with Alzheimer’s disease suggests that EPVS may be more associated with vessel damage caused by hypertensive arteriopathy.

**CLINICAL RELEVANCE/APPLICATION**

Increased enlarged perivascular spaces may be a marker of cerebral small vessel disease, and associated with cognitive impairment.

SSG12-05 **Diffusion Tensor Imaging of the Corticospinal Tract in Patients with Amyotrophic Lateral Sclerosis, Primary Lateral Sclerosis, and Mimic Syndromes**

Tuesday, Dec. 1 11:10AM - 11:20AM Location: N226

Participants
Elizabeth K. Weidman, MD, New York, NY (Presenter) Nothing to Disclose
Sumit N. Niogi, MD, PhD, New York, NY (Abstract Co-Author) Institutional license agreement, Athlemetrics ; Potential royalties, Athlemetrics
Andrew D. Schweitzer, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Ashley E. Giambrone, PhD, New York, NY (Abstract Co-Author) Nothing to Disclose
Mona Shahbazi, New York, NY (Abstract Co-Author) Nothing to Disclose
Dale Lange, New York, NY (Abstract Co-Author) Nothing to Disclose
Apostolos J. Tsiouris, MD, New York, NY (Abstract Co-Author) Research Consultant, BioClinica, Inc

**PURPOSE**

Diffusion tensor imaging (DTI) of the corticospinal tract (CST) has been proposed as an objective method to aid in diagnosis of amyotrophic lateral sclerosis (ALS) and primary lateral sclerosis (PLS). Clinical diagnosis of ALS and PLS is difficult as early symptoms are indistinguishable from those of other neurologic disorders. We test whether CST changes measured by DTI are different in patients with ALS and PLS compared with other motor symptom-predominant neurologic disorders.

**METHOD AND MATERIALS**

3 Tesla 33-direction DTI data were retrospectively reviewed in patients with suspected ALS. 6 regions of interest (ROI) were selected along each CST bilaterally using a semi-automated technique operating on native space. Subjects were categorized by diagnosis (definite ALS, probable ALS, PLS, and disease mimics ultimately diagnosed with a non-upper motor neuron condition). Fractional anisotropy (FA) and mean diffusivity (MD) values from the ROIs were analyzed by diagnostic group using Mann-Whitney U-tests and non-parametric ANOVA.

**RESULTS**

DTI sequences for 27 patients including 13 patients with definite ALS, 3 probable ALS, 3 definite PLS, and 8 other suspected upper motor neuron diseases ultimately not diagnosed as ALS or PLS were analyzed. Average CST FA was lower in patients with definite or probable ALS and PLS vs other diagnosis (0.56 vs 0.61, p=0.009). MD was higher in definite or probable ALS and PLS vs other diagnosis (0.00076 vs 0.00071, p= 0.03). By ROI, FA in definite ALS and PLS groups was significantly lower than other diagnosis group at the level of the left pons, left cerebral peduncle, and left pyramid (p<0.05). MD was higher in the ALS and PLS groups than other diagnosis group in the left cerebral peduncle (p=0.01)

**CONCLUSION**

We have demonstrated significant differences in FA and MD in patients with ALS and PLS compared to mimic syndromes, which may be of clinical utility in differentiating these disorders. This is the first study to our knowledge to compare DTI measures in patients with known ALS, PLS, and other motor symptom-predominant neurologic disease. Further evaluation with additional patients and comparison with controls is warranted.

**CLINICAL RELEVANCE/APPLICATION**

CLINICAL RELEVANCE/APPLICATION
**SSG12-06  Fluid Dynamics Study of CSF in Idiopathic Normal Pressure Hydrocephalus**

Tuesday, Dec. 1 11:20AM - 11:30AM Location: N226

**Participants**
Lekang Yin, Shanghai, China (Presenter) Nothing to Disclose
Yan Mei Yang, Shanghai, China (Abstract Co-Author) Nothing to Disclose
Bajun Zheng, Shanghai, China (Abstract Co-Author) Nothing to Disclose
Xiaozhu Hao, Shanghai, China (Abstract Co-Author) Nothing to Disclose
Xiaoxue Zhang, Shanghai, China (Abstract Co-Author) Nothing to Disclose

**PURPOSE**
To study the difference of CSF fluid dynamics at the aqueduct between idiopathic normal pressure hydrocephalus (iNPH) patients and normal elderly.

**METHOD AND MATERIALS**
A total of 15 iNPH patients (iNPH group) and 20 healthy volunteers as normal control (NC group) were included in this study. The flow data of CSF through the aqueduct were collected with phase-contrast cine method in 3T MR unit (MR PC-cine). The CSF fluid dynamics parameters including peak cranio-caudal velocity, peak caudo-cranial velocity, net flow volume, stroke volume, minute flow volume, as well as the direction of net flow were measured and compared statistically between the two groups.

**RESULTS**
The flow curve of iNPH group was similar to the NC, both presented a sinusoidal flow pattern and caused a net flow per cardiac cycle. All fluid dynamics parameters except for peak cranio-caudal velocity (iNPH vs NC: 6.50±1.63 vs 5.76±1.32, P=0.20) were significantly increased in patients with iNPH. The net flow of 13 iNPH patients (13/15) were in the caudo-cranial direction, while 15 volunteers (15/20) were in the opposite direction, which was statistically significant differences (P =0.002).

**CONCLUSION**
INPH patients present a hyperdynamic flow with increased velocity and volume during a cardiac cycle. The degree of rising in caudo-cranial direction exceeds that in cranio-caudal direction. The resulting reversal of net flow direction may play a key role in the occurrence of hydrocephalus in iNPH patients.

**CLINICAL RELEVANCE/APPLICATION**
This finding about the reversal of net flow direction in INPH patients helps to understanding the development of the disease.

**SSG12-07  Quantitative Susceptibility Mapping of the Motor Cortex in ALS and PLS Patients: A Biomarker for Upper Motor Neuron Dysfunction**

Tuesday, Dec. 1 11:30AM - 11:40AM Location: N226

**Participants**
Santanu Chakraborty, FRCR, DMRD, Ottawa, ON (Presenter) Grant, Bayer AG; Grant, General Electric Company
Gerd Melkus, PhD, Ottawa, ON (Abstract Co-Author) Nothing to Disclose
Pierre Bourque, Ottawa, ON (Abstract Co-Author) Nothing to Disclose

**PURPOSE**
Motor Neuron Disease is a progressive neurodegenerative disease characterized by lower- (LMN) and upper motor neuron (UMN) dysfunction in ALS (Amyotrophic Lateral Sclerosis) and mostly UMN dysfunction in PLS (Primary Lateral Sclerosis). The diagnosis is currently based on clinical assessment, electrodiagnostic studies and exclusion of other diseases. Electromyography effectively detects LMN degeneration but there is no definite technique for demonstrating UMN involvement and UMN findings on clinical examination may not occur until late in the disease course. A method that detects early UMN involvement and accurately monitors disease progression is highly desirable especially for future clinical trials and strategies for early intervention.

**METHOD AND MATERIALS**
Ten ALS and three PLS patients were included in the study. The QSM processing was performed with a software package developed in-house using Matlab. To evaluate the susceptibility changes, ROIs were drawn into the right (RMC) and the left motor cortex (LMC). For control, susceptibility values were calculated from ROIs in the anterior border of precentral gyrus on the right (RCT) and left (LCT). We correlated the susceptibility values between the primary motor cortex (in the hand knob area) and the anterior border of precentral gyrus with presence of UMN signs (spasticity and hyperreflexia) and also most affected side of symptoms.

**RESULTS**
Patients with spasticity symptoms have significant higher susceptibility values in the motor cortex area than those who do not (p<0.043). In the patient group showing symptoms of spasticity the susceptibility in the control cortex area is significant lower than in the motor cortex area (p<0.001).

**CONCLUSION**
Our results suggest QSM could be a quantitative tool to detect changes in the UMN change in ALS and PLS. Larger prospective studies will be needed to find the incidence, sensitivity and specificity of this sign in ALS patients and to establish its prognostic value.

**CLINICAL RELEVANCE/APPLICATION**
QSM could be a quantitative tool to detect changes in the motor cortex in ALS and PLS patients as an objective marker of UMN involvement. However, larger prospective studies will be needed to find the incidence, sensitivity and specificity of this sign and its
Our MR study using PADRE suggests that the signal in the specific cerebral cortices in AD patients is different from that in healthy subjects. Our findings indicated that thalamus infarction lead to hippocampal abnormality and memory deficits. These preliminary results suggested that information might not be passed between hippocampal subfield regions and thalamus, and aberrant hippocampus could not be responsible for memory function in patients with thalamus infarction.

**RESULTS**

TI group had smaller volume in presubiculum (left, p<0.001; right, p<0.001) and subiculum (left, p=0.029; right, p=0.006) when compared with healthy control. In addition, smaller presubiculum volumes were related with poorer long delayed recall (r=0.403, p=0.020) and complex graphics recall (r=0.410, p=0.018) in TI patients. Moreover, smaller subiculum volumes were associated with poorer short delayed recall (r=0.397, p=0.022).

**CONCLUSION**

Our findings indicated that thalamus infarction lead to hippocampal abnormality and memory deficits. These preliminary results suggested that information might not be passed between hippocampal subfield regions and thalamus, and aberrant hippocampus could not be responsible for memory function in patients with thalamus infarction.

**CLINICAL RELEVANCE/APPLICATION**

To our far as we know, this is the first study exploring the pattern of volume reductions in specific hippocampal subfields in TI patients and investigating association between hippocampal subfield volume and memory function.

**SSG12-09  Alzheimer's Disease: Diagnostic Potential of Phase Difference Enhanced MR Imaging at 3T**

**Purpose**

Phase difference enhanced imaging (PADRE) technique can selectively enhanced the phase difference between the target and surrounding tissue and might visualize amyloid-related brain changes in Alzheimer's disease (AD). We aimed to determine whether it is possible to diagnose patients with AD on an individual basis using 3T MR images with PADRE.

**Method and Materials**

All MRI studies were performed with a 2-mm 2D fast-field echo sequence on a 3-T Philips scanner. We studied 10 AD patients (7 females, 3 males; age range 53-82 years, mean age 64 years) and 10 age-matched healthy controls. Two radiologists independently graded the signal of the cerebral cortices in the superior frontal gyrus (SFG), superior temporal gyrus (STG), precuneus (PrCn) and cuneus (Cun) on MR images with PADRE using a 4-point scale: grade 0, no delineation of low signal area (LSA); grade 1, subtle delineation of LSA; grade 2, partial delineation of LSA; and grade 3, diffuse delineation of LSA. Contrast ratio (CR) between the cortices and adjacent white matter was measured. Mann-Whitney U test was used for qualitative and quantitative assessments.

**Results**

For the cortices other than the SFG, the mean grade of the cerebral cortex was significantly higher for AD patients than control subjects (STG, p=0.027; PrCn, p=0.002; Cun, p=0.013). Mean CR of the cerebral cortices other than the SFG was significantly higher for AD patients than control subjects (STG, p=0.0052; PrCn, p=0.023; Cun, p=0.002).

**Conclusion**

Our MR study using PADRE suggests that the signal in the specific cerebral cortices in AD patients is different from that in healthy subjects.
3T MR images with PADRE may provide useful information for the diagnosis of AD.
Participants

LEARNING OBJECTIVES

Please bring your charged mobile wireless device (phone, tablet or laptop) to participate.

Sub-Events

MSRP31A  8 Reasons to Be Optimistic about the Future of Radiology

Participants
Amelia Wnorowski, MD, Philadelphia, PA (Presenter) Nothing to Disclose
Jonathan W. Berlin, MD, Evanston, IL (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Articulate some of the key reasons radiologists will be essential in new payment systems. 2) Understand the importance of radiology data in tracking disease management with regards to population health. 3) Consider ways radiologists can increase their outreach.

ABSTRACT

With the changing healthcare economic environment it is tempting for radiologists to feel pessimistic about their uncertain future role in healthcare systems. However, there is significant cause for optimism. Radiology utilization management, data mining, and screening in selected high risk populations will likely be important for new payment systems including accountable care organizations and bundled payments. Putting the job of the radiologist in perspective with other occupations is also helpful when considering a radiology career. This lecture will assess the opportunities for radiologists in new payment systems and also provide some comparative analysis of radiology and other occupations.

MSRP31B  Medical Malpractice: Common Pitfalls New Attending Radiologists Should Avoid

Participants
Gelareh Sadigh, MD, Atlanta, GA, (gsadigh@emory.edu) (Presenter) Nothing to Disclose
Leonard Berlin, MD, Skokie, IL (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Identify situations that can contribute to professional liability losses for radiologists. 2) Apply risk management strategies to enhance patient care and reduce potential professional liability exposures created by missed diagnoses, failure to adequately communicate significant and unexpected radiologic findings to referring physicians and in certain situations to the patient, improperly performed interventional radiologic procedures, and improperly administering radiation oncology treatment. 3) Implement processes that will maximize the chances of successfully defending a medical malpractice lawsuit if it is incurred.

ABSTRACT

This Course will explore and focus on the subject of medical malpractice litigation: what constitutes a violation of the standard of care, what are the common and uncommon events that lead to, and what is the role of expert witnesses in, a malpractice lawsuit, and how can the likelihood of being accused of malpractice be minimized.
LEARNING OBJECTIVES

1) Assess the potential of online and mobile e-learning innovations to augment your residents', medical students', and staff's educational curricula. 2) Acquire the domain knowledge to use already available content (e.g., PowerPoint presentations) to both create video content and deploy e-learning courses on modern web-based and mobile platforms. 3) Acquire the domain knowledge to create an interactive Apple iBook (electronic books) with text, images, video, and interactive questions.

ABSTRACT

1. From OpenCourseWare to the Khan Academy, and now to Coursera and edX, e-learning has been dramatically improved over the last decade, changing education from the normal classroom into learning done at convenience, and also allows for more creative and engaging content during the typical lecture. Stanford Med published positive initial findings in utilizing video-based lectures in an interactive class setting. Leveraging this new way of learning, requires knowledge about the types of technology and platforms for these courses. The workflow required to host an e-learning course can be summarized in 3 steps: (a) creating the educational content, (b) hosting the materials, and (c) making the materials available to the intended audience. E-content today typically consists of lecture slides along with video recordings captured by technology like TechSmith Camtasia (non-free) and Apple Quicktime (free). Once the materials are created and edited, one must choose a suitable hosting platform realistic to the skills and goals of the instructor with options that include coursesites.com, iTunes U, and YouTube / Google Hangouts. Students can then be invited to view the material or the content can be made available to the public. 3. Creating and publishing e-books is a great way to share your teaching material as an engaging interactive tool. Publishing in e-book format solves many logistical problems of conventional publishing and the e-book format has interactive features that paper books can't match. We will review the process of creating your own e-book from assembling material to layout design to submitting for e-publication. Specifically Apple iBooks Author software will be used to demonstrate converting an existing PowerPoint presentation or journal publication into an e-book. In addition, the course will go over how to publish with or without DRM (copy-protection) and ways to obtain an ISBN for publishing for sale. Online resources will also be reviewed.

Sub-Events

RCB33A  Screencasting Basics on the Desktop and on the iPad

Participants
Ian R. Drexler, MD, MBA, New York, NY (Presenter) Nothing to Disclose

RCB33B  Massive Open Online Course (MOOC) Creation and Hosting

Participants
Kurt T. Teichman, BSc, MEng, New York, NY (Presenter) Nothing to Disclose

RCB33C  Interactive iBooks to Supplement your Online Course

Participants
Alan C. Legasto, MD, New York, NY (Presenter) Nothing to Disclose
LEARNING OBJECTIVES

1) Learn the Standard Tessellation Language (STL) file format that is used in 3D printing. 2) Be exposed to a software package to enable segmentation of DICOM images using semi-automated and manual segmentation algorithms, allowing the user to demarcate desired parts. The most commonly used tools are thresholding, region growing, and manual sculpting. 3) Learn refinement of an output STL output so that it can be optimized for accurate printing of the desired anatomy and pathology. This step uses Computer Aided Design (CAD) software is used to perform steps such as “wrapping” and “smoothing” to make the model more homogeneous.

ABSTRACT

"3D printing" refers to fabrication of a tangible object from a digital file by a 3D printer. Materials are deposited layer-by-layer and then fused to form the final object. There are several 3D printing technologies that share similarities but differ in speed, cost, and resolution of the product. Digital Imaging and Communications in Medicine (DICOM) image files cannot be used directly for 3D printing; further steps are necessary to make them readable by 3D printers. The purpose of this hands-on course is to convert a set of DICOM files into a 3D printed model through a series of simple steps. Some of the initial post-processing steps may be familiar to the radiologist, as they share common features with 3D visualization tools that are used for image post-processing tasks such as 3D volume rendering. However, some are relatively or completely new to radiologists, including the manipulation of files in Standard Tessellation Language (STL). It is the STL format that is read by the 3D printer and used to output the hand held part of the patient’s anatomy. This 90 minute session will begin with a DICOM file and will proceed through the steps to create a printable STL file. An extensive training manual will be provided before the meeting. It is highly recommended that participants review the training manual to optimize the experience at the workstation.

URL

Active Handout:Frank John Rybicki

Imaging 3.0: Informatics Tools to Improve Radiologists’ Productivity, Quality and Value

Tuesday, Dec. 1 12:30PM - 2:00PM Location: S501ABC

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

FDA Discussions may include off-label uses.

Participants
J. R. Geis, MD, Fort Collins, CO (Moderator) Advisor, Nuance Communications, Inc; Investor, Montage Healthcare Solutions; Vice Chair, ACR IT Informatics Commission

Sub-Events

RCC33A ACRSelect - Using Informatics to Complying with PAMA: CDS Image Ordering Legislation

Participants
Keith J. Dreyer, MD, PhD, Boston, MA (Presenter) Co-Chairman, Medical Advisory Board, Merge/IBM

LEARNING OBJECTIVES
1) Be informed of the new federal legislation requiring the use of Clinical Decision Support (CDS) for the ordering of medical imaging required by CMS in 2017. 2) Understand the challenges of implementing CDS in the hospital and imaging center environments. 3) Learn the value of embedding CDS into the EHR and CPOE ordering process. 4) Learn methods to use CDS to manage the utilization of medical image appropriateness. 5) Become familiar with methods to implement CDS in an ACO environment.

RCC33B Radiology Assist: Informatics Tools to Produce a More Valuable Report and Still Report Fast

Participants
Tarik K. Alkasab, MD, PhD, Boston, MA, (talkasab@mgh.harvard.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Understand the motivations for integrating clinical decision support (CDS) into the clinical practice of radiologists. 2) Understand how CDS modules can be defined for use in radiologist reporting. 3) Understand what it looks like for a CDS system to be integrated with radiologist reporting. 4) Understand the challenges associated with deploying CDS for radiologists.

ABSTRACT

URL

RCC33C Use Your Data to Reduce Costs and Demonstrate Your Value to the Hospital

Participants
Woojin Kim, MD, Philadelphia, PA, (woojinrad@gmail.com) (Presenter) Co-founder, Montage Healthcare Solutions, Inc; Shareholder, Montage Healthcare Solutions, Inc; Board of Directors, Montage Healthcare Solutions, Inc; Advisory Board, Zebra Medical Vision Ltd

LEARNING OBJECTIVES
1) Understand the role of business intelligence (BI) tools in providing value-based care. 2) Understand how BI can provide effective monitoring of various components of the imaging value chain, including imaging appropriateness, modality operations, image interpretation and reporting, and report communication. 3) Learn how data mining can improve report quality by ensuring proper documentation and reducing errors. 4) Learn how one should implement a BI system and learn about potential problems to consider.

ABSTRACT

The goals of improving population health at a lower cost and higher quality are placing increased emphasis on value-based care over volume-based approach. Imaging 3.0™ is ACR's call to action for radiologists to take a leadership role in shaping America's future healthcare system through 5 key pillars, which are imaging appropriateness, quality, safety, efficiency and satisfaction. With the aims of delivering better value to patients, Imaging 3.0 has outlined what it calls "imaging value chain" where each link of this chain represents a discrete number of unique value opportunity activities. The imaging value chain includes following components: imaging appropriateness and patient scheduling, imaging protocols, modality operations, image interpretation and reporting, and report communication and referring physician interaction. In the center of the imaging value chain, inter-connected with every link, lie data mining and business intelligence (BI). Timely analysis and appropriate modification using data mining and BI tools are critical to the effective monitoring of all components of the imaging value chain. As a result, it is a critical component of your Imaging 3.0 informatics toolkit. Effective use of BI will allow access to right information at the right time for right decision. This presentation will discuss the basics of BI and its benefits. Specifically, attendees will learn how data mining and BI can monitor adherence to imaging appropriateness guidelines, modality capacity, patient throughput, radiation dose exposure, report standardization and quality including detection of errors and compliance with various reporting requirements including documentation of proper report communication. In addition, attendees will learn how one should implement a BI system, what are some potential problems to consider, and various tips for getting BI right.

Honored Educators

Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at:
RCC33D  Using Workflow Software to Improve Efficiency and Profitability

Participants
Bradley J. Erickson, MD, PhD, Rochester, MN (Presenter) Stockholder, Evidentia Health, Inc; Stockholder, OneMedNet Corporation; Stockholder, VoiceIt Technologies, LLC

LEARNING OBJECTIVES
1) Become familiar with workflow technologies that are available and being used in other industries. 2) See how workflow terminologies can be applied in practice. 3) See how workflow engines have been applied in radiology.

ABSTRACT
Workflow is a critical element of safe and efficient practices. Workflow is usually supported by using relational databases, which tends to force a linear workflow into practice. SQL queries are also not optimal for detecting and handling error conditions. Workflow engines are used in other industries for exactly those reasons—they help enforce an agreed upon optimal pathway of events, and make it easy and clear how to deal with error and exception conditions. While they have been applied in healthcare, those experiments have usually failed because the implementation did not handle error conditions well, and did not completely model the richness and complexity of healthcare. Radiology tends to be more straightforward, and may be a good area to use workflow engines. In this session, we will describe one implementation in a clinical practice, as well as use in research and clinical trials. As we have begun to use workflow engines, it became apparent that agreeing on the names for key steps in the workflow would be helpful. Such a common lexicon would help us to assure that workflow was done in the same way in different locations. It could also allow us to measure the efficiency of workflows. This latter aspect was perceived to be of great value to practices across the world, and led to the creation of the SIIM Workflow Initiative in Medicine (SWIM) lexicon, which is now a part of RadLEX. The basic concepts of SWIM and its connection to IHE and the practice will be described.
Quality Improvement Symposium: Common Mistakes in Practice Quality Improvement

Tuesday, Dec. 1 1:30PM - 3:00PM Location: S406B

SQ

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
David B. Larson, MD, MBA, Los Altos, CA, (david.larson@stanford.edu) (Moderator) Intellectual property license agreement, Bayer AG; Potential royalties, Bayer AG

LEARNING OBJECTIVES
1) Understand common reasons why practice quality improvement projects tend to fail. 2) Understand strategies to anticipate and overcome pitfalls to successfully complete practice quality improvement projects. Attendees scoring 80% or higher on the SAM test may earn a Quality Essentials Certificate in the “Quality Improvement in Your Practice” domain.

ABSTRACT
Meaningful quality improvement requires meaningful organizational change. Change efforts can fail for a variety of reasons. In this session, authors will discuss common reasons why improvement efforts tend to be unsuccessful, and provide strategies for increasing the likelihood of success.

Sub-Events

MSQI33A Pitfalls to Avoid with Project Design

Participants
David B. Larson, MD, MBA, Los Altos, CA (Presenter) Intellectual property license agreement, Bayer AG; Potential royalties, Bayer AG

LEARNING OBJECTIVES
1) Understand common pitfalls associated with Practice Quality Improvement design and how they can derail a project. 2) Understand strategies to anticipate and successfully overcome these pitfalls. Attendees scoring 80% or higher on the SAM test may earn a Quality Essentials Certificate in the “Quality Improvement in Your Practice” domain.

ABSTRACT
Like with any meaningful project, the success of a PQI project depends to a large extent on project preparation and design. The author will discuss common pitfalls associated with PQI project design and strategies for anticipating and overcoming them to increase the likelihood of project success.

Honored Educators
Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

David B. Larson, MD, MBA - 2014 Honored Educator

MSQI33B Pitfalls to Avoid with Project Execution

Participants
James V. Rawson, MD, Augusta, GA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Review reasons projects fail. 2) Review tools to avoid projects not meeting goals. Attendees scoring 80% or higher on the SAM test may earn a Quality Essentials Certificate in the “Quality Improvement in Your Practice” domain.

ABSTRACT
Performance improvement projects can be well conceived but fail at the implementation or execution stage. Such failures often occur for predictable and hence avoidable reasons. The author will discuss reasons for failed executions and potential tools to help projects meet goals.

MSQI33C How to Meet and Pass the American Board of Radiology Practice Quality Improvement (PQI) Requirements and Audit

Participants
David Laszakovits, MBA, Tucson, AZ (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Understand the Essential Elements of a PQI project. 2) Understand the participation options for fulfilling the PQI requirements. 3) Understand what documentation needs to be provided to the ABR in the event of an audit. Attendees scoring 80% or higher on the SAM test may earn a Quality Essentials Certificate in the “Quality Improvement in Your Practice” domain.
ABSTRACT

The ABR requirements specify that each diplomate complete at least one PQI project every three years. The author will discuss the essential elements of a PQI project, the various options for participation and what documentation should be retained for audit purposes.
How to Approach Lung Ablation

Tuesday, Dec. 1 1:30PM - 1:50PM Location: S405AB

Participants
Matthew R. Callstrom, MD, PhD, Rochester, MN (Moderator) Research Grant, Thermedical, Inc Research Grant, General Electric Company Research Grant, Siemens AG Research Grant, Galil Medical Ltd

LEARNING OBJECTIVES
1) Review role of SBRT in the primary management of early stage NSCLC. 2) Review updates to the literature on SBRT including: a. Dose and schedule of SBRT. b. Comparison of SBRT to surgery.

ABSTRACT
Stereotactic Body Radiotherapy (SBRT) is an important treatment modality for patients with inoperable Non-Small Cell Lung Cancer. It provides effective local control of early stage Lung Cancers and is associated with minimal toxicity. In this presentation I will review this role and discuss the current literature comparing SBRT to observation and surgery.

Role for SBRT in the Treatment of Primary Lung Tumors

Tuesday, Dec. 1 1:50PM - 2:10PM Location: S405AB

Participants
Kenneth R. Olivier, MD, Rochester, MN (Presenter) Nothing to Disclose

Statistically Significant Higher Risk of Local Recurrence after Ablation in KRAS Mutant Lung Adenocarcinomas Compared with Wild Type

Tuesday, Dec. 1 2:10PM - 2:20PM Location: S405AB

Participants
Etay Ziv, MD, PhD, New York, NY (Presenter) Nothing to Disclose
Song Gao, New York, NY (Abstract Co-Author) Nothing to Disclose
Joseph P. Ernjen, MD, PhD, New York, NY (Abstract Co-Author) Nothing to Disclose
Elena N. Pette, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Carole A. Ridge, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Jeremy C. Durack, MD, New York, NY (Abstract Co-Author) Scientific Advisory Board, Adient Medical Inc Investor, Adient Medical Inc
Constantinos T. Sofocleous, MD, PhD, New York, NY (Abstract Co-Author) Consultant, Sirtex Medical Ltd
Stephen B. Solomon, MD, New York, NY (Abstract Co-Author) Research Grant, General Electric Company

PURPOSE
To evaluate the association between mutation status of lung adenocarcinoma patients and local recurrence after ablation.

METHOD AND MATERIALS
We performed a retrospective review to identify patients treated with ablation for lung adenocarcinoma and that had available genetic testing for both EGFR and KRAS mutations. Surgical or biopsy specimens were considered only if they were from the same site as the ablation (either pre- or post-ablation). A subset of the EGFR mutants were also tested for T790M mutation. Local recurrence was either biopsy proven or based on a combination of clinical and imaging parameters. Chi-square test was used to identify statistically significant association with local recurrence.

RESULTS
We identified a total of 53 lung adenocarcinomas treated with lung ablation and which had genetic testing to identify both EGFR and KRAS mutations. Overall stage of tumor ranged from stage 1A to stage IV. Median tumor size was 1.6 cm (range: 0.8-3.3 cm). Of the 53 lung ablations, 53% (28) were on wild type (WT) lung adenocarcinomas, 34% (18) were on KRAS mutants and 13% (7) were on EGFR mutants. EGFR and KRAS mutants were mutually exclusive. Local recurrence rates were 29% (8/28) for WT, 67% (12/18) for KRAS, and 29% (2/7) for EGFR mutants. Local recurrence in the KRAS group was statistically significant (p=0.01) compared with WT. There was no difference in the local recurrence rate of EGFR mutants compared with WT. Of note, the two local recurrences identified in the EGFR group also harbored a T790M mutation, associated with acquired resistance to tyrosine kinase inhibitors.

CONCLUSION
KRAS mutations are associated with statistically significant increased risk of local recurrence compared to WT. The local recurrence
ABSTRACT

Care of the patient with pulmonary metastases (PM) has evolved through the years to now include a larger group of patients who may benefit from metastasectomy. The two most consistent prognostic factors for overall survival remain disease free interval (DFI) and number of pulmonary nodules. The one consistent factor in all series is that only patients achieving a complete (R0) resection have a longer survival. Many series find the # of nodules is no longer a factor determining survival if R0 resection can be obtained, even repeated metastasectomy. We no longer view extra-PM as a disqualifier for resection, as long as the dz can be completely resected and controlled. Patients are typically referred for immediate surgery if they present with a single PM or have a limited # of mets and a long DFI. Those who develop metastatic dz early are treated initially with chemotherapy to determine the pace of dz progression, if any, on treatment. Patients responding to chemotherapy, those with stable dz, and those with slow progression are referred for resection while those with rapidly progressive metastatic dz receive alternative chemotherapy treatment. Adjuvant chemotherapy is continued only if there is evidence of clinical benefit from preoperative chemotherapy. CT scanning is routinely performed to monitor dz progression. The surgical approach should be individualized. As imaging improves our ability to localize smaller nodules, less invasive options become more appealing and may facilitate less difficult repeat metastasectomy. Ablation (SABR/SBRT or lung CT-guided ablation by cryoablation, radiofrequency ablation or microwave ablation) has been used to treat patients with PM, and our institution uses a lung ablation tumor board to review which lesions are best treated with each modality, focusing on R0 treatment, lung preservation, and location of the tumor. Lung preservation achieved by ablation is important in patients who have had previous resections or who have compromised pulmonary function or in whom a lobectomy would be required for nodule removal. More prospective studies are needed and are underway. Better understanding of the biology of the tumor and more developed histologic-specific nomograms may ultimately improve our ability to better select patients. As systemic therapy improves, treatment of local residual oligometastatic dz will become an increasingly important consideration.

VSIO31-04  Minimally Invasive Surgery for Limited Lung Metastases

Tuesday, Dec. 1 2:20PM - 2:40PM Location: S405AB

Participants

Shanda Blackmon, MD, MPH, Rochester, MN (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Define the role of surgical pulmonary metastasectomy. 2) Review the literature regarding surgical pulmonary metastasectomy. 3) Review advantages to minimally invasive surgical pulmonary metastasectomy. 4) Define future goals of a novel approach to combined multi-specialty approach to lung metastasectomy.

ABSTRACT

Care of the patient with pulmonary metastases (PM) has evolved through the years to now include a larger group of patients who may benefit from metastasectomy. The two most consistent prognostic factors for overall survival remain disease free interval (DFI) and number of pulmonary nodules. The one consistent factor in all series is that only patients achieving a complete (R0) resection have a longer survival. Many series find the # of nodules is no longer a factor determining survival if R0 resection can be obtained, even repeated metastasectomy. We no longer view extra-PM as a disqualifier for resection, as long as the dz can be completely resected and controlled. Patients are typically referred for immediate surgery if they present with a single PM or have a limited # of mets and a long DFI. Those who develop metastatic dz early are treated initially with chemotherapy to determine the pace of dz progression, if any, on treatment. Patients responding to chemotherapy, those with stable dz, and those with slow progression are referred for resection while those with rapidly progressive metastatic dz receive alternative chemotherapy treatment. Adjuvant chemotherapy is continued only if there is evidence of clinical benefit from preoperative chemotherapy. CT scanning is routinely performed to monitor dz progression. The surgical approach should be individualized. As imaging improves our ability to localize smaller nodules, less invasive options become more appealing and may facilitate less difficult repeat metastasectomy. Ablation (SABR/SBRT or lung CT-guided ablation by cryoablation, radiofrequency ablation or microwave ablation) has been used to treat patients with PM, and our institution uses a lung ablation tumor board to review which lesions are best treated with each modality, focusing on R0 treatment, lung preservation, and location of the tumor. Lung preservation achieved by ablation is important in patients who have had previous resections or who have compromised pulmonary function or in whom a lobectomy would be required for nodule removal. More prospective studies are needed and are underway. Better understanding of the biology of the tumor and more developed histologic-specific nomograms may ultimately improve our ability to better select patients. As systemic therapy improves, treatment of local residual oligometastatic dz will become an increasingly important consideration.

VSIO31-05  Percutaneous Ablation of Lung Metastases

Tuesday, Dec. 1 2:40PM - 3:00PM Location: S405AB

Participants

Alison R. Gillams, MBChB, London, United Kingdom, (alliesorting@gmail.com) (Presenter) Advisory Board, Covidien AG

LEARNING OBJECTIVES

1) To define the patients most suitable for percutaneous image guided ablation of their metastases. 2) To present clinical outcomes of percutaneous ablation in the common metastatic groups - colorectal, sarcoma, renal, head and neck etc. 3) To understand the role of ablation in conjunction with other therapeutic modalities - surgery, SBRT or chemotherapy.

ABSTRACT

Ablation is a very effective tool for the local control of small volume lung tumours. It is the optimal technique for bilateral or small volume but multifocal disease. Although any metastatic deposit can be treated, the most common tumour groups to be referred for ablation are colorectal, sarcoma, head and neck and renal tumours. Colorectal metastases form the largest single cohort of patients. Results from metastasectomy suggest a survival advantage. Number, distribution and speed of development i.e. disease free interval between primary resection and the development of lung metastases, are considered when deciding whether a patient is operable. Surgical preference is given to fit patients with fewer than 3 metachronous metastases, preferably unilateral, a longer disease free interval and no extra-pulmonic disease. Ablation is currently considered in inoperable patients. Our analysis of 122 patients who were not operable candidates but who had small volume colorectal lung metastases showed a median survival of 41 months and a 3 year survival of 57%. Survival was better in patients with smaller tumours; median 51 months, 3-year 64% for
educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Damian E. Dupuy, MD - 2012 Honored Educator

**VSIO31-07** Morphological Appearance of Radiofrequency Ablated Stage I NSCLC in Medically Inoperable Patients as Related to Recurrence: Results from the ACOSOG Z4033 (Alliance Trial)

Tuesday, Dec. 1 3:20PM - 3:30PM Location: S405AB

Participants
Lillian Xiong, MD, Providence, RI (Presenter) Nothing to Disclose
Erica S. Alexander, BS, Providence, RI (Abstract Co-Author) Nothing to Disclose
Shauna Hillman, MS, Rochester, MN (Abstract Co-Author) Nothing to Disclose
Angelina D. Tan, BS, BA, Rochester, MN (Abstract Co-Author) Nothing to Disclose
Grayson L. Baird, MS, Providence, RI (Abstract Co-Author) Nothing to Disclose
Hiran Fernando, MD, Boston, MA (Abstract Co-Author) Consultant, CSA Medical, Inc Research Consultant, Galil Medical Ltd Research Grant, Deep Breeze Ltd
Damian E. Dupuy, MD, Providence, RI (Abstract Co-Author) Research Grant, NeuWave Medical Inc Board of Directors, BSD Medical Corporation Stockholder, BSD Medical Corporation Speaker, Educational Symposia

**PURPOSE**

This study evaluates tumor and ablation zone morphology as related to recurrence in medically inoperable patients with stage I NSCLC undergoing CT-guided RFA in a prospective multi-center trial.

**METHOD AND MATERIALS**

This prospective, multicenter group trial was approved by each institutional review board. 54 patients from 16 US sites were enrolled, of these, 50 patients (23 Men, 27 Women; mean age 75.3±7.5 years) met eligibility requirements. Patients were followed using CT; evidence of CT recurrence and pre- and post-ablation imaging characteristics were recorded. Characteristics evaluated included tumor/ablation zone shape (round, ovoid, bilobed, irregular), size, borders (smooth, speculated, lobulated), distance to large vessels/airway and distance to pleura.

**RESULTS**

A difference was observed for months to recurrence between those with ablation zones greater than 3cm and less than 3cm (p=0.0023). The median time of recurrence for those with ablation zones less than 3cm was 8.16 months, while the median time of recurrence for those with zones greater than 3cm could not be determined. Recurrence free probability was 30% for those with ablation zones less than 3cm and 75% for those with zones greater than 3cm. No significant differences were found between those with and without recurrence for age (p=0.47), performance score (p=0.43), histology (p=0.34), baseline tumor SUV (p=0.91), tumor size (p=0.59), peak power (p=0.92), peak current (p=0.63), max temp (p=0.65), total time (p=0.28), shape (p=0.30), cavitation (p=0.29), sphericity (p=0.45), distance from tumor edge to large vessel (p=0.62), and distance to pleura (p=0.25).

**CONCLUSION**

Of those morphological characteristics considered, size of ablation zone appears to be most predictive of recurrence-free survival for those patients treated with RFA for early stage lung cancers.

**CLINICAL RELEVANCE/APPLICATION**

Post-radiofrequency ablation zones greater than 3-cm were significantly less likely to be associated with recurrent disease, in a multi-institutional prospective study of 50 stage I NSCLC patients.

**Honored Educators**

Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Damian E. Dupuy, MD - 2012 Honored Educator

**VSIO31-08** Lung Tumor Board

Tuesday, Dec. 1 3:30PM - 3:50PM Location: S405AB

Participants
Matthew R. Callstrom, MD, PhD, Rochester, MN (Moderator) Research Grant, Thermedical, Inc Research Grant, General Electric Company Research Grant, Siemens AG Research Grant, Galil Medical Ltd

**VSIO31-09** Percutaneous Hardware for Bone Metastases-Where and When

Tuesday, Dec. 1 4:00PM - 4:20PM Location: S405AB

Participants
Frederic Deschamps, Villejuif, France (Presenter) Research Consultant, Medtronic, Inc

**LEARNING OBJECTIVES**

1) To understand why cementoplasty alone is not always appropriate for bone fracture management (palliation and/or prevention).
2) To introduce the percutaneous screw fixation technique.
3) To present clinical outcomes of percutaneous screw fixation in bone cancer patients.

**ABSTRACT**
Bone fractures can result in significant pain and loss of function in cancer patients. Percutaneous screw fixation is a very new technique that consists in the insertion of screws in bone structures through a very small skin incision under imaging guidance. The indications are twofold for bone fracture: palliative and preventive. 1/ For patients suffering from pathological or non-pathological fracture the goal of the screw fixation is to achieve a stabilization of the fracture fragments that will result in pain palliation. Typically, the fractures that can be fixed are located in the sacrum, the iliac crest, the acetabulum roof, the pubic ramus and the proximal femur. Cementoplasty can be performed in association (augmented screw fixation) in order to improve the screw’s tip anchorage. 2/ For patients with impending osteolytic metastases, the decision to perform percutaneous augmented screw fixation instead of cementoplasty alone is done by the fact the strength properties of the cement are strong in compression but weak for tensile or shear stresses. Typically, the impending osteolytic metastases that can be consolidate using percutaneous augmented screw fixation are located in the iliac crest, the acetabulum and in the proximal femur. Percutaneous screw fixation is a very effective tool that must be considered as a part of the therapeutic arsenal of the interventional radiologists. Firstly, because it is a minimally invasive procedure that avoids extensive surgical exposure and secondly because the accuracy provided by CT- or Flat panel guidances results in high technical success and very low complication rate for the screw placement.

**VSIO31-10 Patient Selection and Outcomes with MRgFUS**

Tuesday, Dec. 1 4:20PM - 4:40PM Location: S405AB

Participants
Alessandro Napoli, MD, Rome, Italy, (alessandro.napoli@uniroma1.it) (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) To become familiar with the basic principles of HIFU and the potential of MR guidance. 2) To approach selection criteria in MRI screening examinations for accurate indications and identify contraindications and non-suitable patients. 3) To appreciate current results and potential therapy regimens. 4) To understand recent technical developments and their potential.

**ABSTRACT**

Bone metastases are common in patients with advanced cancer and are the greatest contributor to cancer-related pain, often severely affecting quality of life. Many patients with advanced cancer are undertreated for pain. Radiation therapy (RT), together with systemic therapies and analgesics, is the standard of care for localized metastatic bone pain, although up to two-thirds of patients have residual pain after RT, leaving them with limited treatment options. These include reirradiation, which results in temporary pain reduction in some patients, surgical intervention, and percutaneous cryoablation. More effective systemic therapies are prolonging survival of cancer patients with metastatic disease, resulting in an increased need for alternative therapies for painful bone metastases. Focused ultrasound is a noninvasive technique that delivers acoustic energy to heat lesions focally to ablative temperatures of more than 65°C. The combination of focused ultrasound with magnetic resonance (MR) imaging enables physicians to perform precise localized tumor tissue ablation, while using MR thermometry for real-time temperature monitoring. Clinical studies on the use of MR-guided focused ultrasound surgery (MRgFUS) for palliation of painful bone metastases demonstrated excellent response rates and safety. Results of a randomized controlled trial will be reviewed to discuss safety and efficacy of MRgFUS for treating bone metastases in patients with persistent or recurrent pain after RT, or who were otherwise not candidates for RT, or who declined RT. MRgFUS has several advantages that may positively influence safety and effectiveness compared with other ablative therapies. These include high-resolution imaging of the targeted tumor and non-targeted normal anatomy, intraprocedural MR thermometry accurate within approximately 2° to verify adequate temperatures to achieve ablation while respecting normal tissue tolerances, and immediate post-treatment validation of the extent of ablation.

**VSIO31-11 Minimally Invasive Treatment of Osteoid Osteoma: Experience of a Single Center Using MR Guided Focused Ultrasound Surgery (MRgFUS) or Radiofrequency Ablation (RFA)**

Tuesday, Dec. 1 4:40PM - 4:50PM Location: S405AB

Participants
Francesco Arrigoni, Coppito, Italy (Presenter) Nothing to Disclose
Alice La Marra, MD, L’Aquila, Italy (Abstract Co-Author) Nothing to Disclose
Silvia Mariani, MD, L’Aquila, Italy (Abstract Co-Author) Nothing to Disclose
Luigi Zugaro, L’Aquila, Italy (Abstract Co-Author) Nothing to Disclose
Antonio Barile, MD, L’Aquila, Italy (Abstract Co-Author) Nothing to Disclose
Carlo Masciocchi, MD, L’Aquila, Italy (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To evaluate effectiveness and safety of minimally invasive treatment of Osteoid Osteoma (OO) with ablation techniques: Magnetic Resonance guided Focused Ultrasound Surgery (MRgFUS) and Radiofrequency Ablation (RFA).

**METHOD AND MATERIALS**

From March 2011 to March 2014 we treated 40 OO, 18 with MRgFUS (ExAblate InSightech, Israel) and 22 with RFA (Needle Electrode, Boston Scientific-USA). For each patient we chose the less invasive treatment, when applicable. When the lesion could be easily reached with the US beam, the patient was treated with MRgFUS; otherwise, the patient was treated with RFA. Sixteen OO were treated with MRgFUS in the lower arm and 2 in the upper. The treatments lasted a mean time of 110 minutes. The lesions treated with RFA were 18 in the lower extremities, 2 in the upper ones and 2 in the vertebral body. They were treated in less than 100 min. The follow-up was performed by MRI and CT up to a maximum of two years; the clinical evaluation was performed using the visual analogue scale (VAS).

**RESULTS**

All patients, except one treated with MRgFUS and subsequently re-treated with RFA, showed a regression of painful symptomatology. After treatment, they no longer needed any pain medication. The mean hospitalization time was 2 days for patients treated with MRgFUS and 2.4 days for those submitted to RFA. The mean VAS value, 2 years after treatment, showed an overall improvement of 100% (from 8.2 to 0). At the first control at one week after the procedure, patients treated with MRgFUS showed a lower mean VAS value (0.5) as compared with that of RFA (0.8). The results of MRI and CT, 2 years after the treatment, showed in all cases the disappearance of both bone edema (MRI) and nidus with central calcification and peripheral osteosclerosis (CT), that are typical findings of the osteoid osteoma. In no case, major complications were observed.
CONCLUSION

Though based on a limited group of patients, our study demonstrates the safety and effectiveness of both techniques in the treatment of OO, by which it was possible to obtain an optimal clinical and imaging outcome. Compared with RFA, MRgFUS is less invasive, but to be successful, it is mandatory that the US beams properly reach the region of interest.

CLINICAL RELEVANCE/APPLICATION

To evaluate safety and efficacy of an innovative technique of ablation, MRgFUS, which promises to be even less invasive than RFA, which is currently the gold standard in the treatment of OO.

VSIO31-12 Spine Metastases Palliation-Ablation Stabilization

Tuesday, Dec. 1 4:50PM - 5:10PM Location: S405AB

Participants
Jonathan M. Morris, MD, Rochester, MN (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1. Learn the basics of ablative technologies available for use in the spine and sacrum. 2. Define current indications for percutaneous ablation in the Spine and Sacrum. 3. How we do it. Lessons learned and resources needed. 4. Define local control rates for the varied tumors treated. 5. Discuss our experience with palliative outcomes for pain relief. 6. Limitations of ablation in the neuroaxis. 7. Postablative kypholplasty/vertebroplasty. 8. Discuss unique considerations for cervical, thoracic, lumbar spine and sacrum.

ABSTRACT

Oligometastatic disease involving the spine and sacrum is growing due to an aging population as well as improved survival rates of varied primary malignancies. 70% of all cancer patients will have metastatic disease with 40% involvement of the neuroaxis and 20% with epidural disease. While radiation therapy continues to be the primary treatment a subset of tumors are not radiosensitive and of those which are there are non responders. Starting in 2009 this clinical need led us to develop an ablation service dedicated to the spine and sacrum to aid in the treatment of oligometastatic disease. This talk will enable the attendee to learn the basics of ablative technologies in the spine and sacrum. Learn current indications for this technologies. Learn "how we do it" including lessons learned and resources need to perform this type of treatment. We will discuss the role of post ablative kypholplasty/vertebroplasty. Finally we will review our palliative pain relief results as well as local control rates in the increasing types of tumors treated.

VSIO31-13 Ablation is Front-line Therapy for Desmoid Tumors

Tuesday, Dec. 1 5:10PM - 5:30PM Location: S405AB

Participants
Afshin Gangi, MD, PhD, Strasbourg, France (Presenter) Nothing to Disclose

Handout: Afshin Gangi

VSIO31-14 CT-guided Cryoablation as Single Treatment or Combined with Radiotherapy in the Management of Bone and Soft Tissue Lesions

Tuesday, Dec. 1 5:30PM - 5:40PM Location: S405AB

Participants
Francesco Arrigoni, Coppito, Italy (Presenter) Nothing to Disclose
Silvia Mariani, MD, L’Aquila, Italy (Abstract Co-Author) Nothing to Disclose
Alice La Marra, MD, L’Aquila, Italy (Abstract Co-Author) Nothing to Disclose
Luigi Zugaro, L’Aquila, Italy (Abstract Co-Author) Nothing to Disclose
Antonio Barile, MD, L’Aquila, Italy (Abstract Co-Author) Nothing to Disclose
Carlo Masciocchi, MD, L’Aquila, Italy (Abstract Co-Author) Nothing to Disclose

PURPOSE

To evaluate safety and efficacy of percutaneous CT-guided cryoablation, performed with multiple cryoprobes (also in combination with Radiotherapy) in the treatment of bone and soft tissue lesions.

METHOD AND MATERIALS

Up to April 2015, we treated 27 patients with percutaneous CT-guided cryoablation. All patients but one had osteolytic bone metastases; one patient had a recurrence of aggressive fibromatosis of the shoulder. Prior to treatment, the patients were evaluated with the VAS questionnaire for pain which resulted in a mean value of 7.6. For a faster and more comfortable procedure, we employed three to six cryoprobes for each lesion under fluoroscopic guide. The area of cryoablation (iceball) and the position of the cryoprobes were controlled during the procedure with a wide-volume acquisition, employing 3D and MPR reconstruction. Follow-up studies at 3 and 6 months were performed with CT and VAS questionnaire. No major complications occurred during the procedures.

RESULTS

We observed a reduction of pain in all patients. The mean VAS value dropped from 7.6 to 1.6 one week after treatment and remained substantially unchanged until the end of follow-up (6 months). CT follow-up showed progression of the disease in no case. Only size reduction or stationary CT findings were observed.

CONCLUSION

Our results show the effectiveness of cryoablation, particularly in combination with RT, in terms of tumoral mass control and particularly of pain relief. Through thermoablation in fact it is possible to obtain a prompt relief of pain, and enhancement of the
quality of life immediately after the treatment. The main advantages are the possibility to treat the whole lesion at the same time with the use of multiple cryoprobes and to check in real time the treated volume; the main limitations are represented by the low number of patients recruited and by the length of the follow-up.

**CLINICAL RELEVANCE/APPLICATION**

To evaluate safety and effectiveness of cryoablation also in combination with RT in the management of painful bone and soft tissue lesions, with the aim of reducing tumoral mass and pain.

**VSIO31-15 Bone Metastases Tumor Board**

      Tuesday, Dec. 1 5:40PM - 6:00PM Location: S405AB

Participants
Matthew R. Callstrom, MD, PhD, Rochester, MN (Moderator) Research Grant, Thermedical, Inc Research Grant, General Electric Company Research Grant, Siemens AG Research Grant, Galil Medical Ltd
Participants
Janis P. O'Malley, MD, Birmingham, AL (Director) Nothing to Disclose
Ciaran J. Johnston, MD, Dublin, Ireland (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Identify the utility of PET CT in staging a wide variety of primary and recurrent GI, GU and gynecological cancers. 2) Differentiate patterns of physiological FDG uptake from pathologic processes. 3) Explain the importance of CT correlation for selected cancer subgroups. 4) Describe the role of PET CT in assessing patient response to radiation therapy and chemotherapy, including early assessment and PET influenced treatment strategies.
Participants

Sub-Events

**MSES33A  Introduction to Musculoskeletal Ultrasound**

Participants
Maha Torabi, MD, Winston Salem, NC, (mtorabi@wakehealth.edu) (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) List the indications, benefits, and limitations of musculoskeletal ultrasound. 2) Demonstrate proper transducer manipulation and system optimization to produce diagnostic images. 3) Recognize common pathology of the musculoskeletal system as seen at ultrasound.

**ABSTRACT**

Active Handout: Maha Torabi

http://abstract.rsna.org/uploads/2015/15001838/Active MSES33A.pdf

**MSES33B  MRI of Injuries in the High Performance Athlete**

Participants

**LEARNING OBJECTIVES**

1) Recognize patterns of injury in high performance athletes using MRI. 2) Be able to relate pathology to common injuries in the general population. 3) Realize implications of injury in females and adolescent athletes.

**MSES33C  Return to Play: Imaging the Athlete**

Participants
Bethany U. Casagranda, DO, Pittsburgh, PA (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Define Return to Play. 2) Discuss social pressures and controversial dogma surrounding Return to Play. 3) Recognize imaging findings of common sports related injuries. 4) Discuss the radiologist’s role in diagnosis of pathology and communication with referring physicians.

**ABSTRACT**

Athletes of all levels are encumbered by injury and the social stresses of returning to play (RTP). RTP is a broad topic describing the time it takes an athlete to return to their sport after sustaining an injury. This discussion will encompass various levels of play, several sports and position-specific injuries. The focus will be on common injuries as well as controversial topics. Overall, emphasis is on imaging and the role of the radiologist caring for athletes.
RSNA Resident and Fellow Symposium: Career 102: Essentials for Residency and Job Success (An Interactive Session)

Tuesday, Dec. 1 1:30PM - 3:00PM Location: E451B

ED

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credit: 0

Participants

LEARNING OBJECTIVES

Please bring your charged mobile wireless device (phone, tablet or laptop) to participate.

Sub-Events

MSRP32A  How to Convert an Interview into a Job Offer

Participants

Candice Bookwalter, MD, PhD, Rochester, MN (Presenter) Nothing to Disclose
Fred T. Lee JR, MD, Madison, WI (Presenter) Stockholder, NeuWave Medical, Inc; Patent holder, NeuWave Medical, Inc; Board of Directors, NeuWave Medical, Inc; Patent holder, Medtronic, Inc; Inventor, Medtronic, Inc; Royalties, Medtronic, Inc

LEARNING OBJECTIVES

1) At the conclusion of this lecture, attendees should understand the different parts of the interview process, how to prepare for an interview, and strategies to maximize success during the interview day.

MSRP32B  Six Must Know Strategies for Success Every Radiology Trainee Should Master

Participants

Richard E. Sharpe JR, MD, MBA, Denver, CO, (RichSharpeJr@gmail.com) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) This presentation will allow participants at every stage of radiology training and practice to identify several key skills and strategies they can adopt to be more successful, and better accomplish their goals.

ABSTRACT

MSRP32C  Candid, Frank and Personal Job Advice from Recent Grads

Participants

Nancy J. Benedetti, MD, Greenwood Village, CO (Presenter) Nothing to Disclose
Candice Bookwalter, MD, PhD, Rochester, MN (Presenter) Nothing to Disclose
Andrew K. Moriarity, MD, Grand Rapids, MI (Presenter) Nothing to Disclose
Joseph H. Yacoub, MD, Maywood, IL (Presenter) Nothing to Disclose
Participants
Ronald L. Arenson, MD, San Francisco, CA (Presenter) Nothing to Disclose

Sub-Events

PS30A Presentation of the Gold Medal of the Radiological Society of North America

Participants
Hedvig Hricak, MD, PhD, New York, NY (Presenter) Nothing to Disclose
Robert A. Novelline, MD, Boston, MA (Presenter) Nothing to Disclose
Steven E. Seltzer, MD, Boston, MA (Presenter) Nothing to Disclose

PS30B Dedication of the Annual Oration in Diagnostic Radiology to the Memory of Byron Gilliam Brogdon, MD (1925-2014)

Participants

PS30C Annual Oration in Diagnostic Radiology: Trends and Developments Shaping the Future of Radiology

Participants
James H. Thrall, MD, Boston, MA (Presenter) Board Member, Mobile Aspects, Inc; Board Member, WorldCare International Inc; Consultant, WorldCare International Inc; Shareholder, Antares Pharma, Inc; Shareholder, iBio, Inc; Shareholder, Peregrine Pharmaceuticals, Inc Jon A. Jacobson, MD, Ann Arbor, MI (Presenter) Consultant, BioClinica, Inc; Royalties, Reed Elsevier; ; ;

Abstract
Three categories of innovation will shape future directions in radiology: continued development of imaging technologies, parallel developments in infrastructure, most importantly in computer analytics, and information and communications systems and the development and application of the imaging correlates of precision medicine. Continued substantial improvements in the spatial and temporal resolution of existing imaging methods coupled with more efficient detector technologies and analytical capabilities will support the increased use of parametric imaging—the imaging of function, the use of imaging to detect and portray physiology and cellular and molecular events. These attributes will result in new applications and in wider use of imaging methods clinically. They will also make imaging methods more valuable and relevant in basic research and imaging methods will be ever more widely adopted by scientists outside of traditional radiology research domains. Improvements in x-ray based imaging will result in reductions in radiation exposure to the point that radiation dose will no longer be a topic of concern or controversy. Phase contrast imaging with x-rays is likely to be the next entirely new imaging method in clinical practice and has the potential to reduce radiation doses by 10-to-100 fold or more. In the era of “big data,” no discipline in medicine will have opportunities that rival or surpass those we will have in radiology. We will use computer data mining and analysis techniques to turn “dumb” data into knowledge that can be delivered in real time at the point of care—just-in-time—for both radiologists and referring physicians. Data will inform development of better appropriateness criteria which will be immediately available to ordering providers and their patients. Borders will blur between concepts of information and communications systems and strong analytic and image processing capabilities will be incorporated directly into diagnostic work stations for key stroke access to advanced functions. The term “teleradiology” will become obsolete because of ubiquitous wide area networking capabilities worldwide. Advances in the foregoing areas will underpin radiology’s participation in the era of precision medicine, also called personalized medicine. The fundamental principle of precision medicine is definition of ever smaller more precise sub groups of patients with similar characteristics who are likely to benefit from the same therapies and have similar prognoses. Imaging phenotypes—i.e. systems for scoring, categorizing or classifying disease presence and severity—based on imaging biomarkers will help define these “precise” subpopulations. Linkages between patient genotype and imaging phenotypes will also be important for surveillance of disease manifestation, assessment of disease extent and discovery of genetic polymorphisms. Positive consequences of future developments in imaging include new applications with higher medical value, reduced radiation doses, more appropriate utilization and more efficient use of health care resources. Challenging consequences of future developments include vastly increased complexity in radiology practice with associated increased educational requirements especially in parametric imaging. There will be unremitting competition for “ownership” of imaging methods between specialties in clinical practice and in research.

Honored Educators

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Jon A. Jacobson, MD - 2012 Honored Educator
LEARNING OBJECTIVES

1) Identify common causes of errors and near-misses in the UK. 2) Describe the way errors and near-misses are investigated and reported in the UK. 3) Compare several approaches to disseminating learning from errors and near-misses.

ABSTRACT

Healthcare professionals have a duty to inform their employer when things go wrong, regardless of whether it leads to actual harm. In turn employers should create an environment where staff members are supported and encouraged to report errors and near-misses. The World Health Organization (WHO) defines an error as "the failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim. Errors may be errors of commission or omission, and usually reflect deficiencies in the systems of care". The first stage in learning from an error is to investigate not just the 'who was involved, what happened and when?' but more importantly the 'why did it happen?' These investigations should seek to establish the facts surrounding the error rather than apportion blame, unless there was obvious malicious intent. Error investigations should also include recommendations and changes to systems of work and procedures that will lead to improvements in patient safety and prevent recurrence. For every error or incident, many more near misses will occur. The reporting and subsequent investigation of near misses can reduce the chances of an actual error occurring. No system is perfect, especially when human beings play an integral part in the process. The key point is that when errors and near-misses occur, organisations and individuals must learn from them and also ensure that this learning is shared. This could be on a local, regional or even national level to avoid the same mistake happening over and over again, at multiple locations and impacting the lives of numerous patients. This presentation will look at common errors and near-misses from a UK perspective as well as a number of approaches that are used both locally and nationally to ensure that learning is shared amongst the Radiology community.
Using RSNA Clinical Trial Processing (CTP) Software for De-identification and Data Sharing (Hands-on)

Tuesday, Dec. 1 2:30PM - 4:00PM Location: S401AB

IN

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Justin Kirby, Bethesda, MD (Presenter) Stockholder, Myriad Genetics, Inc
Bradley J. Erickson, MD, PhD, Rochester, MN (Presenter) Stockholder, Evidentia Health, Inc; Stockholder, OneMedNet Corporation; Stockholder, VoiceIt Technologies, LLC
Kirk E. Smith, BS, Saint Louis, MO (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Learn about CTP's capabilities and the unique challenges associated with de-identifying DICOM images 2) Learn how to install the CTP software 3) Learn how to use Pipelines to quickly configure CTP for data sharing and clinical trial use cases 4) Learn how to customize de-identification scripts for advanced use cases

ABSTRACT
The RSNA Clinical Trials Processor (CTP) is free software that enables researchers to share data for imaging clinical trials and research projects. CTP provides a secure end-to-end solution for efficiently de-identifying and moving images and related data between clinical trial sites or research teams. CTP is designed to support industry-standard Digital Imaging and Communications in Medicine (DICOM) transport protocols, so it is easy to configure CTP to work with commercial PACS systems as well as research databases such as DCM4CHEE, NBIA, MIDAS or XNAT. Built-in compliance with DICOM de-identification standards enables easy and effective removal of protected health information while preserving key attributes necessary to maintain usability of the data. In this course participants will be provided with an overview of CTP's functionality and the unique challenges associated with de-identifying DICOM images. They will then perform hands-on image processing of sample data based on common research and clinical trial scenarios.

URL
Participants
Dimitris Mitsouras, PhD, Boston, MA (Moderator) Research Grant, Toshiba Corporation; Speakers Bureau, Toshiba Corporation
Roger R. Markwald, PhD, Charleston, SC (Moderator) Nothing to Disclose

Sub-Events

**RCC34A  3D Printing of Viable Tissues**

Participants
Roger R. Markwald, PhD, Charleston, SC (Presenter) Nothing to Disclose

**RCC34B  3D Printing and Regenerative Medicine in Congenital Heart Disease**

Participants
Richard G. Ohye, MD, Ann Arbor, MI (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) To understand the current role for 3-D printing and regenerative medicine in congenital heart disease.

**RCC34C  Intellectual Property**

Participants
Bruce Kline, BS, Rochester, MN (Presenter) Nothing to Disclose

**RCC34D  Quality Control**

Participants
Shuai Leng, PhD, Rochester, MN (Presenter) Nothing to Disclose
PURPOSE

There is a growing body of evidence supporting the application of volumetric PET/CT parameters and partial volume effect correction (PVC) in the prognostication of patients with non-small cell lung cancer (NSCLC). The aim of this secondary analysis was to assess the ability of pretreatment volumetric PET/CT measures, along with PVC, to predict locoregional control (LRC) and overall survival (OS) in patients enrolled in ACRIN 6668/RTOG 0235.

METHOD AND MATERIALS

Patients with inoperable stage IIB/III NSCLC and evaluable pretreatment FDG-PET/CT scans were included. Pretreatment Metabolic Tumor Volume (MTV), SUVmax, SUVmean, Total Lesion Glycolysis (TLG=SUVmean*MTV), pvcSUVmean and pvcTLG(pvcSUVmean*MTV) were quantified using semiautomatic adaptive contrast-oriented thresholding and local background PVC algorithms. The relationship between PET/CT indices and patient outcomes was assessed using Cox proportional hazards regression and time-varying models.

RESULTS

Of 234 eligible patients, 38 were excluded mainly due to inadequate image quality, leaving 196-151 depending on the measured PET indices. PVC parameters were very highly correlated with their non-corrected counterparts (median correlation 0.98, range 0.96 to 0.997). Pretreatment MTV, TLG and pvcTLG (both primary tumor(PT) and whole body(WB)) were independent predictors of OS, while SUVmax, SUVmean and pvcSUVmean were not prognostic using either PT or WB measures. PVC and non-PVC indices yielded similar hazard ratios of 1.17 (95%CI 1.05-1.31 p=0.004), 1.20 (95%CI 1.06-1.34 p=0.003), 1.24 (95%CI 1.06-1.44 p=0.007), 1.27 (95%CI 1.08-1.50 p=0.004) for PT TLG, PT pvcTLG, WB TLG and WB pvcTLG, respectively. Similar results were observed after subsetting the entire cohort based on tumor size. Similar to OS, MTV and TLG were independent predictors of LRC, although their prognostic ability decreased during long-term follow-up.

CONCLUSION

Pretreatment volumetric PET/CT parameters including MTV and TLG are strong predictors of OS and LRC for NSCLC; however, the association with LRC appears to diminish over time. For this particular cohort, PVC did not appear to enhance the prognostic ability of PET/CT indices. The significance of PVC in treatment monitoring remains to be clarified.

CLINICAL RELEVANCE/APPLICATION

Pretreatment volumetric FDG-PET/CT parameters are strong independent predictors of overall survival and locoregional control in patients with locally advanced NSCLC treated with chemoradiation therapy.
This study demonstrated early changes of VPs in FDG PET after 1 cycle of chemotherapy were more useful than changes of preSUVmax and treatment response. No significant findings were noted between preVPs or ΔVPs and ΔSUVmax, respectively. Treatment response was observed in 14 of 35 pts and it correlated moderately with post1cVPs, ΔVPs and ΔSUVmax. Post1cVPs and post1cSUVmax showed a strong (Rho=0.63-0.76) and moderate (Rho=0.40-0.57) correlation with preSUVmax (Rho=0.78-0.88). Similar results were observed between post1cVPs and post1cSUVmax and between ΔVPs and ΔSUVmax. Post1cVPs and post1cSUVmax showed a strong (Rho=0.63-0.76) and moderate (Rho=0.40-0.57) correlation with MTV and has variable effect on TLG. This can be attributed to the ability of PSF reconstruction to better discern tumor uptake from activity spill-out. The PSF reconstruction increases the SUVmax, SUVmean and SUVpeak, as expected, while it tends to produce lower values for MTV and TLG, and metabolic tumor volume (MTV) were measured by two readers (R1, R2) using a semi-automatic gradient segmentation method. Intra-class correlation coefficient (ICC) and Bland-Altman analyses were performed.

RESULTS
There was excellent correlation between non-PSF and PSF reconstruction PET/CT values [ICC≥0.950 for all parameters, P<0.0001]. Bland-Altman analyses comparing PSF with non-PSF images showed the average biases (%) of +11.14 (R1) and +11.1 (R2) for SUVmax, +7.04 (R1) and +7.54 (R2) for SUVmean, +7.03 (R1) and +7.06 (R2) for SUVpeak, -2.62 (R1) and -3.17 (R2) for TLG, and -9.61 (R1) and -10.43 (R2) for MTV. Percentage changes in PSF versus non-PSF indices were not related to the site of the lesions (P>0.05). Close agreement was observed between two readers [ICC ranged between 0.908-0.997, P<0.0001].

CONCLUSION
The PSF reconstruction increases the SUVmax, SUVmean and SUVpeak, as expected, while it tends to produce lower values for MTV and has variable effect on TLG. This can be attributed to the ability of PSF reconstruction to better discern tumor uptake from activity spill-out. Reconstruction method of PET/CT should be carefully considered in reporting quantitative parameters, subsequent lesion classifications and comparisons for therapy assessment.

CLINICAL RELEVANCE/APPLICATION
Reconstruction of PET/CT improves the spatial resolution of PET images. However, there is little known about the influence of PSF reconstruction on volumetric measurements in PET/CT. This study aims to determine the impact of PSF reconstruction on quantitative PET/CT indices and the inter-reader reproducibility of these measurements.

METHOD AND MATERIALS
This study included 35 patients with recurrent gynecological malignancies (19 uterine, 12 ovarian, 2 peritoneal, and 2 others). FDG PET/CT exam was performed before(pre) and after 1 cycle of chemotherapy(post1c). Metabolic tumor volume(MTV, SUV threshold 2.5) and total lesion glycolysis(TLG) were obtained as VPs in addition to SUVmax at the hottest lesion in each exam. MTV and TLG were also obtained for whole-body(wb) lesions. Pre, post1c, and changes(expressed as Δ) of VPs as well as SUVmax were compared each other and to the treatment response after last cycle of chemotherapy, which was decided with all clinical information available including imaging data.

RESULTS
PreSUVmax ranged from 1.9 to 22.4(median:7.0) and preMTV from 0 to 161(median:8.8). All preVPs exhibited a strong correlation with preSUVmax(Rho=0.78-0.88, p<0.001). Similar results were observed between post1cVPs and post1cSUVmax and between ΔVPs and ΔSUVmax. Post1cVPs and post1cSUVmax showed a strong(Rho=0.63-0.76) and moderate(Rho=0.40-0.57) correlation with ΔVPs and ΔSUVmax, respectively. Treatment response was observed in 14 of 35 pts and it correlated moderately with post1cVPs, ΔVPs, and ΔSUVmax. Among them, ΔwbMTV or ΔwbTLG was considered the best parameter to predict response from ROC analysis(AUC:0.79). A cutoff of ΔwbMTV 121% from ROC curve yielded the sensitivity, specificity, positive-, and negative predictive value of 57%, 100%, 100%, and 61%, respectively, if non-response was defined as positive. Mean ΔwbMTV was 31% and 287% respectively in response and non-response groups(p<0.05). No significant findings were noted between preVPs or preSUVmax and treatment response.

CONCLUSION
This study demonstrated early changes of VPs in FDG PET after 1 cycle of chemotherapy were more useful than changes of...
SUVMAX in predicting treatment response after the last cycle in pts with recurrent gynecological malignancies. Potential of MTV and TLG dealing with whole-body lesions was also demonstrated in this study.

CLINICAL RELEVANCE/APPLICATION

Early changes of volumetric FDG PET parameters after 1 cycle of chemotherapy were useful in predicting final treatment response in pts with recurrent gynecological malignancies.

**SSJ17-04 Assessment of Whole-body Metabolic Tumor Burden of Nerve Sheath Tumors in Neurofibromatosis Type 1 Using 18F-FDG PET/CT**

**Participants**
Johannes M. Salamon, MD, Hamburg, Germany (Presenter) Nothing to Disclose
Azien Derlin, MD, Hamburg, Germany (Abstract Co-Author) Nothing to Disclose
Ivayla I. Apostolova, MD, Magdeburg, Germany (Abstract Co-Author) Nothing to Disclose
Gerhard B. Adam, MD, Hamburg, Germany (Abstract Co-Author) Nothing to Disclose
Victor F. Mautner, MD, Hamburg, Germany (Abstract Co-Author) Nothing to Disclose
Thorsten Derlin, MD, Hannover, Germany (Abstract Co-Author) Nothing to Disclose

**PURPOSE**
To determine the metabolically active whole-body tumor volume and whole body total lesion glycolysis on 18F-fluorodeoxyglucose positron emission tomography/computed tomography (18F-FDG PET/CT) in individuals with neurofibromatosis type 1 (NF1) using a three-dimensional (3D) segmentation and computerized volumetry technique. And to compare these parameters in NF1 patients with benign (BPNSTs) and malignant peripheral nerve sheath tumors (MPNSTs).

**METHOD AND MATERIALS**
Eighteen NF1 patients with malignant PNSTs and 18 age- and sex-matched NF1 controls with benign PNSTs examined by 18F-FDG PET/CT were included (20 men; 16 women; age, 36.6 ± 12.3 years; range 16.5 to 68.7 years). Whole-body metabolic tumor burden (mTB), whole-body total lesion glycolysis (TLG) and a set of semi-quantitative imaging-based parameters were analyzed on a per-patient and a per-lesion basis. The Mann-Whitney U test, the Spearman correlation coefficient and ROC analysis were used for statistical analyses. Histopathological evaluation and clinical / radiological follow-up examinations served as the reference standards.

**RESULTS**
Whole-body mTB and whole-body TLG were significantly higher in NF1 patients with MPNSTs compared to patients with BPNSTs at different SUVMAX cut-offs (2.0, 2.5, 3.5 and 4.0, p < 0.0001). MPNST demonstrated both a significantly higher metabolic tumor volume and TLG than BPNSTs (p < 0.0001). ROC analysis showed that metabolic tumor volume and TLG could be used to differentiate between benign and malignant tumors. Neither age nor gender were significantly correlated with whole-body mTB and whole-body TLG.

**CONCLUSION**
Whole-body mTB and whole-body TLG are different between NF1 patients with BPNST and MPNST. Moreover, malignant tumors have higher metabolic tumor volume and TLG than benign tumors. Further evaluation in prospective studies is required to determine the potential clinical impact and prognostic significance of these novel PET parameters in the context of NF1.

CLINICAL RELEVANCE/APPLICATION

New volumetric imaging parameters of peripheral nerve sheath tumors in NF1 such as mTB and TLG provide the basis for investigating biomarkers for early detection of MPNST and may help reducing unnecessary biopsies or surgery.

**SSJ17-05 Determination of the Degree of Colorectal Carcinoma differentiation by Characterizing Tumor Heterogeneity with Textural Features on 18F-FDG PET/CT**

**Participants**
Wei Mu, Beijing, China (Abstract Co-Author) Nothing to Disclose
Zhe Chen, Beijing, China (Abstract Co-Author) Nothing to Disclose
Ying Liang, Beijing, China (Abstract Co-Author) Nothing to Disclose
Ning Wu, MD, Beijing, China (Abstract Co-Author) Nothing to Disclose
Jie Tian, PhD, Beijing, China (Presenter) Nothing to Disclose

**PURPOSE**
The aim of the study is to assess the usefulness of the tumor heterogeneity characterized by texture features and other commonly used semi-quantitative indices extracted from 18F-FDG PET images to determine the differentiated degree of cancer cells in colorectal adenocarcinoma (CA) patients.

**METHOD AND MATERIALS**
We retrospectively studied the PET/CT images of 42 patients with pathologically proven CA (26 male and 15 female; mean age, 60±13 years), and the differentiation was graded on a scale of poor, moderate, or well differentiated. Firstly, the primary tumor was segmented with an improved level set method. Based on the traditional Chan-Vese (CV) model, we imposed gradient field constraint to exclude the effect of the adjacent bladder for some rectal tumors. Secondly, fifty-four 3D texture features (based on histogram analysis, concurrence matrix (CM), gray level size zone matrix (GLSZM), run length matrix (RLM), neighborhood gray level difference matrix (NGLD) and texture spectrum (TS)) were studied besides of SUVs (SUVMAX, SUVMEAN, SUVPEAK) and metabolic tumor volume (MTV). A 64-gray-level quantization was used, and local features (features based on CM and RLM) were computed over 13 directions. Then one-way analysis of variance (ANOVA) followed by multiple comparisons was employed to test the features for the statistical significance of group differences. In addition, the robustness of the features with respect to the segmentation methods was validated.
RESULTS
Three of the forty-eight features, difference variance (DV) and information correlation1 (IC1) based on CM and low gray level run emphasis (LGRE) based on GLSZM showed significant differences between any two groups (P<0.05). Through Student’s test, there were no significant differences of the features between the manual segmentation and the proposed method (p>0.05).

CONCLUSION
Texture analysis of FDG PET could determine the degree of colorectal carcinoma differentiation potentially, which also means the texture features may be another prognostic factors and can provide supplementary information for developing treatment plan.

CLINICAL RELEVANCE/APPLICATION
The texture features could determine the differentiated degree of cancer cells in colorectal adenocarcinoma (CA) patients, and could be another prognostic factors for personalized medicine.


Tuesday, Dec. 1 3:50PM - 4:00PM Location: S505AB

Participants
Tram Nguyen, Odense, Denmark (Presenter) Nothing to Disclose
Poul-Erik Braad, Odense C, Denmark (Abstract Co-Author) Nothing to Disclose
Poul Flemming Hollund-Carlsen, Odense, Denmark (Abstract Co-Author) Nothing to Disclose

PURPOSE
Quantitative PET relies on reproducible and accurate target delineation. This study investigated the unassessed variation between different commercial software packages that generally use threshold approaches. Method variability was also tested against in-house implemented methods.

METHOD AND MATERIALS
PET scans of the NEMA/IEC phantom with different target-to-background ratios (TBRs) (5:1, 10:1, 20:1, infinite) and human 18F-NaF PET images (6 vertebrae of various shapes and inhomogeneity with/without bone abnormalities) were used. Region-of-interest (ROI) analysis with the ROVER (ABX, Radeberg, Germany) and PETVCAR (GE Healthcare) software was performed along with in-house implementations. Cross-platform reproducibility was assessed by applying the same common 40% of peak value threshold method on all platforms. Cross-method variability was tested among the adaptive threshold (AT) method of ROVER, the estimated threshold (ET) by PETVCAR, and in-house implemented region growing with non-peak-based threshold (RG) and non-threshold level set (LS) methods.

RESULTS
Overall, consistent cross-platform results were obtained with some estimated mean activity deviations (~0.1-0.3 kBq/mL) and volume variations (~0.02-0.4 mL) at TBR5 and target size < 15 mm. At higher levels, ROVER deviated slightly from the other platforms with their near identical estimates. The peak-based method failed to segment inhomogeneous vertebrae well. Different methods yielded variations in estimated phantom activity (p ~ 0.6-0.9) and volumes (p ~ 0.8-0.95) that became marked at low contrast and targets < 35 mm. LS generally gave the best estimates, especially at high contrast and targets > 20 mm. Above TBR10, ET captured volumes the best, but overall underestimated activity levels the most. For vertebrae delineation, ET measurements, especially target volumes, deviated the most due to segmentation limitations.

CONCLUSION
Non-threshold or locally adaptive threshold methods had better performance range than peak-based thresholding across contrast, target size, and inhomogeneity. The cross-platform and cross-method variations introduced bias that has to be accounted for in any quantitative analysis design.

CLINICAL RELEVANCE/APPLICATION
Work like this is essential to elucidate critical aspects of quantification that will have decisive clinical impact along with the growing role of PET for prediction and therapy planning/evaluation.
**Purpose**

When reviewing difficult exams, radiologists often disagree on the severity of a potential error. In the legal setting, this is often attributed to retrospective or framing bias. This study examines the effect of framing bias on radiologists' perceptions when evaluating potential errors.

**Method and Materials**

This study was IRB approved. Eleven de-identified exams that had been subject of malpractice litigation and four uncontested control exams were divided into four review sets each containing three litigation (L) exams and one control (C) and their accompanying reports. Volunteers solicited from the ACR directory were randomly assigned to one of four groups (P,D,Q,N). Group P was told that they had been retained by a malpractice plaintiff's attorney; D that they had been retained by a defense attorney; Q that a neighboring hospital requested an outside QA review and N was given no context. Subjects were also randomly assigned to one of the four review sets, and asked for each exam if the radiology report failed to meet the standard of care (failure). The rates at which each group judged each type of exam to be a failure were compared using a multivariate, mixed-effect, logistic regression model.

**Results**

The study was completed by 102 radiologists, yielding 368 reviews (276 L, 92 C). Together, all four groups rated L exams as failures in 57% of assessments, and C exams in 27% (p = 0.006). The difference in ratings between L and C exams was most pronounced in Group P (62% vs. 26%, p = 0.013) and Group N (66% vs. 18%, p = 0.003). Within the subgroup of L exams, Group P was significantly more likely to judge an exam a failure than the Group D (62% vs 48%, p = 0.032). The Q and N groups were not significantly different than the other groups.

**Conclusion**

Framing bias plays a significant role in retrospective review. Told that the exams they were reviewing were problematic, reviewers rated 27% of control exams below the standard of care. Simulated plaintiff's experts rated litigation exams below the standard of care significantly more frequently than simulated defense experts rated the same exams. These differences in performance highlight the effect such bias plays in actual expert witness review.

**Clinical Relevance/Application**

Since framing bias can significantly affect reviewers' impressions, blinding a reviewer to the nature of the exam being reviewed should increase the objectivity of the reviewer's judgment.

**Purpose**

The aim was to develop a system to assess the image interpretation performance of radiologists in identifying signs of malignancy.
on chest radiographs.

METHOD AND MATERIALS

A test set of 30 digital chest radiographs was chosen by an experienced radiologist consisting of 11 normal and 19 challenging abnormal cases. The abnormal cases all had biopsy proven pathology; the normal cases had at least 2 years of imaging follow up. 14 radiologists with a range of experiences were recruited. Participants individually read the test set displayed on a standard reporting workstation, with their findings entered directly onto a laptop running specially designed reporting software. For each case they were given the relevant clinical information and were asked to mark any perceived abnormality and rate their level of suspicion on a 5-points scale (normal, benign, indeterminate, suspicious or malignant). On completion of the test, participants were given instant feedback and had the opportunity to review cases were there was disagreement with the expert opinion and pathology. The time taken for the participants to complete the test was recorded. Differences between the participants’ performance were assessed using ROC analysis.

RESULTS

The experience of the participants in reporting chest radiographs ranged from 1 to 26 years (Mean=9 yrs, Mdn=5 yrs). Participants’ performance (ROC score) varied significantly between 2 groups (6 post-fellowship consultants, and 8 radiology residents). Radiology residents’ performance as measured by ROC score was significantly poorer compared to post-fellowship consultants (Mean- RS=0.76, Mean-PFC=0.93, p=.003). There was a positive correlation between image interpretation performance (ROCMean=0.85, SD=0.11) and years of reading experience (Mean=9, SD=6.58) , r=.573, p=<.05, n=14. There was a trend for radiology residents to take longer to complete the task (Mean=26.51s) compared to post-fellowship consultant radiologists (Mean=19.65s), but this did not quite reach statistical significance (p=.07).

CONCLUSION

This pilot study demonstrates that it is possible to devise a method for performance testing the reporting of chest radiographs.

CLINICAL RELEVANCE/APPLICATION

Chest radiographs are the first line imaging test for patients with chest symptoms suspicious of malignancy, this pilot study demonstrates that it is possible to devise methods to test performance of the reporting radiologist.

SSJ12-04 Do Socioeconomic Disparities Exist in Radiology? Multivariate Analysis of Socioeconomic Factors Impacting Access to Imaging Services

Tuesday, Dec. 1 3:30PM - 3:40PM Location: S102D

Participants
Omid Khalilzadeh, MD, MPH, Boston, MA (Abstract Co-Author) Nothing to Disclose
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James A. Brink, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Efren J. Flores, MD, Boston, MA (Presenter) Nothing to Disclose

PURPOSE
Racial disparities are known to exist in medicine, but little has been studied in radiology. One way to examine this is to look at missed radiology appointments or missed care opportunities (MCO) which result in delayed diagnoses and negatively impact patient care. Moreover, MCO in radiology may be a symptom of missed appointments in other specialties. The reason for missing appointments is multifactorial, and socioeconomic factors may play an important role. In this study, we investigated the demographic factors associated with radiology missed appointments.

METHOD AND MATERIALS

Demographic data of 975,539 ordered radiologic imaging exams at our institution in the calendar year 2014 was collected. The dataset included: ethnicity/race, primary language, insurance status, and reasons for cancellation of the appointment. The association of different factors with radiology MCOs was evaluated. Multivariate logistic regression models were implemented to evaluate the independent relationship between radiology MCOs and various factors.

RESULTS

MCO was the most common reason for not completing a radiologic exam (41.5%). Overall, there was about 5% MCO (42,854) in radiology appointments during the calendar year 2014. A primary language other than English (OR: 1.2), Black ethnicity (OR: 1.8, relative to White) and Hispanic ethnicity (OR: 1.5, relative to White) were significantly associated with higher odds of MCO on a radiology appointment. Among different scan type, the odds of MCO was significantly higher for CT angiograms (OR: 2.8, p<0.001). These associations remained significant after multiple adjustments for potential confounding variables.

CONCLUSION

There was a high number (42,854) of radiology MCO in the past year at our institution. Non-English primary language and Hispanic ethnicity significantly correlate with likelihood of missing a radiology appointment. Our results identify patients who are at risk for MCO and provide opportunities for intervention that will improve the patient’s experience and address healthcare disparities. Possible interventions to bridge the gap include telephone reminders in the patient’s native language, scheduling radiology procedures with radiologists that come from similar background, assistance in coordination of transportation, among others.

CLINICAL RELEVANCE/APPLICATION

Socioeconomic disparities exist in radiology. Further research in this area is paramount to examine the impact to healthcare access.

SSJ12-05 Prevalence of Unanticipated Events Associated with MRI Examinations: A Benchmark for MRI Quality, Safety, and Patient Experience
Technologist-directed Radiograph Repeats: Frequency and Associations

Participants
Jill E. Jacobs, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Andrew B. Rosenkrantz, MD, New York, NY (Presenter) Nothing to Disclose
Joseph J. Sanger, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Marc Parente, New York, NY (Abstract Co-Author) Nothing to Disclose
Danny C. Kim, MD, White Plains, NY (Abstract Co-Author) Nothing to Disclose
Michael P. Recht, MD, New York, NY (Abstract Co-Author) Nothing to Disclose

PURPOSE
The decision to repeat a suboptimal radiograph by the technologist at the time of acquisition, prior to radiologist review, is an infrequently assessed but potentially significant source of excess patient radiation. We assessed the technologist-directed radiograph retake rate in our hospital network.

METHOD AND MATERIALS
We created an analysis tool to track all technologist-directed radiograph rejections for 52 CR and DR imaging device networks in 9 of our hospital-based imaging centers. The tool captured all acquired images and the reject reason in a reject log file (RLF). All RLFS were downloaded monthly to an encrypted USB flash drive, renamed in standardized convention, and uploaded to a protected network share drive. Information Technology staff reviewed all RLFS to ensure completeness and validity. RLFS were then imported into a Reject Analysis Database. Analysis was performed for a 6 month period (6/1/14-11/30/14). Retake rate by case (RRC) was number of retaken exposures (NR) acquired as a percentage of the total number of cases (TC) performed where RRC=(NR/TC)*100. Retake rate by exposure (RRE) was number of retaken exposures (NR) acquired as a percentage of the total number of cases (TC) performed where RRE=(NR/EE)*100. Data was stratified by date, site, imaging device, body part, and reject reason.

RESULTS
Overall technologist-directed RRC and RRE were 3.4% and 1.8%, respectively. Body part RRC and RRE, respectively were: chest (5.9%, 4.4%); abdomen (3.3%, 1.6%); joint (3.0%, 1.3%); spine (2.6%, 1.2%); skull (1.8%, 1.0%); skeletal survey (1.6%, 0.8%), and unspecified (5.0%, 3.5%). For hospital portable devices, RRC was 9.2% overall (12.5% abdomen; 8.8% chest) and RRE was 9.2% overall (10.8% abdomen and 9.0% chest). The most common reason for repeat exposures was positioning error (2.3% overall) for both portable and non-portable examinations.

CONCLUSION
To determine the prevalence of unanticipated events (UE) associated with MRI examinations in a multi-center academic radiology department.

METHOD AND MATERIALS
UE reported by MRI technologists for examinations performed between June 2013 and November 2014 on 17 scanners in a university- (UH) and community-affiliated (CH) hospitals of single health system were retrospectively reviewed. Events were categorized into: (1) orders and scheduling (no/improper order, insurance problem, scheduled wrong study/location, scheduling screening failure, improper preparation instruction/study protocol); (2) delays in scan (late patient arrival/transport, anesthesia/pathology procedure delays, delays in getting correct protocol or checking images); (3) foreign bodies (unanticipated metal/foreign body/pacemaker); (4) non-contrast related (NONCON) patient events (claustrophobia, patient discomfort, body habitus, pregnancy, nausea, pain, motion, need for sedation/general anesthesia, inability to complete the exam, patient dissatisfaction, patient fall, code called for resuscitation); (5) contrast related (CON) patient events (reaction, extravasation, lack of IV access, patient refusal of contrast); (6) technical acquisition issues (fat saturation, breath-holding, contrast bolus timing, mechanical scanner failure). Each category was compared between scanners located in UH vs. CH, and scanners that are solely used for outpatient services (OP) vs. those used for outpatients and inpatients (OP/IP).

RESULTS
34,587 MRI examinations were assessed (87% UH; 59% OP) with 5,760 (17%) UE; (1.9% of patients had more than one category events). Rates of UE for each category were as follows: 1.8% orders and scheduling [0.06% patient arriving wrong day, and 0.03% patient call-back], 3.3% delays in scan, 0.5% foreign bodies, 10.4% NONCON events, 1.3% CON events, and 1.5% technical issues. Most frequent patient issues were motion, claustrophobia, and need for sedation. UH exams had higher reported rate of UE. OP exams had higher rates of orders and scheduling problems and delays in scans, while OP/IP exams had more patient related and technical issues (all P<0.05).

CONCLUSION
UE associated with MRI exams are common (17%), with the majority being patient related issues.

CLINICAL RELEVANCE/APPLICATION
Unanticipated patient events are common. Awareness of the prevalence and types of unanticipated events by MRI staff provides opportunities for practice improvement.
Rates of technologist-directed radiograph retake vary by body part and are higher for portable examinations.

**CLINICAL RELEVANCE/APPLICATION**

Technologist education to identify and correct sources of imaging error is necessary to reduce retake rates and decrease excess patient radiation.
Radiation Oncology (Outcomes/Quality of Life II)

Tuesday, Dec. 1 3:00PM - 4:00PM Location: S104A

AMRA PRA Category I Credit ™: 1.00
ARRT Category A+ Credit: 1.00

Participants
Daniel W. Golden, MD, Chicago, IL (Moderator) Manager, RadOnc Questions LLC
Clifton D. Fuller, MD, PhD, Houston, TX (Moderator) In-kind support, General Electric Company; Research Grant, Elekta AB; ; ;

Sub-Events

SSJ24-01  Radiotherapeutic Management of Hidradenitis Suppurativa

Tuesday, Dec. 1 3:00PM - 3:10PM Location: S104A

Participants
Mark G. Trombetta, MD, Pittsburgh, PA (Presenter) Nothing to Disclose
Michael W. Hall, MD, Pittsburgh, PA (Abstract Co-Author) Nothing to Disclose
E Day Werts, PhD, Pittsburgh, PA (Abstract Co-Author) Nothing to Disclose
James Fontanesi, Bloomfield Hills, MI (Abstract Co-Author) Nothing to Disclose

ABSTRACT

Purpose/Objective(s): Hidradenitis Suppurativa (HS) is a chronic condition affecting the apocrine glands and their ducts which can be debilitating and devastating for patients. Patient distress has resulted in chronic anxiety and even suicide in some patients. Standard therapy consists of, weight loss in obese patients, improved skin hygiene, antibiotics, and radical surgery. Radical surgery can be debilitating and for patients for whom conventional therapy is ineffective there are few less morbid options. For this benign disease, we have successfully used low dose radiotherapy in four patients.Materials/Methods: Four consecutive female patients with long standing and refractory HS were treated to multiple sites (axillae, the groins, and the inframammary regions) with low dose electron radiotherapy. Between 600 and 750 cGy was delivered in 3 equal fractions using 6 MeV electrons (Dmax) with a 0.5 cm bolus and a 1.0 cm margin surrounding the lesions to treat the apocrine glands in the dermis of the skin and the epidemis to limit follicular hyperkeratosis. In the lone patient who was treated with 600 cGy, retreatment was necessary in 50% of the sites treated. One patient supplemented her therapy with a sustained weight loss facilitated by careful dieting. Another patient had been treated one year prior with 6 MV photon radiotherapy that mimicked our prescribed total dose, but effectively provided only about 25% of prescribed dose to the dermis and epidemis! Results: With a mean follow up of 28.5 months (range 4-48 months), all patients were free of recurrence. One patient (4 month follow up patient) had such anxiety about her disease that she decided to undergo radical surgery 4 months from the radiotherapy despite progressive improvement. The time to complete resolution averaged 3-6 months from radiotherapy. One patient developed long term pruritis (the patient previously treated with photons). This remains as a controlled but minor intermittent problem. No other patients had side effects of radiotherapy.Conclusion: Conservative management of HA with oral antibiotic therapy and a strict weight loss regimen is an optimal first line approach. However, when more radical and invasive surgical options fail or are undesirable, low dose radiotherapy is a viable option.

SSJ24-02  Bone Metastases Treatment in A Rural Setting: The Effect of Choosing Wisely

Tuesday, Dec. 1 3:10PM - 3:20PM Location: S104A

Participants
Richard Lovett JR, MD, Rutland, VT (Presenter) Nothing to Disclose

ABSTRACT

Purpose/Objective(s): In 2013, the American Society of Therapeutic Radiology (ASTRO) released its list of Choosing Wisely Initiatives. One of these initiatives, was to use fractionation schemes which allow less than 10 fractions for the palliation of bony metastatic disease. Such schemes may use one or five fractions to treat an uncomplicated case of bone metastases. This project looks at a rural radiation practice, both before and after a decision was made to employ the Choosing Wisely guidelines whenever appropriate.Materials/Methods: This is a non randomized, retrospective analysis of 12 months of bone metastasis treatments in a single provider practice comparing the 6 months before Choosing Wisely to the six months after Choosing Wisely. A total of 37 consecutive patients, 63 treatment sites were examined. Fifteen treatment fractions were saved before, 84 treatment fractions were saved after the guidelines were published. Results: More fractions of radiotherapy were saved when compared to the same length of time prior to the decision to employ Choosing Wisely Initiatives. This finding, however is seen in a retrospective analysis of a single physician practice, who decided to adopt the Initiative, thus built in bias existed. Before the Choosing Wisely Initiative was released, 14% of patients received shorter fraction schemes, compared with 68% after. Because of these shorter treatment schedules, and assuming similar patient charges for treatments, savings after the Initiatives were released were over 5.5 times as much as prior to the release for the patient population, as a whole ($69,000 versus $12,000). In a time when health care costs are growing faster than the GDP, any savings we can achieve can benefit society as a whole. Numerous assumptions must be made in the analysis and the numbers are subject to discussion, but no one can deny that a patient with painful bone metastases would benefit from saving almost 4 hours in the car on rural roads. Care givers may be retired, and may not lose wages, but at the average wage of $63,000, the average caregiver saved approximately $170.00 in lost wages bringing in their loved one. The average patient who received shortened fractionation saved 145 miles of travel and 5 hours and 35 minutes of commuting and treatment time. Other savings were seen in one patient who needed to be hospitalized for her treatment. Her hospital stay was reduced by the use of shorter fractionation. No patient in this study required retreatment, the minimum follow up period was 6 months. Many patients have passed away from their disease within this follow up period. Conclusion: Shorter fraction schemes when used as clinically appropriate do offer savings not only to health care payers, but also to patients and patients families.

SSJ24-03  Avoiding Skin Cream Application Right Before Radiation: Myth or Sound Advice?
A Comparison of Distress Levels in Cancer Patients During Treatment

Tuesday, Dec. 1 3:30PM - 3:40PM Location: S104A

**Participants**

Kimberly B. Hart, MD, Detroit, MI (Presenter) Nothing to Disclose

Judith Abramo, PhD, Detroit, MI (Abstract Co-Author) Founder, Delphinus Medical Technologies, Inc Officer, Delphinus Medical Technologies, Inc

Carol Devore, RN, Commerce, MI (Abstract Co-Author) Nothing to Disclose

**ABSTRACT**

**Purpose/Objective(s):** To assess changes in distress level in cancer patients from diagnosis to end of treatment

**METHOD AND MATERIALS**

Materials/Methods: All newly diagnosed cancer patients at the Charach Cancer Treatment Center, Huron Valley-Sinai Hospital, were given a baseline distress assessment using the 10 point NCCN Distress Management Tool (DT). Patients classified as not distressed (ND) if they scored 4 or less. Patients were considered distressed (D) if their score was >4 and referred to social work for further assessment. The DT was then administered to ND individuals again at the middle and end of treatment. Demographic data was collected including age, sex, tumor type, marital status, type of therapy received (chemotherapy alone, chemo/RT or RT alone) as well as items on the NCCN problem list that accompanies the DT.

**RESULTS**

Results: 153 patients were surveyed, 48 D patients and 105 ND. More D than ND patients were treated with chemotherapy alone (26% vs 6%) and fewer with RT alone (25% vs 47%) although combination therapy was about the same (50% vs 47%) (p=0.03). Median age of D individuals was 6 years older than the ND (p=0.21). D patients were more likely (31%) than ND (11%) to be single (p=0.6). Measurements showed no difference in dose at the surface or 2 cm depth with or without a relatively thick 1-2 mm application of either cream when using enface 6 or 15 MV photons. Similarly, there was no impact on surface dose for 6 MV photons delivered at incident angles ranging from 15° to 60°. The same application of cream had no effect on surface dose as a function of beam incident angle, with the exception of a 7% increase at 60° observed only with the silver cream. A significant increase in surface dose was noted for both 6 and 15 MV photons when a thicker (13 mm) layer of cream was applied. For 6 MV beams, the surface dose was 105 cGy with Aquaphor, 102 cGy for the silver cream, and 88 cGy for controls. For 15 MV, the doses were 70, 60 and 52 cGy, respectively. With 6 and 9 MeV electrons, there was only a 2-5% increase in the surface dose with use of creams. No differences in dose were observed at 2 cm depth. Conclusion: To our knowledge, this is the first dosimetric assessment of the effect of skin creams for radiation dermatitis. Survey results confirmed that patients are routinely advised to avoid creams prior to RT. Our findings suggest that thin or moderately applied skin creams, even if applied just prior to radiation, have minimal impact on skin dose, regardless of beam energy or beam incidence. Applying very thick amounts of skin cream just prior to RT may have a bolus effect with increased surface dose and should be avoided. Studies in mouse models to evaluate the effect of creams on skin dose using gamma-H2AX IHC staining have been initiated.

**SS324-05 Oncology Acupuncture Program Assessment: A Retrospective Review of Patient Population, Cancer Diagnosis and Use of Acupuncture over a 12-month Period at an NCI-Designated Cancer Center**

Tuesday, Dec. 1 3:40PM - 3:50PM Location: S104A

**Participants**

Brian Baumann, Philadelphia, PA (Presenter) Nothing to Disclose

Chuan Zeng, Philadelphia, PA (Abstract Co-Author) Nothing to Disclose

Ioannis I. Verginas, Philadelphia, PA (Abstract Co-Author) Nothing to Disclose

Carolyn Vachani, Philadelphia, PA (Abstract Co-Author) Nothing to Disclose

Timothy D. Solberg, PhD, Philadelphia, PA (Abstract Co-Author) Nothing to Disclose

Costas Kounenis, Philadelphia, PA (Abstract Co-Author) Nothing to Disclose

James M. Metz, MD, Philadelphia, PA (Abstract Co-Author) Nothing to Disclose

**ABSTRACT**

**Purpose/Objective(s):** To assess changes in distress level in cancer patients from diagnosis to end of treatment

**CONCLUSION**

Conclusion: In this study, patients who demonstrated no distress at the start of cancer treatment had no increase in distress by the conclusion of treatment. This may relate to the difficulty of capturing changes in distress in a patient survey. Given that emotional and physical problems were significant complaints in patients with distress at the start of treatment, more attention needs to directed at these issues by clinicians. [1]
The management of cancer treatment related side-effects is a continuous challenge to patients and healthcare providers alike. In the therapeutic armamentarium, alternative medicine is slowly gaining popularity as a complementary or substitutive management option. Among well-known alternative medicine modalities, acupuncture has been shown in several studies to reduce or eliminate radiation therapy (RT) induced effects such as RT-induced xerostomia in head and neck cancer and RT-related fatigue. In this study, we analyzed the demographics among RT patients who chose acupuncture, which symptoms prompted referral, and prevalence of combined modalities among these patients.

METHOD AND MATERIALS

Records of 50 cancer patients who utilized acupuncture between May 2013 and April 2014 were reviewed at our institution. The subset chosen for final analysis was limited to patients who underwent radiation therapy either alone or in combination with other standard cancer treatment modalities. Variables measured included gender, age, payment method, cancer type, treatment modalities, chemotherapy class, and type and number of symptoms prompting acupuncture referral.

RESULTS

Among 50 pts analyzed in our initial set of acupuncture patients, 26 pts, 8 men (mean age = 64.5 yrs) and 18 women (mean age = 58.5 yrs) received radiation therapy. Twenty-two pts also received chemotherapy, and 15 pts among the chemoradiation cohort underwent surgery. Breast cancer pts (n=11) were the most prevalent users of acupuncture followed by head and neck (n=4) and lung cancer (n=3). Most patients (n=20) requested assistance with 1-2 symptoms with the most common symptoms being neuropathy (n=6), arthralgias (n=6), and nausea (n=6). Among the breast cancer cohort, the most common chief complaint were arthralgias (n=6), myalgias (n=5), and neuropathy (n=4) and the most commonly used chemotherapy were taxanes (n=9).

CONCLUSION

Among RT patients, women were more prevalent users of acupuncture with majority diagnosed with breast cancer. The majority of patients also received either concurrent or sequential chemotherapy. Neuromusculoskeletal complaints were the most common reason for acupuncture referral.

CLINICAL RELEVANCE/APPLICATION

These data will be used in future analyses to further characterize symptoms in order to strengthen outcomes evaluations and tailor emphasis to cancer subpopulations’ specific symptoms.

SSJ24-06 The Impact of Body Mass Index on Time from Diagnosis to Surgery and Time from Surgery to Radiation in Patients with Breast Cancer

Tuesday, Dec. 1 3:50PM - 4:00PM Location: S104A

Purpose/Objective(s): In breast cancer, both biological and social factors may delay the time from diagnosis to surgery and the time to initiation of radiation therapy (RT). In this study, we analyze the impact of body mass index (BMI) on time from initial diagnosis of breast cancer to surgery (TTS) and from surgery to RT (TTR) in a large cohort of breast cancer patients.

Materials/Methods: A total of 1409 patients were diagnosed with breast cancer at our institution between 2004 and 2014. Of these, 1073 patients underwent surgery as first treatment and had BMI information available in the electronic health record. We classified patients as normal weight, overweight and obese by BMI (18.5-24.9). BMI had no statistically significant impact on TTS. TTS for normal weight (N=252), overweight (N=345) and obese patients (N=476) was 35.2 days, 36.7 days and 33.7 days, respectively (p=0.555). In a subset analysis of 489 patients undergoing follow-up EBRT, BMI did have an impact on TTR. Patients with normal weight (N=104) had the lowest TTR at 64.6 days. Obese patients (N=241) reported longer TTR at 71.7 days however the finding failed to reach statistical significance (p=0.33). Patients who were classified as overweight (N=144) had a significantly higher TTR at 85.3 days (p=0.01). Conclusion: In this large retrospective analysis, BMI was associated with a delayed time from surgery to radiation in patients classified as overweight with a BMI between 25-<30. Interestingly, obese patients with a BMI over 30 did not have a statistically longer TTR; further analysis of the overweight patient subset may reveal the reason for their uniquely longer TTR. In breast cancer, several studies link a BMI over 25 to a higher breast cancer related mortality rate. Further research must be done to further explore the impact of BMI on the quality and timeliness of care as well as its potential impact on patient outcomes.
**LEARNING OBJECTIVES**

1) Identify the limitations of abdominal radiographs in necrotizing enterocolitis. 2) Describe sonographic findings in necrotizing enterocolitis. 3) Define the role of sonography in necrotizing enterocolitis.

**ABSTRACT**

Necrotizing enterocolitis (NEC) is a relatively common disease affecting neonates, especially preterm infants, but can also be seen in term neonates. Despite the progress in neonatal medicine, it remains associated with significant morbidity and mortality, with reported death rates up to 20-30%. Traditionally, neonatal NEC has been imaged with abdominal radiographs, and in fact radiographic findings are part of the Bell staging clinical criteria. Radiographic assessment mainly relies in the evaluation of the bowel gas pattern and in the detection of extraluminal gas. However, most of the radiographic findings are indirect signs of bowel involvement in NEC or its complications and are not always present even in severe cases. Sonography, which can be done by the bedside and without the need of radiation, has the advantage that allows direct visualization of the bowel wall and can assess for the presence of pneumatosis, changes in wall echogenicity, wall thickening, peristalsis and even wall perfusion, including hyperemia and decrease or absent vascularity, all of which can be signs of NEC. Sonography also allows direct visualization of the peritoneal cavity and may detect complex free fluid and localized fluid collections, more often associated with complicated NEC. Furthermore, sonography may also detect portal venous gas and pneumoperitoneum, the latter indicative of bowel perforation. Therefore, sonography may provide information not available on radiographs and aid in the diagnosis of NEC and detection of complications. For example, sonography may allow diagnosis of bowel necrosis before perforation occurs and pneumoperitoneum becomes evident on abdominal radiographs thus facilitating early intervention. In summary, sonography has at least a complementary role to radiographs and its use may affect management of patients with neonatal NEC and possibly their outcome.

**PURPOSE**

An early detection of necrotizing enterocolitis (NEC) in premature infants is key in order to reduce morbidity and mortality. Imaging of premature infants is challenging, since transportation outside the NICU and sedation are both unadvisable. We therefore designed a near infra-red (NIR) plenoptic camera system to image premature infants, and a novel liposomal nanoparticle that localizes to NEC lesions upon intravenous injection. This study tested the visualization of NEC lesions in a preterm piglet model.

**METHOD AND MATERIALS**

The NIR plenoptic camera assembly consists of 3 high-resolution camera CCD detectors mounted on a gantry with 1 axis of rotation with repeatable increment of 0.1 degree. This creates up to 1260 virtual cameras each with a resolution higher than 10 microns (Fig 1.A). Phantoms consisting of a tissue block with capillary tubes filled with the NIR dye - indocyanine green were utilized to fine tune the system for NIR signal detection. For the animal studies, pre term piglets (N=11) were delivered via C-section 2 weeks before reaching full term. The animals were maintained on total parenteral nutrition (TPN) for 2 days after which oral feeds were started. The animals were injected with liposomes containing a NIR dye, indocyanine green, after the oral feeding was commenced. The abdominal region of the animals was imaged at different time points to detect NIR signal.
NIR signal was detected from the location of gastro-intestinal (GI) tract. Animals that developed NEC showed stronger signal than those that did not go on to develop NEC. Figure 1.C shows representative images from a NEC positive and NEC negative animal.

CONCLUSION
The promising results from this preliminary study suggest that NIR optical imaging can aid in early detection of NEC.

CLINICAL RELEVANCE/APPLICATION
NEC is an inflammatory disease of the gastro-intestinal tract that affects pre-term infants. Early detection is critical to reducing mortality. This study reports an NIR imaging method that could be used for early detection of NEC. This technique eliminates the use of radiation, and is conducive to imaging within the NICU, and without the need for sedation.

Participants
Thaddeus W. Herliczek, MD, Providence, RI (Abstract Co-Author) Nothing to Disclose
David W. Swenson, MD, Brooklyn, CT (Presenter) Nothing to Disclose
Elizabeth H. Dibble, MD, Providence, RI (Abstract Co-Author) Nothing to Disclose
Claudia Cartagena, Providence, RI (Abstract Co-Author) Nothing to Disclose
Grayson L. Baird, MS, Providence, RI (Abstract Co-Author) Nothing to Disclose

PURPOSE
The purpose of this study was to establish the effectiveness of a staged ultrasound (US) and magnetic resonance imaging (MRI) algorithm for the diagnosis of pediatric appendicitis.

METHOD AND MATERIALS
A staged imaging algorithm using US and MRI in pediatric patients with suspected appendicitis was implemented at our institution on January 1, 2011, with US as the initial modality, followed by MRI when US findings were equivocal. A search of the radiology database revealed 2180 pediatric patients who underwent imaging for suspected appendicitis, 1,982 (90.9%) of whom were evaluated according to our established imaging algorithm. A review of the electronic medical record (EMR) of all patients was performed. All imaging reports were reviewed and classified as positive, negative or indeterminate/equivocal for appendicitis, and correlated with surgical and pathology reports.

RESULTS
The prevalence of appendicitis in our patient population was 20.5% (407/1982). Ultrasound alone was performed in 1905 patients (96.1%), yielding sensitivity of 98.7% and specificity of 97.1% for appendicitis. An additional 77 patients underwent MRI following equivocal US, yielding an overall staged imaging algorithm sensitivity of 98.2% and specificity of 97.1%. 0.35% of patients experienced false negative results under the staged protocol. The negative predictive value of the staged protocol was 99.5%.

CONCLUSION
A staged protocol of US and MRI for pediatric appendicitis is effective. Our study demonstrates a staged protocol of US and MRI has a sensitivity of 98.2% and specificity of 97.1% for appendicitis in pediatric patients.

CLINICAL RELEVANCE/APPLICATION
We believe staged protocol of US and MRI could supplant other imaging protocols for pediatric appendicitis. Additionally, staged US and MRI is an effective algorithm to assess pediatric appendicitis without the use of ionizing radiation.

Participants
Gray R. Lyons, MD, PhD, New York, NY (Presenter) Nothing to Disclose
Pooja Renjen, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Ashley E. Giambrone, PhD, New York, NY (Abstract Co-Author) Nothing to Disclose
Debra Beneck, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Arzu Kovankilikaya, MD, New York, NY (Abstract Co-Author) Nothing to Disclose

PURPOSE
MRI is increasingly employed as a diagnostic modality for suspected appendicitis in children. However, there is discrepancy as to which MRI sequences are sufficient for safe, timely, and accurate diagnosis. We hypothesized that diffusion weighted imaging (DWI) in conjunction with T2-weighted sequences are sufficient for diagnosis.

METHOD AND MATERIALS
All MRI examinations (n=112) performed at our institution for the evaluation of appendicitis in children were retrospectively collected for re-evaluation. Exams were re-read by blinded pediatric radiologists first as non-contrast exams, including T2-weighted and DWI sequences, then secondly as contrast exams, including T1-weighted contrast enhanced sequences. Samples were scored as positive, negative, or equivocal for appendicitis, or non-visualized appendix. Findings were compared to pathologic or clinical data in the medical record.

RESULTS
The sensitivity (with contrast: 1.0, without contrast: 1.0) and specificity (with: 1.0, without: 0.98) of the exams were not significantly different. However, the percentage of nondiagnostic scans was higher for noncontrast exams (with: 26.1%, without: 37.7%). To test the role of contrast in improving certainty of interpretation, nondiagnostic without contrast scans were re-read
with addition of contrast sequences. With addition of contrast sequences, the number of equivocal scans was reduced from 10 to 2 (80% RR, 9.1% AR) and the number of non-visualized appendix scans was reduced from 23 to 15 (35% RR, 9.1% AR).

CONCLUSION

In the evaluation of appendicitis in children, non-contrast MRI examinations provide similar sensitivity/specificity to contrast-enhanced examinations, however, the number of nondiagnostic studies is higher without contrast. We propose a scanning algorithm whereby an exam is initialized as a noncontrast study and reviewed by a radiologist for diagnostic quality prior to contrast administration, if necessary. With this approach, fewer children will receive intravenous contrast without deterioration in overall diagnostic quality.

CLINICAL RELEVANCE/APPLICATION

MRI diagnosis of acute appendicitis can be performed without contrast for most patients; injection of contrast can be reserved for only those patients with nondiagnostic noncontrast imaging.

PURPOSE

To evaluate the correlation among the liver stiffness (LS) measured by shear wave elastography (SWE), clinically significant portal hypertension (CSPH), and degree of hepatic fibrosis in children with liver diseases.

METHOD AND MATERIALS

We evaluated 38 consecutive pediatric patients (mean age, 9.7±4.6 years) who underwent ultrasound SWE and transjugular liver biopsy with hepatic venous pressure gradient (HVPG) measurement between June 2012 and March 2015. The patients had various liver diseases. Clinical and laboratory data were retrospectively collected. CSPH was defined as a HVPG ≥ 10 mmHg. Hepatic fibrosis was evaluated based on METAVIR classification of fibrosis. Linear regression analysis was performed to correlate LS with clinically significant PHT. Kruskal-Wallis test was conducted to correlation between LS and degree of hepatic fibrosis. Diagnostic performance of predicting clinically significant PHT and degree of hepatic fibrosis were assessed based on receiver operating characteristic (ROC) curve.

RESULTS

LS showed moderate to strong positive correlation with HVPG (r=0.603, p<0.001). On multivariate analysis, LS was a significant associated factor for diagnosis of CSPH (OR =1.275, p =0.009). The area of under the curve (AUC) for predicting CSPH was 0.839 (p<0.001) and the sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) for an LS cutoff value of 19.7 kPa were 77.8%, 93.1%, 77.8%, and 93.1%, respectively. There was a significant positive correlation between hepatic fibrosis and LS (p=0.007). The AUC for predicting advanced hepatic fibrosis (METAVIR stage, F3 or F4) was 0.845 (p<0.001) and the sensitivity, specificity, PPV and NPV of an LS cutoff value of 16.2 kPa were 78.6%, 87.5%, 78.6% and 87.5%, respectively.

CONCLUSION

LS exhibited significant correlation with HVPG and hepatic fibrosis. Cutoff values for predicting CSPH and advanced hepatic fibrosis were 19.7 kPa and 16.2 kPa , respectively.

CLINICAL RELEVANCE/APPLICATION

Measurement of LS using SWE can be used for noninvasive assessment and monitoring of CSPH and hepatic fibrosis in pediatric patients with various liver diseases.

ABSTRACT

Multiple forms of ultrasound (US) elastography are available on state-of-the-art clinical ultrasound systems. In general, these techniques are based on either strain or shear wave imaging, and they can easily be performed in children. The basic physics behind each type of US elastography will be explained, and specific advantages and disadvantages will be discussed. Applications of US elastography in the evaluation of the pediatric abdomen will be presented, including assessment of the liver (e.g., for detection of parenchymal fibrosis) and bowel (e.g., for detecting fibrosis within segments of intestine affected by Crohn's disease). Recently published investigations related to US elastography in pediatric populations will be highlighted.
**METHOD AND MATERIALS**

Children using this technique.

The purpose of this study was to evaluate differences in perfusion of undescended testes (UDT) compared with normal testes in young participants.

**PURPOSE**

Hyun Joo Myung-Joon Yong Seung Mi-Jung

Participants

RC413-08 **Accuracy of Multi-echo Magnitude-based MRI Proton Density Fat Fraction to Estimate Longitudinal Change in Hepatic Steatosis in Children with Known or Suspected Non-alcoholic Fatty Liver Disease Using MRS as Reference**

Tuesday, Dec. 1 5:00PM - 5:10PM Location: S102AB

Participants

Elhamy R. Heba, MBBCh, MD, San Diego, CA (Presenter) Nothing to Disclose
Kevin A. Zand, MD, San Diego, CA (Abstract Co-Author) Nothing to Disclose
Omid Yeganeh, MD, La Jolla, CA (Abstract Co-Author) Nothing to Disclose
Tanya Wolfson, MS, San Diego, CA (Abstract Co-Author) Nothing to Disclose
Gavin Hamilton, PhD, San Diego, CA (Abstract Co-Author) Nothing to Disclose
Jeffrey B. Schwimmer, MD, San Diego, CA (Abstract Co-Author) Nothing to Disclose
Claude B. Sirlin, MD, San Diego, CA (Abstract Co-Author) Research Grant, General Electric Company; Speakers Bureau, Bayer AG; Consultant, Bayer AG

**METHOD AND MATERIALS**

This IRB-approved, HIPAA-compliant, single center, retrospective, longitudinal analysis included children with at least two MR visits between 2008 and 2011. Two-dimensional, spoiled gradient-echo unenhanced M-MRI was used to estimate hepatic PFF. Low flip angle (10°) and repetition times of 120 to 270 ms were used to minimize T1 dependence. To correct for T2* decay, six nominally in- and out-of-phase echoes were obtained. Single-voxel MR spectra (STEAM) were analyzed by an experienced MR spectroscopist (8 cm³ voxel size, right lobe of liver away from artifact and vessels, long TR to avoid T1 dependence, five echoes to permit T2 correction, AMARES algorithm and jMRUI platform for analysis). Three circular regions of interest were placed on fifth-echo MR images on three consecutive slices co-localized to MRS voxel location, and propagated to images for the other echoes. M-MRI estimated PFF was calculated for each visit from the first two to six echoes using a custom Matlab algorithm. M-MRI PFF accuracy was assessed by Bland-Altman analysis and linear regression modeling of change in MRS PFF vs. change in M-MRI PFF, for each M-MRI method (two to six echoes).

**RESULTS**

Seventy-two children (158 MR examinations) were included in this analysis (50 M, 22 F; mean body mass index 33.6 ± 6.0 kg/m²; range 46.1 to 23.2 kg/m²). Regression analysis showed close agreement between change in M-MRI PFF and change in MRS across all methods, with slope and intercept ranges for two to six echoes of 1.02 - 1.04 and 0.008 - 0.017%, respectively (close to the slope and intercept of the identity line), and R² ranging from 0.93 to 0.95.

**CONCLUSION**

In comparison to MRS, M-MRI PFF using two to six echoes provides an accurate estimate of hepatic steatosis change in children with known or suspected NAFLD.

**CLINICAL RELEVANCE/APPLICATION**

M-MRI PFF may be used to evaluate hepatic steatosis changes in children since it shows strong agreement with MRS PFF.

**RC413-09** **Superb Microvascular Imaging for the Detection of Parenchymal Perfusion in Undescended Testes in Young Children**

Tuesday, Dec. 1 5:10PM - 5:20PM Location: S102AB

Participants

Mi-Jung Lee, MD, PhD, Seoul, Korea, Republic Of (Presenter) Nothing to Disclose
Yong Seung Lee, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Myung-Joon Kim, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Hyun Joo Shin, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

Superb Microvascular Imaging (SMI) is a novel, highly sensitive technique that can detect low velocity microvascular flow. The purpose of this study was to evaluate differences in perfusion of undescended testes (UDT) compared with normal testes in young children using this technique.

**METHOD AND MATERIALS**

Tuesday, Dec. 1 4:40PM - 5:00PM Location: S102AB

Participants

C. Matthew Hawkins, MD, Decatur, GA, (matt.hawkins@emory.edu) (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) To understand the spectrum of pediatric hepatobiliary disorders in which invasive imaging is required (using vascular and nonvascular interventional techniques). 2) To describe important hepatobiliary disorders where IR plays a central role in patient management (hepatic vascular malformations, vascular shunts, transplant issues). 3) To emphasize collaboration and communication between clinicians, diagnostic and interventional radiology in managing pediatric hepatobiliary disease.
We prospectively performed testicular ultrasonography including Power Doppler Imaging (PDI) and SMI in young children. The diagnosis of UDT or normal testes was determined according to physical examination by experienced pediatric urologists. Testicular size, volume, and microvascular flow for each testis were evaluated by both PDI and SMI. Microvascular flow was categorized into four grades: grade 0, no detectable intratesticular flow; grade 1, one or two focal areas of flow; grade 2, one linear or more than two focal areas of flow; and grade 3, more than one linear flow. Statistical analysis was performed to compare the differences between undescended and normal testes.

RESULTS

We imaged 40 testes from 20 boys (age, 2-29 months). Eleven boys had normal testes, seven had unilateral UDT, and two had bilateral UDT. The mean age was younger in boys with UDT (7.8 vs. 15.9 months, p < 0.001). Testis sizes and volumes were similar between the 29 normal and 11 UDT. However, SMI, but not PDI, detected differences in flow grades between the groups (p < 0.001). In univariate analysis, age (odds ratio [OR], 0.829; p = 0.012) and low grade flow on SMI (OR of grade 0, 51.886 with p < 0.001 and OR of grade 1, 14.29 with p = 0.017) were associated with UDT. These parameters were also significant in multivariate analysis (area under the curve, 0.892).

CONCLUSION

This study demonstrated decreased perfusion in the UDT in young children using SMI, which can be helpful for visualizing microcirculation and informing prognosis.

CLINICAL RELEVANCE/APPLICATION

Superb Microvascular Imaging (SMI) can demonstrate microcirculation that cannot be detected using conventional Doppler imaging in young children with undescended testes.

**Assessment of Pediatric Hydronephrosis via Quantitative Ultrasound Imaging**

**RC413-10**

Participants

Juan Cerrolaza, PhD, Washington, DC (Abstract Co-Author) Nothing to Disclose
Nora Lee, Washington, DC (Abstract Co-Author) Nothing to Disclose
Craig A. Peters, MD, Washington, DC (Abstract Co-Author) Nothing to Disclose
Marius G. Linguraru, DPhil, MS, Washington, DC (Presenter) Nothing to Disclose

**PURPOSE**

To create new ultrasound (US) based quantitative imaging (QI) biomarkers of pediatric hydronephrosis (HN) to identify thresholds of safety for the hydrenephrotic renal units where diuretic nuclear renography could be avoided.

**METHOD AND MATERIALS**

The retrospective dataset (IRB approved) consists of 50 patients (mean age 9.6 months; range 0-168 months) of variable severity (grade 1 to 4 according to the Society for Fetal Urology HN scale (SFU-HS)) with concurrent renal 2DUS imaging and diuretic renography (MAG-3). Mean differential uptake was: 49% (range 14-100%). Mean washout half time (T1/2) was: 37.3 min. (range 3 to >120 min.). Manual segmentation of renal parenchyma (RP) and collecting system (CS) was performed for calibration and algorithm development. 131 morphological parameters were computed (e.g. RP and CS size, curvature). Based on these parameters, machine learning techniques (support vector machines) were used to identify critical cases based on different T1/2 thresholds that would be clinically relevant at 20, 30 and 40 min. A best-fit model was derived for each threshold using optimal morphological parameters to categorize the renal units and receiver operating characteristic curve analysis was performed. For comparison similar thresholding was performed using the SFU-HS and the HN Index (HI).

**RESULTS**

For T1/2 thresholds of 20, 30 and 40 min. and at 100% sensitivity, the specificities were QI: 94, 70 and 74%, SFU-HS: 0, 39 and 33%, and HI: 52, 47, and 62%, respectively. Area under the curve values were QI: 0.98, 0.94 and 0.94, SFU-HS: 0.74, 0.78 and 0.88, and HI: 0.77, 0.78, and 0.80, respectively. The improvement obtained by the QI method was statistically significant (p < 0.05 in all the cases using McNemar's statistical test).

**CONCLUSION**

QI analysis of renal US allows to identify thresholds of clinically significant T1/2 with 100% sensitivity and clinically acceptable specificity. This technology can potentially and safely reduce the number of MAG-3 scans between 50 and 62%.

**CLINICAL RELEVANCE/APPLICATION**

QI analysis of renal US demonstrates higher diagnostic power than SFU-HS and HI, having the potential to provide robust assessment of HN non-invasively, minimizing the use of ionizing tests and reducing clinical cost.

**Comparison of Contrast-enhanced Voiding Urosonography (ceVUS) in Infants and Children Using Optison to Conventional Fluoroscopic Voiding Cystourethrography (VCUG): Preliminary Results**

**RC413-11**

Participants

Carol E. Barnewolt, MD, Boston, MA (Presenter) Nothing to Disclose
Jeanne S. Chow, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Catherine Stamosulis, PhD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Harriet J. Paltiel, MD, Boston, MA (Abstract Co-Author) Equipment support, Koninklijke Philips NV

**PURPOSE**

cEVUS is a radiation-free technique currently used in some European centers for diagnosis of vesicoureteral reflux (VUR) in children, but has not been adopted in the USA. There are no reports on the use of Optison, a second-generation US contrast agent available in the USA, for diagnosis of VUR. This study compares our early experience using Optison for ceVUS to conventional VCUG.
METHOD AND MATERIALS

We retrospectively reviewed 48 patients who underwent ceVUS with Optison immediately followed by VCUG for evaluation of fetal hydronephrosis (24), febrile UTI (16), solitary functioning kidney (5), urethral valves (2) and family history of VUR (1). 24 males and 24 females ranged in age from 2 days-10 years, median 5 months, (25th, 75th) quartiles (1.0, 11.5 months). Optison doses ranging from 0.125-1.25 cc were injected into 250 cc of saline and instilled via gravity through a urethral catheter into the bladder. Image clips of bladder, ureters and kidneys were obtained during bladder filling and voiding. Patients voided around the catheter and transperineal urethral images were obtained. A conventional VCUG was then performed. Studies were reviewed for presence of VUR. VUR grading for ceVUS was into the ureter (1), renal collecting system (2), upper tract dilation (3); for VCUG the International Grading system (I-V) was used.

RESULTS

No adverse events related to Optison occurred. Optimal visualization of the urethra, bladder and upper tracts during ceVUS was achieved with a contrast dose of 0.15 cc. Urethral images were obtained in 40/48 patients, with urethral anatomy well shown in all 40 (21M, 19F). Both studies were negative for VUR in 77/96 kidneys (80%), both positive in 7/96 (7%). In 12/96 (13%), ceVUS was positive and VCUG was negative. VUR by ceVUS was grade 1 (0), grade 2 (8), grade 3 (11). VUR by VCUG was grade I (0), grade II-III (2), grade IV-V (5). Compared to VCUG, ceVUS had a sensitivity for detection of VUR of 100% and specificity of 86%.

CONCLUSION

ceVUS with Optison was easily performed and well tolerated, with high sensitivity and relatively high specificity for diagnosis of VUR compared to VCUG, but without the need for ionizing radiation.

CLINICAL RELEVANCE/APPLICATION

The high-sensitivity, safety, and ease of performance of ceVUS using the US contrast agent Optison has the potential to largely replace conventional fluoroscopic VCUG for diagnosis of VUR which requires exposure to ionizing radiation. Further study is needed.

RC413-12  Pediatric Hypertension - The Radiologist's Role

Tuesday, Dec. 1  5:40PM - 6:00PM  Location: S102AB

Participants
Ethan A. Smith, MD, Ann Arbor, MI (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Have a broad understanding of causes of hypertension in children. 2) Understand the basic pathophysiology behind renin mediated hypertension. 3) Be familiar with the different imaging modalities available to evaluate suspected renin-mediated hypertension and to understand the advantages and limitations of these modalities.

ABSTRACT

Unlike adults, hypertension in children is most commonly secondary to an underlying condition. Renovascular hypertension accounts for between 5-10% of cases of pediatric hypertension and presents clinically with significantly elevated blood pressure, usually refractory to multiple medications. Renovascular hypertension is also associated with a variety of genetic syndromes, including neurofibromatosis type 1 and Williams syndrome. In patients with clinically suspected renovascular hypertension, imaging is employed to confirm the diagnosis, to characterize the renovascular abnormality and to guide surgical or endovascular therapy. Ultrasound with Doppler is the most frequently used initial imaging test, but has historically been thought to be unreliable due to suboptimal sensitivity and specificity. Computed tomography angiography (CTA) and magnetic resonance angiography (MRA) are both useful in the evaluation of suspected renovascular hypertension in adults, but may be less useful in children due to the frequency of intra-renal vascular abnormalities in children which are difficult to resolve with non-invasive imaging. Catheter based digital subtraction angiography remains the gold standard imaging test because of its superior temporal and spatial resolution, allowing for excellent visualization of both extra-renal (aorta, main renal artery) and intra-renal vascular lesions. It is important for the diagnostic radiologist to understand the differences between pediatric and adult renovascular hypertension, and to understand the strengths and weaknesses of the different imaging modalities available, in order to help guide the treatment of these patients.
Boost: Breast-Case-based Review (An Interactive Session)

Tuesday, Dec. 1 3:00PM - 4:15PM Location: S103AB

AMA PRA Category 1 Credits™: 1.25
ARRT Category A+ Credits: 1.50

Participants

Steven J. Chmura, MD, PhD, Chicago, IL (Presenter) Nothing to Disclose
Nora M. Hansen, MD, Chicago, IL (Presenter) Speakers Bureau, F. Hoffmann-La Roche Ltd
Karen Y. Oh, MD, Portland, OR (Presenter) Nothing to Disclose
Lucy Chen, MD, Chicago, IL (Presenter) Nothing to Disclose

Learning Objectives

1) Improve basic knowledge and skills relevant to radiation therapy use in breast cancer patients. 2) Apply information learned from provided breast cancer case scenarios to clinical practice. 3) Assess technological innovations and advances which can enhance clinical practice and problem-solving in the breast cancer population. 4) Apply principles of critical thinking to ideas from breast oncology experts and peers in the radiologic sciences.
LEARNING OBJECTIVES

1) Present latest advances in imaging of brain tumors with special emphasis on PET/MR Imaging. 2) Review strengths, pitfalls, and limitations of the advanced imaging methods in a case-based format. 3) Discuss key imaging methods and features to differentiate recurrent tumor and treatment effect and to identify brain tumor mimics.
PURPOSE
To compare accelerated real-time CMR using sparse sampling in space and time and non-linear iterative SENSE reconstruction (RT IS SENSE) with standard real-time CMR (RT) and standard segmented CMR (SEG) in a cohort of patients in persistent atrial fibrillation (AF), sinus rhythm, and healthy volunteers.

METHOD AND MATERIALS
A total of n=27 patients were included: 11 patients with AF (age: 67 ± 8 years), 10 patients in sinus rhythm (age 64 ± 12 years), and 6 healthy volunteers (age: 38 ± 11 years). CMR was performed at 1.5T (MAGNETOM Aera and Avanto, Siemens, Germany). Short axis 2D bSSFP cine images covering the left ventricle with 10 mm interslice gaps were acquired with the SEG (GRAPPA accel factor 2, TR 42msec, 1.8x1.8x6 mm3), RT (GRAPPA accel factor 3, TR 62msec, 3.0x3.0x9x7 mm3), and RT IS SENSE (accel factor 9.9-12, TR 42msec, 2.0x2.0x7mm3). Quantitative left ventricular (LV) functional analysis was performed. A reviewer blinded to acquisition type scored images for overall image quality and artifact using a 5-point Likert scale. All findings were compared using a repeated measures ANOVA with Bonferonni post-hoc correction for the entire cohort and AF and sinus subgroups.

RESULTS
In the combined cohort, RT IS SENSE image quality was superior to RT (4.4±0.8 vs. 3.7±0.5, p = 0.01), with a trend toward superiority relative to SEG (3.9±1.2, p = 0.10). There was no difference in artifact between RT IS SENSE (4.4±0.7) and RT (4.9±0.3, p = 0.18) or SEG (3.9±1.4, p = 0.16). In the sinus subgroup, RT IS SENSE image quality was higher than RT (4.9±0.3 vs 3.5±0.5, p = 0.001) and trended higher than SEG (4.3±1.1, p = 0.10). In the AF subgroup, RT IS SENSE image quality was superior to SEG (4.7±0.5 vs. 3.0±1.1, p <0.001) and trended toward superiority relative to RT (3.9±0.3, p = 0.09). There was reduced artifact in RT IS SENSE compared to SEG (4.4 ±0.7 vs. 3.0±1.2, p = 0.002). For the complete cohort and in subgroups, there was no significant difference between LV ejection fraction (p = 0.66) or cardiac volumes between any of the acquisitions.

CONCLUSION
Highly accelerated real-time CMR using sparse sampling with iterative SENSE reconstruction results in improved image quality and reduced artifact, especially in patients with persistent AF.

CLINICAL RELEVANCE/APPLICATION
Real-time CMR using sparse sampling and iterative SENSE reconstruction provides high image quality and improved temporal/spatial resolution relative to standard real-time CMR.

PURPOSE
To demonstrate the new technology of Fast Field-Cycling (FFC) MRI for T1-dispersion contrast imaging.

METHOD AND MATERIALS
We have designed and constructed two prototype human-scale scanners which use Fast Field-Cycling (FFC) to measure the T1-dispersion contrast.
variation of tissues' spin-lattice relaxation time (T1) as a function of magnetic field strength ("T1-dispersion"), in the range 0.001 T to 0.1 T. T1-dispersion is shown to be sensitive to disease state.

METHOD AND MATERIALS

In an FFC-MRI scanner the magnetic field B0 is switched between three levels during the scan. Initially B0 is set at a high level in order to polarize the spins. It is then switched to a low value for a time of the order of T1, so that the spins evolve. B0 is then switched back to a high value, gradients are applied and NMR signals detected. By repeating the pulse sequence at different "evolution" B0 values, T1-dispersion can be measured and employed as a contrast generator. Detection always occurs at the same field, so no retuning of radiofrequency coils is needed. The FFC-MRI scanner used was designed and constructed in-house, using commercially-available and home-built modules. The whole-body magnet uses a double coaxial design, in which the polarization and detection B0 fields are generated by a Halbach-ring permanent magnet (59 mT). This field is opposed by an inner "offset" resistive magnet in order to generate the lower, evolution B0 values. The evolution field is controlled by changing the current in the offset coil; switching between field levels can be done in ca. 30 ms. Measurements were made on healthy volunteers and on surgically-excised tissues from patients undergoing joint-replacement surgery (normal and osteoarthritic (OA) joints) and resection of breast and musculoskeletal tumours. Full ethical approval was granted, and patient consent was obtained.

RESULTS

Measurements on healthy volunteers show that good quality FFC-MRI images can be obtained. The figure shows inversion-recovery calculated-T1 FFC-MRI images of a volunteer's brain, at 49 mT and 59 mT evolution B0 values; total acquisition time was 28 min. T1-dispersion plots (T1 versus evolution B0) showed significant differences between normal and diseased tissues, in both OA and in cancer.

CONCLUSION

This work shows that FFC-MRI is a new imaging modality which can, for the first time, use T1-dispersion as an endogenous MR contrast mechanism which is invisible in conventional MR. Early results show sensitivity of T1-dispersion to disease state.

CLINICAL RELEVANCE/APPLICATION

Study shows relevance to osteoarthritis and cancer.

SSJ23-03  A Piecewise Model for Diffusion-weighted Imaging of Prostate at 1.5T

Tuesday, Dec. 1 3:20PM - 3:30PM Location: S404AB

Participants
Debo Zhi, BS, Hefei, China (Presenter) Nothing to Disclose
Nan He, Hefei, China (Abstract Co-Author) Nothing to Disclose
Fenfen Li, BS, Hefei, China (Abstract Co-Author) Nothing to Disclose
Bensheng Qiu, PhD, Hefei, China (Abstract Co-Author) Nothing to Disclose

PURPOSE

The aim of this study was to investigate four different diffusion imaging (DWI) models, including monoexponential diffusion model, biexponential diffusion model, statistical diffusion (SDM) model and diffusion kurtosis imaging (DKI) model, and to design a new piecewise model to precisely fit DWI signals of healthy prostate at 1.5 Tesla.

METHOD AND MATERIALS

DWI of prostate with multiple b-values ranging from 0 to 3000 s/mm² at 1.5 T was performed on 11 healthy young men. DWI signals were fitted into four diffusion models in the full range and the three segments of b-values respectively. The fitness degrees of the four diffusion models in the full range and the three segments of b-values were calculated for comparison, and then a new piecewise model for prostate DWI with different b-values was proposed.

RESULTS

In the full range of b-values, the calculated fitness results showed that the diffusion kurtosis and statistical diffusion model were better fitting than the monoexponential diffusion model. The biexponential diffusion model was as good as the diffusion kurtosis and statistical models and was better fitting than the monoexponential diffusion model. In the three b-value segments, the results showed that the biexponential diffusion model was better than the kurtosis and statistical models with b-values smaller than 500 s/mm² and larger than 1000 s/mm², and the kurtosis and statistical model were better than the biexponential diffusion model with b-value ranging from 500 to 1000 s/mm².

CONCLUSION

The four mathematical models revealed different diffusion behaviors on the three b-value segments, and can be combined into a piecewise diffusion model that can fit DWI signals of prostate more precisely. This new model could potentially reveal more biological characteristic that would be helpful for the diagnosis of prostate diseases.

CLINICAL RELEVANCE/APPLICATION

A piecewise model was proposed to precisely fit DWI decay signals, and could be applied to the data analysis, attributing to improvement of sensitivity and accuracy of diagnosis of prostate cancer.

SSJ23-04  Reduction in Metal Susceptibility Artifact from Hip Prostheses Using QISS with Fast Low Angle Shot Readout

Tuesday, Dec. 1 3:40PM - 3:50PM Location: S404AB

Participants
Ian Murphy, MBBCch, MRCS, Chicago, IL (Abstract Co-Author) Nothing to Disclose
Ioannis Koktzoglou, PhD, Evanston, IL (Abstract Co-Author) Research support, Siemens AG
Shivraman Giri, PhD, Chicago, IL (Abstract Co-Author) Employee, Siemens AG
Robert R. Edelman, MD, Evanston, IL (Abstract Co-Author) Research support, Siemens AG Royalties, Siemens AG
Marcos P. Botelho, MD, Chicago, IL (Presenter) Nothing to Disclose

**PURPOSE**

Quiescent-interval single-shot (QISS) magnetic resonance angiography (MRA) has been shown to be an accurate non-contrast technique for the evaluation of peripheral arterial disease (PAD). QISS MRA applies RF pulses to suppress background and venous signal and then relies on the quiescent interval to allow refreshment of arterial spins. The standard QISS technique uses a bSSFP readout. Unfortunately, the bSSFP readout is highly sensitive to off-resonance effects, which is problematic when QISS is used to evaluate elderly patients with PAD who also have prostheses, such as the one for hip or knee. In these patients, QISS MRA may be severely degraded in the vicinity of the prosthesis. We hypothesized that QISS MRA using a low angle shot (FLASH) readout would reduce these artifacts and thereby improve the depiction of the arteries located near the prosthesis.

**METHOD AND MATERIALS**

The study was approved by the IRB and used written, informed consent. Imaging was performed on a 1.5 Tesla system (MAGNETOM Avanto, Siemens AG, Erlangen, Germany). A standard body phantom with a femoral component hip prosthesis placed above the phantom was imaged to test the potential of QISS FLASH for reducing magnetic susceptibility artifact. No fat suppression was applied. Imaging was then carried out on patients with and without arterial disease.

**RESULTS**

A marked reduction was observed in the extent of the distortion caused by the metallic artifact using QISS with FLASH readout compared with bSSFP readout in 6 patients scanned at 1.5T (Figure 1). In two cases it allowed visualization of a vessel which was otherwise uninterpretable.

**CONCLUSION**

QISS using a high bandwidth FLASH readout reduces magnetic susceptibility artifact and improves image quality near metallic prostheses as compared with QISS using a bSSFP readout. Although the use of a high-bandwidth readout requires multiple signal averages to boost the signal-to-noise ratio, overall study time is only modestly increased since the FLASH readout is just needed for a limited region near the prosthesis.

**CLINICAL RELEVANCE/APPLICATION**

This new technique may allow non-contrast MRA evaluation of vessels and stenoses that would otherwise be obscured by artifact from hip prostheses and other metallic implants.

Participants
Debo Zhi, BS, Hefei, China (Presenter) Nothing to Disclose
Yuping Chen, Hefei, China (Abstract Co-Author) Nothing to Disclose
Bensheng Qiu, PhD, Hefei, China (Abstract Co-Author) Nothing to Disclose

**SSJ23-05 Comparison of Different Mathematical Models of Diffusion-weighted Imaging of Normal Prostate at 1.5 T and 3.0 T**

Tuesday, Dec. 1 3:40PM - 3:50PM Location: S404AB

**Participants**
Debo Zhi, BS, Hefei, China (Presenter) Nothing to Disclose
Yuping Chen, Hefei, China (Abstract Co-Author) Nothing to Disclose
Bensheng Qiu, PhD, Hefei, China (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To find out which diffusion-weighted imaging (DWI) model, including the monoexponential model, the biexponential model, the statistical diffusion model, the diffusion kurtosis model and the stretched-exponential model, can fit diffusion-weighted signals of healthy prostate precisely at 1.5T and 3.0T.

**METHOD AND MATERIALS**

Eighteen health subjects (ten subjects at 1.5T, eight subjects at 3.0T) were included in this study. DWI of prostate was performed with multiple b-values ranging from 0 to 2100s/mm². Region of interests (ROIs) were drawn on the transition zone of prostate guided by T2-weighted images. Five DWI models were fitted to diffusion-weighted decay signals using a nonlinear squares fitting algorithm of Levenberg-Marquardt. The degree of fitness and parameters of the five DWI models were calculated for comparison.

**RESULTS**

The fitting curves for prostate DWI signals of the five models showed that the diffusion-weighted signals at 3.0T decreased faster than that at 1.5T. The adjusted R-squares showed that compared with the monoexponential model, R-squares of the other four models were larger and the R-square of the biexponential model was the largest at both 1.5T and 3.0T. Parameters of the five models showed that the parameters at 3.0T were bigger than those at 1.5T, except the parameters of statistical diffusion model and diffusion kurtosis model.

**CONCLUSION**

Our study demonstrated the biexponential model, the statistical diffusion model, the diffusion kurtosis model and the stretched-exponential model fitted better than the monoexponential model and the biexponential model showed best fitness for the diffusion-weighted signals of healthy prostate at extended b-values at both 1.5T and 3.0T. The parameters of the other four models except for the monoexponential model maybe reveal more biological characteristic.

**CLINICAL RELEVANCE/APPLICATION**

Through the comparison of the five DWI models at 1.5T and 3.0T, we can find out which model fit the diffusion-weighted signals better and provide more parameters for diagnosis of prostate diseases.

Participants
Aleksandar Nacev, PhD, Bethesda, MD (Presenter) Nothing to Disclose
Ryan Hilaman, Bethesda, MD (Abstract Co-Author) Nothing to Disclose

**SSJ23-06 Increasing SNR in MRI with Multi-Tesla Pre-polarization Pulses**

Tuesday, Dec. 1 3:50PM - 4:00PM Location: S404AB

**Participants**
Aleksandar Nacev, PhD, Bethesda, MD (Presenter) Nothing to Disclose
Ryan Hilaman, Bethesda, MD (Abstract Co-Author) Nothing to Disclose
Improving signal-to-noise ratio (SNR) for MRI systems has traditionally been accomplished by increasing the static magnetic field, which increases the magnitude of the magnetization vector. Safety and manufacturing considerations limit the possibilities of constructing clinical MRI systems with very high static fields. An alternative approach to increasing SNR would be to apply a polarizing magnetic pulse prior to the application of a short imaging pulse sequence. Altering magnetic polarization prior to the application of an MR imaging pulse sequence with a pulsed electromagnet has long been used in earth-field (e.g., F Melton and VL Pollak, Rev Sci Instrum 1971) and field-cycling experiments (DJ Lurie et al., Mag Res. Imag. 2005). In those prior studies, the applied polarization field has either been low (e.g., been on the order of 50mT for earth field MRI) or has subtracted field strength from the main static field (in the case of field-cycling). In either prior case, the pre-polarization pulse would not lead to significant increases in SNR when added to a clinical MRI system. Alternatively, pulsed-power techniques with desktop-sized modules have attained high magnetic field magnitudes (e.g., 26T, see GS Nusinovich et al., J Infrared Milli Terahz Waves 2011), and therefore might be well suited for the development of compact clinical MRI high-performance systems that employed rapid magnetic pre-polarization.

**METHOD AND MATERIALS**

A cooled copper coil (energized by three car batteries) was switched with insulated-gate bipolar transistor crowbar circuitry (Eagle Harbor Technologies, Seattle WA) in order to yield 1,000 amps for several seconds, attaining transient fields of up to 4 T with adiabatic decay, followed by a spin-echo pulse sequence generated with a Radioprocessor-G system (SpinCore, Gainesville FL) in an 0.34-T static magnetic field.

**RESULTS**

SNR increased in expected concordance with the Bloch equation (r=0.95) with strength and duration of the pre-polarizing pulses.

**CONCLUSION**

Pre-polarized pulsed power techniques applied to low-static-field systems could yield SNR values comparable to high-field MRI devices, with low cost and physical foot-print.

**CLINICAL RELEVANCE/APPLICATION**

Cost-effective compact high-performance organ-specific MR systems (e.g., prostate, breast, brain) could be implemented with the addition of multi-Tesla pre-polarizing pulsed-power modules.
SS05-01 \( \text{Quantitative CT Imaging Features Improve Prediction of EGFR Mutation Status in Lung Adenocarcinomas} \)

Tuesday, Dec. 1 3:00PM - 3:10PM Location: S404CD

Participants
Jin Mo Goo, MD, PhD, Seoul, Korea, Republic Of (Moderator) Research Grant, Guerbet SA; Mark S. Parker, MD, Mechanicsville, VA (Moderator) Nothing to Disclose

Sub-Events

PURPOSE
To retrospectively identify the relationship between epidermal growth factor receptor (EGFR) mutation status, predominant histologic subtype, and computed tomographic (CT) characteristics in surgically resected lung adenocarcinomas in an Asian cohort patients.

METHOD AND MATERIALS
This study was approved by the institutional review board, with waiver of informed consent. Findings of preoperative chest CT were retrospectively evaluated in 385 surgically resected lung adenocarcinomas. 30 CT descriptors that characterized tumor location, size, shape, margin, density, enhancement, internal, external, and associated findings were assessed. EGFR mutations at exons 18 - 21 were determined by using a polymerase chain reaction (PCR)-based assay. Univariable and multivariable analyses were performed for this study. The area under ROC curve (AUC) was computed using the leave-one-out cross-validation method.

RESULTS
EGFR mutations were found in 168/385 patients (43.6%). Mutations were found more frequently among female, never smokers, and with lepidic predominant adenocarcinomas, intermediate pathologic grade, among tumors of smaller size, with spiculation, GGO or mixed GGO, air bronchogram, cavitation, vascular convergence, thickened adjacent bronchovascular bundles, and pleural retraction, and also among tumors without pleural attachment, well-defined margin, marked heterogeneous enhancement, severe peripheral emphysema, severe peripheral fibrosis, or lymphadenopathy (P < 0.05). The most important and significantly independent predictors of harboring EGFR activating mutation for the model with both clinical variables and CT features were never smokers, tumors of smaller size, with cavitation, homogeneous enhancement, and pleural retraction when adjusting for gender, pathologic grade, and thickened adjacent bronchovascular bundles. ROC curve analysis showed that clinical predictors combined with CT features (AUC = 0.76) were superior to clinical predictors alone (AUC = 0.61).

CONCLUSION
Quantitative CT imaging features of lung adenocarcinomas in combination with clinical predictors can predict EGFR mutation status better than clinical predictors alone.

CLINICAL RELEVANCE/APPLICATION
Selecting patients with high potential for EGFR mutations by combining imaging-based predictors with known clinical variable may result in a population with a greater sensitivity to EGFR-TKI treatment.

SS05-02 \( \text{18F-FDG Uptake as a Prognostic Factor for Tumor Recurrence in Patients with Pathologic Stage I Lung Adenocarcinomas} \)

Tuesday, Dec. 1 3:10PM - 3:20PM Location: S404CD

Participants
Ying Liu, MD, Beijing, China (Presenter) Nothing to Disclose
Ning Wu, MD, Beijing, China (Abstract Co-Author) Nothing to Disclose

PURPOSE
To analyze the 18F-FDG uptake features and the correlation between 18F-FDG uptake and tumor recurrence in patients with pathologic stage 1 lung adenocarcinomas.

METHOD AND MATERIALS
One hundred and seventeen patients with stage 1 lung adenocarcinomas proved by surgery were studied retrospectively. Eighty-
four patients had a subsequent follow-up. The tumors' SUVmax in different groups of size, density, tumor differentiation degree and T staging were analyzed by Kruskal-Wallis test. The correlations between the SUVmax and clinicopathologic factors were analyzed using Spearman rank correlation. The disease-free survival (DFS) periods in different clinicopathologic groups were estimated using the Kaplan-Meier method and Log-rank test.

RESULTS

The SUVmax of pathologic stage 1 lung adenocarcinomas were significantly different in different groups of size, density, tumor differentiation degree and T staging, respectively (P<0.01). The SUVmax was positively correlated with the size of the adenocarcinomas (P<0.01), and were both negatively correlated with the density and tumor differentiation degree (P<0.01). But there was no correlation with the tumor's T staging (P>0.05). The patients with an SUVmax of <2.5 had a much better DFS period than those with an SUVmax of ≥2.5 (P<0.05). The DFS periods showed no statistical differences in other clinicopathologic groups (P>0.05). But tumor with a poorly differentiated degree was associated with reduced DFS period compared with those with well differentiated degree (P<0.05).

CONCLUSION

18F-FDG uptake is correlated with the tumor differentiation degree, and has a prognostic value for predicting the tumor recurrence in the patients with pathologic stage 1 lung cancer. The patients with an SUVmax of <2.5 have a much better DFS periods than those with an SUVmax of ≥2.5.

CLINICAL RELEVANCE/APPLICATION

The level of metabolic activity observed with 18F-FDG uptake correlates with the probability of tumor recurrence in the patients with pathologic stage 1 lung cancer.

SSJ05-03 Evaluation of Texture Analysis Parameters in EGFR or ALK-Positive Advanced Non-Small Cell Lung Cancer (NSCLC)

Tuesday, Dec. 1 3:20PM - 3:30PM Location: S404CD

Participants

Caroline Caramella, MD, Villejuif, France (Presenter) Nothing to Disclose
Maria Virginia Bluthgen, Villejuif, France (Abstract Co-Author) Nothing to Disclose
Silvia Rossellini, Villejuif, France (Abstract Co-Author) Nothing to Disclose
Samy Ammari, Villejuif, France (Abstract Co-Author) Nothing to Disclose
Charlotte Leduc, MD, Villejuif, France (Abstract Co-Author) Nothing to Disclose
Francesco Facchinetti, Villejuif, France (Abstract Co-Author) Nothing to Disclose
Eva Haspinger, Villejuif, France (Abstract Co-Author) Nothing to Disclose
Charles Ferte, Villejuif, France (Abstract Co-Author) Nothing to Disclose
Stefan Michielis, Villejuif, France (Abstract Co-Author) Nothing to Disclose
Clarisse Dromain, MD, Villejuif, France (Abstract Co-Author) Nothing to Disclose
Jean-Charles Soria, Villejuif, France (Abstract Co-Author) Nothing to Disclose
Benjamin Besse, Villejuif, France (Abstract Co-Author) Nothing to Disclose

PURPOSE

The quantitative assessment of heterogeneity in tumor images through Texture Analysis is an emerging tool that can potentially provide a non-invasive prognostic biomarker. We investigated if Texture Analysis parameters derived from contrast-enhanced CT (CTTA) were associated with EGFR/ALK status and have a prognostic value in NSCLC patients treated with tyrosine-kinase inhibitors.

METHOD AND MATERIALS

The CT images of advanced NSCLC patients with EGFR mutation or ALK translocation treated with tyrosine-kinase inhibitors were retrospectively reviewed. CTTA using the filtration-histogram method was applied to the region of interest (ROI) in the primary tumor of the enhanced-CT by two independent operators to examine the inter-individual reproducibility. A wilcoxon test was used to correlate CTTA and EGFR / ALK status and a Cox model to evaluate the prognostic value of CTTA for overall survival. A p-value cutoff of 0.01 was used to adjust for multiple testing.

RESULTS

CTTA parameters were evaluated in CT scan from 68 patients recruited in 2 centers between 2008 and 2013, of whom, 80.9% (n=55) were EGFR mutated and 19.1% (n=13) ALK+ NSCLC. The CTTA measures were highly reproducible between the 2 operators as indicated by Bland-Altman plots and correlation values. The skewness of the distribution was significantly different between EGFR mutated and ALK+ tumors for coarse texture with spatial filter value 3.3 (p= 0.002), filter value 2.8 (p=0.001) and medium texture with spatial filter value 2.2 (p=0.004). The median follow-up time was 35 months; 39 deaths occurred. The A unit increase in skewness in coarse texture (2.8 spatial filter) was significantly associated with better survival with an univariate cox analysis (HR: 0.36 [0.2-0.69] p=0.002). A multivariate analysis adjusted by prognostic factors (PS, lymphocyte count, hepatic and adrenal metastasis) indicate a similar trend for better survival (HR: 0.40 [0.2-0.8] p=0.01).

CONCLUSION

CTTA parameters were reproducible between the 2 operators. The skewness was significantly different between EGFR mutated and ALK rearranged advanced NSCLC and may have a prognostic value.

CLINICAL RELEVANCE/APPLICATION

Texture analysis of CT images is a simple tool that has proven inter-individual reproducibility and that might have a potential to provide prognostic and molecular indicators to help clinicians in their treatment strategy.
METHOD AND MATERIALS

29 patients (male=14; median age=63.36y; range 48-76y) with grade IV COPD underwent chest-CT at our institution from January 2010 to November 2014. Two thin-slice (0.6mm) non-enhanced image data sets were acquired both at end-inspiration and end-expiration using helical technique (120 kV, 100-150 mAs). The software automatically identified the bronchial tree for quantitative bronchial lumen assessment (crossectional area) both at end-inspiration and end-expiration. Each bronchial lumen was measured at 0.5 cm after the offspring of a 3rd generation bronchus. Subsequently, the edges of the bronchial lumen were corrected hand drawn with using a hand free polygonal ROI. Lung lobes were semi-automatically segmented and the volumes of segmented lobes were calculated with using a hand free polygonal ROI. Lung lobes were semi-automatically segmented and the volumes of segmented lobes were calculated with using a hand free polygonal ROI. Lung lobes were semi-automatically segmented and the volumes of segmented lobes were calculated with using a hand free polygonal ROI.

PURPOSE

To assess the degree of bronchial lumen collapsibility in 3rd generation bronchi in COPD grade IV (GOLD) patients by using quantitative chest-CT (virtual bronchoscopy) in correlation with corresponding changes of lung volumes between end-inspiration and end-expiration.
RESULTS
Mean total lung volume decreased by 17.8% in expiration (6877 ± 1641 mL in inspiration and 5495 ± 1160 mL in expiration). Mean expiratory bronchial collapse was 15%. The degree of bronchial lumen collapsibility correlated well with the magnitude of volume reduction of the corresponding lobes (Spearman's r = 0.7, p = 0.001). Importantly, this correlation holds also true for the individual lobes. Considering also the emphysema phenotype, collapsibility and volume reduction were stronger for homogenous compared to heterogeneous emphysematous lobes (diameter reduction 13.1% vs 25.1%; volume reduction 14.2% vs 19.4%, respectively).

CONCLUSION
With about 15%, collapsibility of 3rd generation bronchi in COPD patients was significantly lower than that in the trachea and the main bronchi compared to earlier published data. Bronchial wall consistency (cartilage rings vs. cartilage + mebranous wall) seem to be the reason for these differences. The collapsibility correlated well with the reduction in lung volume.

CLINICAL RELEVANCE/APPLICATION
The degree and the sites of increased bronchial lumen collapsibility have severe clinical consequences for understanding and planning novel endobronchial therapies.

SSJ05-06  Sensitivity of Airway Wall Thickness Measurements: Influence of Small Airways
Tuesday, Dec. 1 3:50PM - 4:00PM Location: S404CD

Participants
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David A. Lynch, MBCh, Denver, CO (Abstract Co-Author) Research support, Siemens AG; Scientific Advisor, PAREXEL International Corporation; Consultant, Boehringer Ingelheim GmbH; Consultant, Gilead Sciences, Inc; Consultant, F. Hoffmann-La Roche Ltd; Consultant, Veracyte, Inc;
Eva M. Van Rikxoort, PhD, Nijmegen, Netherlands (Abstract Co-Author) Stock holder, Thirona BV Co-founder, Thirona BV

PURPOSE
Changes in the morphology of the airways contributes to lung function impairment in chronic obstructive pulmonary disease (COPD). Measurements of airway morphology might be influenced by the quality of the airway segmentation. In this study we investigate the stability of a commonly used airway measurement (Pi10) from CT scans for varying segmentation depths of the airways.

METHOD AND MATERIALS
Inspiratory low-dose thoracic CT scans of 267 subjects, well distributed over GOLD stages, were selected for this study. Airways were automatically extracted by a state-of-the-art segmentation method and manually corrected to ensure a leakage free segmentation. Airway wall thickness quantification was performed in orthogonal cross-sections every 1mm throughout the entire airway tree using an intensity-integration technique which accounts for partial volume effects. Using regression on all cross-sectional measurements, airway morphology was expressed as the square root of wall area at airways with a perimeter of 10mm (Pi10). To determine the sensitivity of the Pi10 measurement to the length of the segmented airway tree, sensitivity analysis was performed on Pi10 by leaving-out wall measurements of the smallest airways and recalculating the Pi10. For each subject, Pi10 regression analysis was repeated excluding airways with a lumen perimeter below 6mm, 8mm or 10mm. The recalculated Pi10 measurements were compared to the baseline Pi10.

RESULTS
The segmented airway trees consisted for 55% of airways with lumen diameters below 10mm, 19% below 8mm, and 1% below 6mm. The average baseline Pi10 of all subjects was 2.43 +/- 0.56 (range [1.40, 4.36]), which corresponds to an average airway wall thickness (for an airway with a lumen perimeter of 10mm) of 0.52mm +/- 0.21mm. By excluding airways with a lumen perimeter below 6, 8 or 10mm from the regression analysis, absolute changes in Pi10 were 0.003 +/- 0.004 (0.11%), 0.035 +/- 0.023 (1.46%), and 0.107 +/- 0.087 (4.6%), respectively, corresponding to changes in airway wall thickness (at 10mm lumen perimeter) of 0.001, 0.013, and 0.039mm.

CONCLUSION
The commonly used Pi10 measurement to express airway morphology from a CT scan is insensitive to the exclusion of smaller airways in the computation.

CLINICAL RELEVANCE/APPLICATION
When expressing airway morphology as Pi10, there is no need to (manually) adjust automatic airway segmentation methods to include smaller airways in order to obtain an accurate Pi10 measurement.
The Protecting Access to Medicare Act (2014) mandates that starting in Jan 2017, physicians ordering advanced diagnostic imaging exams must consult appropriate-use criteria through a Clinical Decision Support (CDS) system. We aimed to evaluate obstacles to broader application through a pilot.

Evaluation
We chose the Emergency Department (ED) as a closed, controlled but scalable environment. Based on a survey of 191 ED providers, PE-CTA studies were considered to be over-utilized by 78% of the respondents. An interdisciplinary committee developed a diagnostic pathway that combined established risk scores and local practice patterns. We then developed a Best Practice Alerts (BPA) within the Epic RIS ordering system (Epic Radiant, 2014) to provide guidance to healthcare providers based on the algorithm. This allowed us to incorporate data from the EHR and direct interactions with the ordering party via a check list. We also developed an automated reporting structure for quality performance measurement that allows for direct provider feedback and is scalable as CDS indications increase.

Discussion
The algorithm is integrated as a mandated questionnaire in every CTA-PE study order in the ED (figure). If answers are concordant with the clinical pathway, the study order will be placed without further interaction. If answers are discordant with the pathway, alternative scenarios are recommended. If the user agrees, orders are automatically adjusted. If they are rejected, a reason is required. From 01/2012 until 03/2015, 6,472 PE studies were performed in our EDs among which 8.3% were positive. 39% never had a d-dimer and 4% were conducted despite a negative d-dimer. Within 5 days of our BPA roll-out, 33 PE-CTAs were conducted. 73% were concordant with the recommendation, 6% were positive. In Nov 2015, we expect to have 1,400 studies with detailed analyses on appropriate use, study yield and user feedback.

Conclusion
Successful implementation of CDS requires broad awareness among the majority of hospital staff. Epic’s BPA provides an approach to quickly establish a local foundation while "off-the-shelf" applications are being reviewed.
Implementation of an Online Screening/Check-in Process Prior to MRI Studies: An Idea from the Airline Industry

Tuesday, Dec. 1 3:20PM - 3:30PM Location: S402AB

Awards
Trainee Research Prize - Resident

Participants
Ali Pirasteh, MD, Dallas, TX (Presenter) Nothing to Disclose
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Ivan Pedrosa, MD, Dallas, TX (Abstract Co-Author) Nothing to Disclose

PURPOSE
To evaluate whether implementing a web-based screening and check-in process for MRI appointments will improve the workflow and patient turn-around time and reduce the operational cost in the Radiology Department.

METHOD AND MATERIALS
This IRB-approved, HIPAA-compliant study consisted of a prospective collection of the interview/screening duration prior to MRI for all outpatients over a six-week period after implementation of an online screening (OS) questionnaire. 773 patients were divided into OS (200 patients; 86 male; average age 54.4 years) and traditional screening (TS) (573 patients; 255 male, average age 54.3 years) groups. Differences in interview/screening duration were calculated with a generalized linear model with log link function with additional adjustments for differences in prevalence of potential causes of delay between both groups. Impact on operational cost was calculated by the amount of extended working hours of technologist per day and reported in cost-savings per year.

RESULTS
26% of patients utilized the OS. The average interview/screening duration for the OS group (12.0 minutes, standard deviation (SD) = 7.1) was significantly lower than that of the TS group (14.1 minutes, SD = 12.3, p = 0.004); 2 minutes shorter (p = 0.03) adjusting for differences in prevalence of potential causes of delay between the two groups. There was no difference in the median interview/screening duration for the OS (10 min) and TS groups (11 min)(p = 0.18). The cost reduction in technologist working hours was $21,000 per year, assuming a 100% utilization rate of the OS process.

CONCLUSION
Implementation of an online screening process prior to MRI results in faster patient screening, has the potential to result in cost savings, and provides a patient-centered, more efficient solution for screening prior to MRI examinations.

CLINICAL RELEVANCE/APPLICATION
An online MRI screening system can be implemented as an effective method in reducing delays and patient interview turn-around, has high potential for reduction in costs and possible increase in patient satisfaction.

SSJ13-03
Detailed Workflow Analysis of PACS Usage Patterns by Means of Process Mining

Tuesday, Dec. 1 3:30PM - 3:40PM Location: S402AB

Daniel Forsberg, PhD, Linkoping, Sweden (Presenter) Nothing to Disclose
Beverly Rospka, Cleveland, OH (Abstract Co-Author) Nothing to Disclose
Jeffrey L. Sunshine, MD, PhD, Pepper Pike, OH (Abstract Co-Author) Research support, Siemens AG Travel support, Siemens AG Travel support, Koninklijke Philips NV Travel support, Sectra AB Travel support, Allscripts Healthcare Solutions, Inc

Background
Over the years, the radiological workflow has undergone large and much research has been devoted to how these changes affect the workflow and efficiencies. However, most of this research has focused on a very high level of the radiological workflow. In this work, we take on a much more detailed perspective as we analyze interaction patterns describing radiologists’ usage of.

Evaluation
Event logs (containing information about commands used in the PACS) from one week of data, corresponding to 567 cases of single view chest radiographs read by 14 radiologists, were extracted for analysis. For each case, number of commands, number of command classes and time to complete a read were recorded. Statistical analysis was applied to compute the correlation and to determine which factors of radiologist, specialty and time of read that affect these variables. Further, techniques from process mining were applied to the interaction patterns to discover process models and to analyze the complexity of the derived process models.

Discussion
The statistical analysis showed that the number of commands and command classes per case only have a slightly positive correlation with the time to read a case. The factors time of day, radiologist and specialty were shown to affect the number of commands per case, and where radiologist also affects the number of command types. Applying process mining to the event logs of all users showed that a seemingly ‘simple’ examination (single view chest radiographs) can be associated with a complex interaction process. However, repeating the process discovery on each individual radiologist revealed that the initially discovered complex interaction process consists of one group of radiologists with individually well-structured interaction processes and a second smaller group of users with increasingly complex usage patterns.

Conclusion
Detailed analysis of the workflow corresponding to the interaction patterns of radiologists reading examinations in a PACS presents a fresh opportunity for finding new areas of improvement of the radiological workflow.

SS131-05 No Patient Left Behind: Novel Application of Predictive Analytics to Improve Patient Access and Efficiency of Imaging Resources

Tuesday, Dec. 1 3:40PM - 3:50PM Location: S402AB

Participants
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Efren J. Flores, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose

PURPOSE
A missed care opportunity (MCO), defined as missing a health care appointment, impairs short and long term patient care. There are many factors that explain why MCOs occur. This study attempts to define a new paradigm for implementing value-based care in radiology: 'Patient connectivity' as a quantitative measure of patient access to healthcare resources. A real-world analogy is cell phone connectivity to a network - imagine the number of bars of reception. This study suggests a novel predictive model derived using machine learning techniques for quantification of "Patient Connectivity Index" (PCI) and prediction of MCOs in radiologic patient-care. This will allow us to better understand the patient population we serve and improve patient access by personalizing health care delivery.

METHOD AND MATERIALS
Data from 0.5 million outpatient radiologic exams performed at our institution in the calendar year 2014 was analyzed. Data was obtained and combined from Radiology Order Entry, Electronic Medical Record, City Data, and Google Maps. The dataset was divided into a learning (66%) and test set (33%). Multivariate multilevel regression analysis was used to define a "connectivity" measure based on these factors on the learning set, and the resulting predictive model was used to validate the accuracy of the model on the test set. Specifically, the following variables were implemented in this model: Age, Gender, Distance to hospital and transportation, Insurance, Primary Language, Ethnicity/Race, Time of year, ICD9 codes, and referral pattern.

RESULTS
Missing radiology appointments were significantly (p<0.01) associated with lower educational level, lower income, language barriers and certain ethnic backgrounds in our predictive model. The PCI (connectivity range 1-20%) could determine the predicted probability of MCOs with a good degree of accuracy.

CONCLUSION
Connectivity is a dynamic, multifactorial, co-dependent, and patient-specific measure of health care access. Many factors relate to another with linear and non-linear effects, resulting in MCOs. Moreover, external events and disease progression also affects PCI. This study suggests a predictive platform which will pinpoint bottlenecks to connectivity and facilitate specific interventions for increasing patient access and connectivity to the healthcare network.

CLINICAL RELEVANCE/APPLICATION
This work represents a tangible opportunity to deliver value-based imaging beyond the reading room.

**Personalized Characterization of Nodule Cancer Risk Beyond Lung-Rads 1.0 with NLST Data**

*Tuesday, Dec. 1 3:50PM - 4:00PM Location: S402AB*

**Participants**

- Michael A. Morris, MD, MS, Baltimore, MD (*Presenter*) Nothing to Disclose
- Jason M. Hostetter, MD, Baltimore, MD (*Abstract Co-Author*) Nothing to Disclose
- Babak Saboury, MD, MPH, Baltimore, MD (*Abstract Co-Author*) Nothing to Disclose
- James J. Morrison, MD, Novi, MI (*Abstract Co-Author*) Nothing to Disclose
- Kenneth C. Wang, MD, PhD, Baltimore, MD (*Abstract Co-Author*) Co-founder, DexNote, LLC; Nothing to Disclose
- Jean Jeudy JR, MD, Baltimore, MD (*Abstract Co-Author*) Nothing to Disclose
- Eliot L. Siegel, MD, Severna Park, MD (*Abstract Co-Author*) Research Grant, General Electric Company; Speakers Bureau, Siemens AG; Board of Directors, Carestream Health, Inc; Research Grant, XYBIX Systems, Inc; Research Grant, Steelcase, Inc; Research Grant, Anthro Corp; Research Grant, RedRick Technologies Inc; Research Grant, Evolved Technologies Corporation; Research Grant, Barco nv; Research Grant, Intel Corporation; Research Grant, Dell Inc; Research Grant, Herman Miller, Inc; Research Grant, Virtual Radiology; Research Grant, Anatomical Travelogue, Inc; Medical Advisory Board, Fovia, Inc; Medical Advisory Board, Toshiba Corporation; Medical Advisory Board, McKesson Corporation; Medical Advisory Board, Carestream Health, Inc; Medical Advisory Board, Bayer AG; Research, TeraRecon, Inc; Medical Advisory Board, Bracco Group; Researcher, Bracco Group; Medical Advisory Board, Merge Healthcare Incorporated; Medical Advisory Board, Microsoft Corporation; Researcher, Microsoft Corporation

**CONCLUSION**

Lung cancer risk within Lung-RADS categories is modified by additional nodule characteristics and patient historical information. A convenient interface for clinicians to interact with large datasets may aid in evaluating additional characteristics affecting the risk of lung cancer compared to a matched cohort in real time.

**Background**

Lung-RADS 1.0 was developed as a criteria to modernize and standardize recommendations for lung nodule follow-up for patients eligible for lung cancer screening which builds on the Fleischner Society recommendations. A custom web interface previously showed additional patient characteristics from the NLST clinical dataset could provide a more personalized prediction of cancer risk. In this follow-up study, the authors use the same approach if additional characteristics could improve the Lung-RADS prediction from matched cohorts.

**Evaluation**

A custom web based interface to allow the user to interact with the NLST clinical dataset in real time was created. The largest nodule in each lobe for each patient was organized by slice number and location. These nodules were tracked until cancer was diagnosed or until the last screening study available. If cancer originated in the same lobe as a nodule, the nodule was considered malignant. Lung-RADS categories predict cancer risks that range from <1% for category 2 nodules to >15% for category 4B and 4X nodules. The occurrence of cancer diagnosis was compared to the Lung-RADS predicted rate across matched cohorts with similar personal histories and nodule characteristics. The web interface allows users to compute a personalized cancer risk based on these additional discriminators by querying the NLST dataset for matched cohorts in real time.

**Discussion**

Lung-RADS characterizes nodules with greater detail than the Fleischner Criteria, however features that increase suspicion for malignancy are not clearly defined and additional factors that may significantly modify cancer risk such as a patient's personal history are excluded. Harnessing large datasets such as the NLST could aid in comparing matched cohorts to identify additional important factors in further personalizing the prediction for a nodule's cancer risk.
Remote 4D MR Flow Assessment of Aortic Valve Regurgitation

Tuesday, Dec. 1 3:00PM - 3:10PM Location: S502AB

Participants
Leena Mammen, MD, Grand Rapids, MI (Moderator) Nothing to Disclose
Scott R. Akers, MD, PhD, Philadelphia, PA (Moderator) Nothing to Disclose
Diana Litmanovich, MD, Haifa, Israel (Moderator) Nothing to Disclose

Sub-Events
SSJ03-01  Remote 4D MR Flow Assessment of Aortic Valve Regurgitation

Tuesday, Dec. 1 3:00PM - 3:10PM Location: S502AB

Participants
Raluca G. Saru, MD, Rotterdam, Netherlands (Presenter) Nothing to Disclose
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Laurens E. Swart, MD, Rotterdam, Netherlands (Abstract Co-Author) Nothing to Disclose
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Koen Nieman, MD, PhD, Rotterdam, Netherlands (Abstract Co-Author) Speakers Bureau, Siemens AG Speakers Bureau, Toshiba Corporation Research Grant, Bayer AG Research Grant, General Electric Company

METHOD AND MATERIALS

Between June 2014 and January 2015 patients planned for clinical CMR were consecutively approached to undergo the 4D Flow examination. The 4D Flow data was uploaded to a dedicated web-based software application for eddy-currents correction, interactive visualization of the anatomical and flow components, and detection and grading of the aortic regurgitation. The diagnostic characteristics of 4D MR Flow were evaluated against TTE.

RESULTS

Fifty-four patients were included. The agreement between 4D Flow and TTE for the grading of AR was good (κ=0.726). For detection of any degree of AR, 4D MR Flow had a sensitivity of 94.4% (81.3-99.2), a specificity of 72.2% (46.5-90), and a positive (PPV) and negative predictive value (NPV) of 86.7% (59.5-97.9) and 87.1% (72.6-95.7) respectively. To identify clinically relevant moderate or severe AR, 4D Flow MR had a sensitivity of 100% (40.2-100), specificity of 98% (89.3-99.7), PPV of 80% (28.8-96.7) and NPV of 100% (92.7-100).

CONCLUSION

Aortic regurgitation can be detected and graded accurately using 4D Flow in comparison to TTE. The use of a remote application with advanced data correction, integrated with interactive imaging tools allowed for interpretation of the 4D Flow data.

CLINICAL RELEVANCE/APPLICATION

The potential advantages of a 4D Flow protocol are that during a free-breathing acquisition of 7-10 minutes, flow sensitive information in all three dimensions is acquired for the entire thorax. Without a need to specify beforehand, or assistance during the examination, flow can be retrospectively measured anywhere and in any direction within the thorax. While 2D sequences measure flow in a static plane, 4D Flow allows for continuous alignment of the measurement plane to the position of moving structures (e.g. valve annulus). In case of regurgitation jets that change direction throughout the heart cycle, 4D Flow imaging can provide more complete visualization.
Mean AVA derived by 3D planimetry, 2D planimetry, and echocardiography were 0.77 ± 1.04 cm², 0.72 ± 1.16 cm², and 0.75 ± 0.32 cm², respectively.

Intra- and interobserver agreements were determined by using the intraclass correlation coefficient (ICC).

Receiver operating characteristic (ROC) curve were calculated. Sensitivity for accurate measurement and specificity for high accuracy measurement were determined by using the continuity equation.

Participants

Mean ± SD aortic valve area, diameter, and thickness were 0.77 ± 1.04 cm², 0.77 ± 1.16 cm², and 0.75 ± 0.32 cm², respectively.

RESULTS

Mean ± SD aortic valve area, diameter, and thickness were 0.77 ± 1.04 cm², 0.77 ± 1.16 cm², and 0.75 ± 0.32 cm², respectively.

CONCLUSION

We describe normative CT values for the D-shaped mitral annulus. Moreover, we demonstrate differences in and varied drivers of annular dimensions in patients with MVP and FMR who are being considered for transcatheter mitral therapy.

CLINICAL RELEVANCE/APPLICATION

The data presented provides useful information regarding annular sizing using cardiac CT for the purposes of TMVI.
Association between Geometric Distribution of Wall Shear Stress and Aortic Dilatation in Patients with Aortic Stenosis: Comparison between TAV and BAV

Participants
Hojin Ha, Seoul, Korea, Republic Of (Presenter) Nothing to Disclose
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Joon-Won Kang, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Tae-Hwan Lim, MD, PhD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

PURPOSE
Although abnormal wall shear stress (WSS) distribution is suspected to have a significant role on the development of the aortic dilatation, the relationship between hemodynamics characteristics and aortic dilatations is not fully understood yet. The present study investigates the association between the WSS distributions and aortic dilatations in aortic-stenosis (AS) patients with tricuspid aortic valves (TAV) and bicuspid aortic valves (BAV).

METHOD AND MATERIALS
A total of 54 moderate and severe AS-patients (TAV=32, BAV=22) who underwent cardiac computed tomography (CT) and phase contrast magnetic resonance imaging (PC-MRI) at the ascending aorta were retrospectively collected. For calculation of WSS, 2D velocity profiles were extracted from PC-MRI at the level of ascending aorta. Then, a total of 360 velocity line-profiles were extracted from the center of the vessel to the wall with 1 degree angular increments. Aortic diameter was measured at 10 levels from aortic annulus to distal descending aorta using CT. Differences of the aortic diameters and WSS distributions between TAV and BAV were statistically analyzed using student t-test. Association between aortic diameter and regional WSS at the level right pulmonary artery were evaluated using linear regression.

RESULTS
Patients with BAV showed more asymmetric systole blood flow compared to those with TAV (center of flow r/R: 0.59±0.11 vs. 0.67±0.10, p=0.018). As a result, AS patients with BAV has significantly higher systolic WSS (0.55±3.14 Pa vs. 2.91±3.20 Pa, p=0.009) at the right-posterior region and lower systolic WSS (1.12±3.36 vs. 3.12±3.36, p=0.044) at the left and left-posterior regions of the ascending aorta. In accordance with the increased WSS distribution, AS patients with BAV are found to have larger diameters of the ascending aorta compared to those with TAV (BAV vs. TAV: 43.7±7.2 mm vs. 34.1±4.8 mm, p <0.001). Linear regression between the aortic diameter and systolic WSS shows that the increment of the WSS represents about 14% of the aortic dilatation.

CONCLUSION
Among patients with aortic stenosis, patients with BAV showed more eccentric WSS and larger aortic diameter as compared to those with TAV at the level of ascending aorta. Eccentric distribution of WSS showed significant correlation with aortic diameter.

CLINICAL RELEVANCE/APPLICATION
WSS may be used to predict future risk of aortic dilatation in patients with aortic stenosis.

Multidetector-row Computed Tomography in Patients with Suspected Prosthetic Valve Dysfunction: A Prospective Study

Participants
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Lex Van Herwerden, Utrecht, Netherlands (Abstract Co-Author) Research Consultant, St. Jude Medical, Inc
Ricardo P. Budde, MD, PhD, Utrecht, Netherlands (Abstract Co-Author) Nothing to Disclose

PURPOSE
Mean AVA derived by 3D planimetry, 2D planimetry, and echocardiography were 0.77 ± 1.04 cm², 0.72 ± 1.10 cm², and 0.72 ± 0.32 cm², respectively. The ICC value of 3D planimetry was higher than 2D planimetry [0.799 (CI, 0.691-0.869) vs. 0.743 (CI, 0.605-0.832)] with echocardiographic EAO as the standard of reference. The grade of image quality of 3D planimetry was superior to 2D planimetry (3.65 ± 0.65 vs. 3.17 ± 0.65). The correlation coefficients of maximum peak velocity on velocity-encoded cine MR imaging with 3D planimetry and that with 2D planimetry were 0.42 (p < 0.05) and 0.35 (p < 0.05). Intra- and interobserver agreements for 3D planimetry were excellent [ICC = 0.949 (CI, 0.881-0.979) and 0.846 (CI, 0.636-0.935), respectively; both, p = 0.000].

CONCLUSION
Novel application of high-resolution 3D SSFP breath-hold MR imaging enables planimetry of AVA in patients with valvular aortic stenosis with better image quality than 2D planimetry with conventional cine MR imaging.

CLINICAL RELEVANCE/APPLICATION
Our findings support the validity of 3D planimetry at accurate assessment of the severity of aortic valve stenosis.
**PURPOSE**

To systematically assess the role of retrospectively ECG-gated multidetector-row computed tomography (MDCT) for the evaluation of patients with suspected prosthetic heart valve (PHV) dysfunction.

**METHOD AND MATERIALS**

We performed a prospective cross-sectional study and enrolled patients consecutively during their clinical presentation in two university hospitals. Inclusion criteria were: 1. Aortic PHVs with an increase (>20mmHg) of the max. transprosthetic pressure gradient (TPG), 2. Mitral PHVs with a high mean TPG (>10mmHg), 3. Abnormal (peri)valvular leakage, 4. Leaflet restriction on fluoroscopy (>5 degrees) or 5. Clinical abnormalities likely due to PHV-dysfunction (e.g. stroke). All patients underwent transthoracic (TTE) and transesophageal (TEE) echocardiography ± fluoroscopy (routine diagnostic work-up). Additional cardiac retrospectively ECG-gated MDCT imaging was performed on a 256-slice or 64-slice MDCT scanner in all patients.

**RESULTS**

Forty-two patients were included (mean age 62±13 years) with 40 mechanical and 9 biological PHVs (34 aortic, 15 mitral). Main reasons for suspected dysfunction were: aortic TPG increase (n=20, 48%), clinical abnormalities (n=14, 33%) and/or abnormal (peri)valvular leakage (n=12, 29%). Median radiation exposure was 11.6 mSv (interquartile range 10.8-14.4), 40 patients (95%) were imaged on the 256-slice scanner. MDCT detected one or more PHV-related pathologies in 32/42 (76%) patients: pannus (n=11), thrombus (n=5), pannus/thrombus (n=2), PHV angulation (n=2), left ventricular outflow tract obstruction (n=4), paravalvular leakage (n=7), pseudoaneurysms (n=2), bioprosthesis degeneration (n=1), native annulus remnant (n=1), patient prosthetic mismatch suspicion (n=2) and restricted leaflet motion of unknown cause (n=3).

**CONCLUSION**

In this prospective study, MDCT imaging revealed a morphological substrate in 32/42 (76%) patients with suspected PHV dysfunction and showed a valuable imaging tool for PHV evaluation.

**CLINICAL RELEVANCE/APPLICATION**

Additional MDCT imaging allows identification of the underlying pathology in the diagnostic work-up of suspected PHV dysfunction.

**SS303-06 CT-Angiography Prior to Transcatheter Aortic Valve Replacement (TAVR) - Identification of Different Parameters Leading to a Post-interventional Valvular or Para-valvular Leak**

Tuesday, Dec. 1 3:50PM - 4:00PM Location: SS02AB

Participants

Florian Wolf, MD, Vienna, Austria (Presenter) Nothing to Disclose
Carmen Fischer, Vienna, Austria (Abstract Co-Author) Nothing to Disclose
Dietrich Belzke, MD, Vienna, Austria (Abstract Co-Author) Nothing to Disclose
Philip Kresl, Vienna, Austria (Abstract Co-Author) Nothing to Disclose
Sabine Scherzer, Vienna, Austria (Abstract Co-Author) Nothing to Disclose
Christian Loewe, MD, Vienna, Austria (Abstract Co-Author) Speaker, Bracco Group Speaker, Guerbet SA Speaker, General Electric Company Speaker, Medtronic, Inc Speaker, Bayer AG Speaker, Siemens AG

**PURPOSE**

The purpose of this study was to identify pre-interventional factors by means of CT-Angiography, which could predetermine the incidence of a significant post-interventional paravalvular or valvular leakage (PVL) in TAVR patients.

**METHOD AND MATERIALS**

In this retrospective study 160 datasets of patients that underwent TAVR from 2007 until 2013 were analyzed. In 87 patients (36 male, 51 female, mean age 82,6 years, range 63-95 years), all necessary post-interventional echocardiographic datasets were available to evaluate the degree of aortic insufficiency up to 30 days after TAVR (mild, moderate, severe - moderate to severe aortic insufficiency was rated as clinically significant). Using the CT-Datasets following parameters were evaluated: diameter (D) and area of the annulus, distance between the annulus and the right and left coronary artery, respectively, valve calcification degree (no, mild, moderate, severe calcification), cover index (100 × [prosthesis D - D_mean Annulus]/prosthesis D) and eccentricity indices (D_meanAnnulus - D_areaAnnulus and D_maxAnnulus - D_minAnnulus). Data was statistically analyzed by means of linear and multivariate regression analysis and correlated with degree of post-interventional aortic insufficiency.

**RESULTS**

CoreValve- and Edwards Sapien prostheses were implanted in 20 and 67 patients, respectively. In 94,3% of the patients a post-interventional PVL of any degree within 30 days was detected by echocardiography. Degree and rate of PVL was not different between the CoreValve or Edwards Sapien System. Univariate regression analysis reported a sole significant (p=0.01) reverse relationship between the cover index and severity of post-interventional PVL. All other parameters showed no significant correlation with degree of PVL. In patients with a prosthesis oversizing of at least 15% no clinical relevant PVLs were detected.

**CONCLUSION**

In this study the cover index is the strongest and sole predictor of post-interventional PVL in TAVR patients. A certain degree of prosthesis oversizing may be required to reduce the incidence of PVL.

**CLINICAL RELEVANCE/APPLICATION**

Pre-interventional identification of factors leading to a post-interventional PVL could help to develop strategies to reduce rate of post-interventional PVL.
PURPOSE
To investigate the diagnostic value of T2-mapping in patients with acute myocarditis (ACM) and to define an appropriate cut-off value for edema detection.

METHOD AND MATERIALS
CMR data of 35 patients with clinically suspected ACM and confirmation of diagnosis by CMR according to the Lake Louise criteria were retrospectively analyzed. 30 healthy volunteers (HV) served as a control. All patients and HV were examined on a clinical 1.5T scanner, where - in addition to the routine CMR protocol - a breathhold Gradient Spin Echo (GraSE) T2-mapping sequence had been acquired at a basal, midventricular and apical slice in short axis view. T2-maps were segmented according to the 16-segments AHA-model and segmental T2 values as well as the segmental pixel-SD were analyzed. Statistical analysis was conducted using independent t-test, multiple logistic regression analyses, random forests, and decision trees.

RESULTS
Means of global myocardial T2 or pixel-SD showed only small differences between HV and ACM patients (T2: 58.7 ± 0.3 ms vs. 63.1 ± 0.4, p < .001; pixel-SD: 7.7 ± 0.1 vs. 8.6 ± 0.2, p < .001), lying in the observed normal range of HV. In contrast, variation of T2 values as well as of pixel-SD was much larger in ACM patients compared to HV. In random forests and multiple logistic regression analyses, the combination of the highest segmental T2 value within each patient (maxT2) and the mean absolute deviation (MAD) of log-transformed pixel-SD (madSD) over all 16 segments within each patient proved to be the best discriminators between HV and ACM patients with an AUC of 0.85 in ROC-analysis. In decision trees, a cut-off of 0.22 for madSD and of 67.7 ms for maxT2 resulted in 83% specificity and 97% sensitivity for classification between HV and ACM, even when not taking into account Lake Louise criteria.

CONCLUSION
The proposed cut-off values for maxT2 and madSD in the setting of ACM allow edema detection with high sensitivity and specificity and in a quantitative manner. The two parameters have the potential to overcome the hurdles of T2-mapping for its integration into clinical routine and should be validated in a greater patient cohort.

CLINICAL RELEVANCE/APPLICATION
Myocardial edema is an important factor not only in ACM. T2-mapping promises to be a quantitative approach in edema imaging, overcoming some limitations of qualitative edema assessment.
3D-Dixon MRI Based Volumetry of Peri- and Epicardial Fat

Tuesday, Dec. 1 3:20PM - 3:30PM Location: SS04AB

Participants
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Alois Martin Sprinkart, MSc, Bonn, Germany (Abstract Co-Author) Nothing to Disclose

PURPOSE
There is growing evidence that pericardial and epicardial fat volume (PFV, EFV) are associated with cardiovascular risk. The aim of this study was to develop a novel approach to accurately measure PFV and EFV using a 3D-Dixon based MRI approach.

METHOD AND MATERIALS
A cardiac triggered and respiratory navigator gated 3D-gradient echo pulse sequence (TR=5.4ms, TE1/TE2 = 1.8/4.0ms, α=20°, voxel size 1.5x1.5x3.0mm3) was developed for cardiac Dixon imaging. Based on this sequence fat fraction maps were computed. After correction for relaxation effects and setting of an appropriate noise threshold, voxels with more than 50% signal from fat were added for volumetry. Validation of the measurement accuracy was performed in a phantom consisting of muscle tissue and five different known volumes of fat (50-200ml). The proposed sequence was acquired in 34 healthy volunteers (22 male, BMI range 14-42 kg/m², age range 21-79y) at 1.5T (Ingenia, Philips). Analysis was performed independently by two readers by drawing two 3D-volume regions of interests, one for EFV and one for PFV. Additionally, EFV and PFV were compared between overweighted and non-overweighted (BMI >25kg/m² and BMI <25kg/m², n=17 each) with 42 kg/m², age range 21-79y) at 1.5T (Ingenia, Philips). Analysis was performed independently by two readers by drawing two 3D-volume regions of interests, one for EFV and one for PFV. Additionally, EFV and PFV were compared between overweighted and non-overweighted subjects.

RESULTS
The overall prT1 and poT1 values and ECVF were 1006 ± 291.5 ms, 454.2 ± 38.5 ms, and 0.24 ± 0.04, respectively. There was significant difference between apical segments and mid-basal segments in poT1 value and ECVF (p<0.03) and between mid-septal segments and mid-lateral segments in T1 values and ECVF (p<0.04). ECVF showed reverse correlation with LV mass (R=0.002). There was significantly lower poT1 value (449 ± 35.6 ms) and higher ECVF (0.24 ± 0.04) in subjects with hypertension compared with those (459 ± 43.3 ms and 0.23 ± 0.02) of subjects without hypertension (p<0.05). Subjects with DM showed no difference in all T1 values from subjects without DM or hypertension, except poT1 values in mid-septal segments (447 ± 23.6 ms vs 459 ± 45.6 ms, p<0.02). Subjects with both risk factors showed no difference in all T1 values from subjects without DM or hypertension, except prT1 value between apical septal and lateral segments (1007 ± 126 ms vs 999 ± 156 ms, p=0.03).

CONCLUSION
The septal wall showed higher prT1 value and ECVF but lower poT1 value than the lateral wall of mid- and basal levels. PoT1 value and ECVF are significantly affected by hypertension and LV mass.

Clinical Relevance/Application
Normal range of T1 values and ECVF and their segmental variation should be differentiated from myocardial pathologic conditions. Moreover the cardiovascular risk factors may affect T1 values, ECVF, and LV function in asymptomatic subjects before cardiovascular symptoms develop.
valuable tool for cardiovascular risk stratification.

**SS304-04 Reproducibility of Cine Displacement Encoding with Stimulated Echoes (DENSE) in Human Subjects**

Tuesday, Dec. 1 3:30PM - 3:40PM Location: S504AB

Participants
Kai Lin, MD, MSc, Chicago, IL (Presenter) Nothing to Disclose
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James C. Carr, MD, Chicago, IL (Abstract Co-Author) Research Grant, Astellas Group Research support, Siemens AG Speaker, Siemens AG Advisory Board, Guerbet SA

**PURPOSE**

To test the hypothesis that two-dimensional (2D) displacement encoding via stimulated echoes (DENSE) is a reproducible technique for the depiction of segmental myocardial motion in human subjects.

**METHOD AND MATERIALS**

Following the approval of the institutional review board (IRB), 10 healthy volunteers without documented history of cardiovascular disease were recruited. For each participant, 2D DENSE were performed twice (at different days) and the data were obtained at basal, midventricular and apical levels of the LV with a short-axis view. The first and second principal strains (E1 and E2), radial thickening strain (Err), circumferential rotating strain (Ecc), twist and torsion were calculated. The intra-, inter-observer and inter-study variabilities were evaluated using coefficient of variation (CoV) and intra-class correlation coefficient (ICC).

**RESULTS**

In total, there are 160 pairs of myocardial segments (from 2 scans on 10 subjects) for quantitative analysis and comparison. Figure 1 shows an example set of DENSE images demonstrating myocardial displacement maps from a single subject for scan #1 and #2. The images demonstrated similar image quality and systolic displacement patterns for both acquisitions. These observations were confirmed by segment-by-segment comparisons which showed no significant difference in peak Ecc, E1, E2, twist and torsion between two sequential scans. A difference in radial strain was noted, Err (0.43 ± 0.22 vs. 0.38 ± 0.19, p = 0.008). There was good scan-rescan reproducibility of peak Ecc (CoV = 20.59%, ICC = 0.815, p < 0.001), E2 (CoV = 14.85%, ICC = 0.757, p < 0.001), twist (CoV = 34.12%, ICC = 0.911, p < 0.001) and torsion (CoV = 11.07%, ICC = 0.818, p < 0.001). There was moderate scan-rescan reproducibility of Err (CoV = 36.36%, ICC = 0.664, p < 0.001) and E1 (CoV = 32.74%, ICC = 0.646, p < 0.001). The figure shows similar segmental patterns for all indices, significant differences only for 2 apical segments between two scans.

**CONCLUSION**

DENSE is a reproducible MRI technique for characterizing regional myocardial motion on a per-segment basis in human subjects.

**CLINICAL RELEVANCE/APPLICATION**

In the present study, we demonstrated the overall reproducibility of DENSE for the description of LV motion on a per-segment basis for human subjects.

**SS304-05 The Relationship between the Transluminal Attenuation Gradient (TAG) Measured from Coronary CT Angiography (CTA) and Coronary Blood Flow: Validation in Left- versus Right-Dominant Circulation**

Tuesday, Dec. 1 3:40PM - 3:50PM Location: S504AB

Participants
Dimitris Mitsouras, PhD, Boston, MA (Presenter) Research Grant, Toshiba Corporation; Speakers Bureau, Toshiba Corporation
Rani S. Sewatkar, MBBS, Edison, NJ (Abstract Co-Author) Nothing to Disclose
Mukta Agarwal, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Andreas Giannopoulos, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Marcus Y. Chen, MD, Bethesda, MD (Abstract Co-Author) Institutional research agreement, Toshiba Corporation
Frank J. Rybicki III, MD, PhD, Ottawa, ON (Abstract Co-Author) Research Grant, Toshiba Corporation;
Elizabeth George, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Michael Cheezum, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

TAG characterizes the dropoff in contrast enhancement across a coronary artery in a CT angiogram. We sought to validate a theoretical relationship to coronary flow using the known relationships of physiologic flow amongst the three main coronary arteries.

**METHOD AND MATERIALS**

We hypothesized that during changing inflow contrast concentration (eg, during bolus up-/down-slope), TAG relates to volumetric flow as $Q=\text{Lumen Area} \times \text{Inflowing Contrast Enhancement Change}/\text{TAG}$. TAG and relative flow metrics using this equation were calculated in 25 patients with <25% diameter stenoses imaged with 320-row CTA (AquilionOne, Toshiba), and compared between those with right- (RD) vs left-/co-dominant (LD) circulation. Lumen area was determined for the arterial bed. Inflowing contrast enhancement change during the CTA was estimated in the ascending aorta. TAG-derived flow was averaged for each major coronary artery of LD and RD patients separately, and compared to invasively-measured flows reported in the PREDICTION trial (n=496 patients; Sakamoto et al, Am J Cardiol 2013;111:1420-). We sought to validate a theoretical relationship to coronary flow using the known relationships of physiologic flow amongst the three main coronary arteries.

**RESULTS**

20 patients were RD and 5 LD. In those with bolus tracking images, TAG-derived flow in the LAD and LCX was within 4-16% of physiologic values; RCA flow was over/underestimated by 21-40%. In terms of physiologic LD/RD ratios, TAG-derived flow in the...
CONCLUSION

The TAG in coronary arteries appears inversely proportional to resting coronary flow. Knowledge of the temporal change of inflow contrast concentration further enables derivation of coronary flow from TAG.

CLINICAL RELEVANCE/APPLICATION

Knowledge of the relationship of TAG to coronary flow can enhance detection of functionally significant CAD. We have used this relationship to increase TAG accuracy for predicting a significant invasive fractional flow reserve (FFR<0.8), and to obtain more accurate hyperemic blood flow boundary conditions for FFR-CT estimation via computational fluid dynamics.

PURPOSE

The aim of this study was to evaluate the diagnostic performance of the combined assessment of coronary computed tomography angiography (CTA) and quantitative myocardial CT perfusion (CTP) to identify obstructive coronary artery disease (CAD).

METHOD AND MATERIALS

The study group comprised consecutive 34 patients (mean age 68.7 years) who underwent combined CT protocol and cardiac magnetic resonance (CMR) prior to invasive coronary angiography (ICA). CT scan protocol consisted of pharmacological stress dynamic myocardial CTP and coronary CTA using 256-slice CT. Obstructive CAD was defined as stenosis>=50% on ICA with a corresponding myocardial ischemia on CMR. Quantitative CTP assessment was performed with myocardial blood flow (MBF), which was calculated by model-based deconvolution method using semi-automated prototype software (FUJIFILM RI Pharma Co., Ltd., Tokyo, Japan) built on MATLAB (The MathWorks Inc, Natick, MA). A cut-off value of CT-MBF was determined for detecting myocardial ischemia assessed by CMR using receiver operating characteristic (ROC) analysis at a vessel level. The presence of coronary stenosis was assessed with lesions defined as follows: 0-no luminal stenosis; 1-minimal (<25% stenosis); 2-mild (25-49% stenosis); 3-moderate (50-69% stenosis); 4-severe (70-99% stenosis); and 5-occlusion. Coronary stenosis >= 50% or unavailable vessels were defined as significant, and CT-MBF was referred consequently. A vascular territory with a significant stenosis on CTA along with CT-MBF less than the cut-off value was considered to be positive. Diagnostic performance (sensitivity, specificity, positive and negative predictive value [PPV and NPV]) of CTA, CTP and combined assessment (CTA+CTP) for detecting obstructive CAD.

RESULTS

A cut-off value of CT-MBF was 1.28 ml/g/min. In comparison with ICA and CMR, sensitivity, specificity, PPV and NPV were 97%, 47%, 52% and 97% for CTA, 84%, 76%, 67% and 89% for CTP and 84%, 89%, 82% and 90% for combined assessment. Area under the ROC curve of CTA, CTP and combined assessment were 0.79, 0.83 and 0.88.

CONCLUSION

Combined CT assessment of CTA and quantitative CTP imaging allows for evaluating obstructive CAD with high diagnostic accuracy using single modality.

CLINICAL RELEVANCE/APPLICATION

Combined CT protocol of CTA and CTP allows for anatomical and physiological assessment of coronary artery disease with high diagnostic accuracy by using a single modality.
**Physics (Radiation Dose Control II)**

*Participants*

Michael F. McNitt-Gray, PhD, Los Angeles, CA (Moderator) Institutional research agreement, Siemens AG; Research support, Siemens AG; 

Dianna D. Cody, PhD, Houston, TX (Moderator) In-kind support, General Electric Company

*Sub-Events*

**SSJ21-01 Novel Concept for Dose Reduction - Region-setting CT: Is Multileaf Collimator Also Valuable for Diagnostic CT?**

*Participants*

Fumio Hashimoto, Toyoake, Japan (Presenter) Nothing to Disclose

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Shouichi Suzuki, PhD, Toyoake, Japan (Abstract Co-Author) Nothing to Disclose

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**TEACHING POINTS**

A region-setting CT system is a prototype of a diagnostic CT applying the conformal irradiation method, and can strongly reduce the radiation dose outside the ROI. However, there has been no reporting about physical implementation of this system. Therefore, we developed the prototype of a region-setting CT system using a multileaf collimator (MLC). The aim of this exhibit is to show the possibility of our prototype CT for clinical use. The teaching points of this exhibit are: 1. The image quality of the region-setting CT is equivalent to that of conventional CT. 2. A region-setting CT cuts the radiation dose outside ROI by 70%.

**TABLE OF CONTENTS/OUTLINE**

1. The principle of a region-setting CT method
2. Explanation of a region-setting CT system - Block diagram and appearance of the experimental system - Procedure of scanning and image reconstruction algorithm
3. Quantitative evaluation of acquired volume image
4. Radiation dose - Conventional CT scan vs. a region-setting CT scan

**PDF UPLOAD**


**SSJ21-02 Diagnostic Accuracy and Radiation Dose Reduction Achievable in Digital Subtraction Angiogram with Elimination of Pre-contrast Images by Simultaneously Triggering X-ray and Contrast Injection**

*Participants*

Karunakaravel Karuppasamy, MBBS, FRCR, Westlake, OH (Presenter) Nothing to Disclose

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Mark J. Sands, MD, Cleveland, OH (Abstract Co-Author) Nothing to Disclose

Randolph M. Setser, DSc, PhD, Cleveland, OH (Abstract Co-Author) Employee, Siemens AG

**PURPOSE**

To assess the feasibility, measure diagnostic accuracy and estimate radiation dose reduction by using the first post-contrast image as a mask in digital subtraction angiogram (DSA) compared to conventional DSA that uses a pre-contrast image as mask.

**METHOD AND MATERIALS**

In this retrospective study, 30 consecutive patients (18 male, 12 female) who had cavogram during IVC filter placement were included (24-iodinated contrast, 6- CO2). In the control group, conventional DSA runs were automatically generated using a pre-contrast image as the mask. In the experimental group, from the same DSA runs, pre-contrast images were removed and by remasking, the first post-contrast image was assigned as the new mask. In the control group, total number of images, number of pre-contrast images and radiation dose per run were recorded. IVC signal to noise (SNR) was measured in both groups. Following metrics were collected independently by two radiologists: Image quality (scale of 1 to 5; not acceptable to excellent subtracted images), diagnostic confidence (scale of 1 to 5); thrombus is definitely present to definitely absent), and suitability for IVC filter placement (scale of 1 to 4; suitability cannot be determined to suitable for infra-renal filter). Paired t-test was used for analysis.

**RESULTS**

In the control group, 23 images per run were obtained (SD 6, range 10-33). Kerma product and reference point area kerma per run were 2371 µGy m2 (SD 1486, range 306-6273) and 86 mGy (SD 53, range 12-241) respectively. On an average, 7 pre-contrast images were acquired per run (SD 2, range 1-11) and this estimates to 32% (SD 9%) radiation dose. SNR (mean 32.9 vs. 32.5, p=0.87), image quality (mean 3.95 vs 3.85, p=0.33), diagnostic confidence (mean 4.78 vs 4.81, p=0.48) and suitability for IVC filter
placement (mean 3.68 vs. 3.85; p=0.11) were similar between the groups.

CONCLUSION

Elimination of pre-contrast images by simultaneously triggering x-ray and contrast injection and using first post-contrast image as mask achieves significant radiation dose reduction with preserved SNR and diagnostic accuracy in selected DSA.

CLINICAL RELEVANCE/APPLICATION

It is common practice to obtain pre-contrast images and this adds significantly to overall radiation dose in DSA. In our study, the earliest post-contrast image contained very little contrast near the tip of the catheter and did not impact on the diagnostic usefulness when used as a mask to generate DSA run.

SSJ21-03 Effect of Cardiac Phase-Based Tube Current Modulation on Dose Efficiency in a Clinical CT Scanner

Tuesday, Dec. 1 3:20PM - 3:30PM Location: S403A

Participants
Adam Budde, MS, Madison, WI (Presenter) Employee, General Electric Company
Kriti Sen Sharma, PhD,BEng, Woburn, MA (Abstract Co-Author) Employee, General Electric Company
Brian E. Nett, PhD, Waukesha, WI (Abstract Co-Author) Employee, General Electric Company

PURPOSE

A novel method for improving dose efficiency in cardiac scans has been developed and implemented on a clinical CT scanner. The method modulates the tube current based on knowledge of the weighting function applied to sinogram data in half-scan reconstructions. We assess the image quality and dose efficiency of this method on a wide-cone CT scanner (Revolution CT, GE Healthcare).

METHOD AND MATERIALS

Phase-based tube current modulation improves dose efficiency by delivering reduced dose to views that are down-weighted during the reconstruction process. A comparison of this method and the clinical baseline, a constant mA protocol, was performed on a 20 cm water phantom. Since the modulation adjusts based on the amount of phase padding prescribed by the user, a further comparison was performed across clinically-used paddings. Image noise at the center of the phantom was measured through region of interest measurements of image pixel variance. 2D noise power spectrums were also measured and, to quantitatively assess noise isotropy, an NPS radial symmetry metric was calculated as the (max-min)/max of the tangential average of the 2D NPS. All scans used cardiac reconstructions with a gantry rotation period of 280 ms and had equal dose, as determined by the integral of the mA.

RESULTS

Using 50 ms phase padding, the equal dose mA modulation reduced the image variance by 29.3% at the center reconstructed phase, 26.7% at the reconstructed phases 25 ms from center, and by 12.9% at the reconstructed phases 50 ms from center. When phase padding was reduced from 50 ms to 0 ms, the image variance at the center reconstructed phase showed an improved reduction of 36.8% from the constant mA value. The NPS radial symmetry metric of the center recon was consistent going from constant mA to the 50 ms phase padding modulation case (0.43 to 0.44), but improved on the 0 ms phase padding case (0.31), indicating some noise isotropy improvement.

CONCLUSION

Phase-based dose modulation improves dose efficiency in cardiac scans on a clinical CT scanner.

CLINICAL RELEVANCE/APPLICATION

Radiation dose reduction is achieved on cardiac scans of a clinical CT scanner without compromising image noise levels through phase-based tube current modulation.

SSJ21-04 The Effect of KV Assist on Radiation Dose Reduction and Image Quality for Abdominal CT in Different BMI Groups

Tuesday, Dec. 1 3:30PM - 3:40PM Location: S403A

Participants
Ping Hou, MD, Zhengzhou, China (Presenter) Nothing to Disclose
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Jie Liu, Zhengzhou, China (Abstract Co-Author) Nothing to Disclose
Yaojun Jiang, MD, Zhengzhou, China (Abstract Co-Author) Nothing to Disclose

PURPOSE

To evaluate the effect of KV Assist on radiation dose reduction and image quality for abdominal CT in different BMI groups.

METHOD AND MATERIALS

100 patients underwent abdominal CT on a new generation spectral CT scanner (Discovery CT, GE healthcare). The patients were divided into 2 groups for prospective analysis. Group A (n=50) used KV assist protocol, which automatically selects an optimal kVp based on the scout view. While the conventional 120kVp scan using auto mA protocol was performed on Group B (n = 50). The main parameters of protocol were setup with noise index of 10, auto mA ranges at 100-450mA and rotation time at 0.8s. Group A and B were both further divided into two subgroups according to BMI (BMI <24 kg/m2 for group A1/B1 and BMI≥24 kg/m2 for group A2/B2). CT values and SD values, CNR of CA, PV, liver, pancreas and image quality score in abdomen were measured and calculated. CTDIvol and DLP of each patient was recorded and compared. Comparison between group A and B was implemented as a representative of those for the subgroups. The data were analyzed using Rand-sum test and t test.

RESULTS

Image noise of protocol A and B in dual-phase was (10.52±2.6) (0.87±2.38) HU and (11.2±2.9) (0.82±2.25) HU respectively.
image noise of protocol A and B in dual-phase were(10.4±2.62), (8.3±4.28) HU and (11.2±3.82), (8.8±4.25) HU, respectively. However, CNR values obtained in group A vs in group B were comparable or higher in both LAP(19.99±9.98 vs 18.64±6.29 in CA, p<0.05; 1.13±1.13 vs 1.13±1.25 in liver, p<0.05; and 3.38±1.64 vs 2.64±1.42 in pancreas, p<0.05) and PVP(8.61±3.03 vs 7.60±2.88 in PV, p<0.05; 4.30±1.67 vs 3.92±1.65 in liver, p<0.05; and 2.91±1.46 vs 2.25±1.45 in pancreas, p<0.05). Besides, the difference of the subjective rating scores in protocol A and B were statistically insignificant(p=0.554). Effective dose in group A was significantly lower than that in group B. Effective dose was decreased by 30.31%. Percentages of 80kVp, 100kVp, 120kVp and 140kVp scans using KV assist were 31%, 58%, 11% and 0% for group A1, while 0%, 0%, 35%, and 65% for group A2. The radiation dose reduction in group A1 and A2 were 30.18% and 22.71% compared with group B1 and B2.

CONCLUSION
Abdominal enhanced CT scans using KV assist can provide better image quality and 30.31% radiation dose reduction. Radiation dose reduction on patients with BMI<24 kg/m² was more than patients with BMI≥24 kg/m².

CLINICAL RELEVANCE/APPLICATION
KV assist allows low kVp scans automatically applied on patients with low to moderate BMI and provides good image quality with lower radiation dose.

SSJ21-05  Optimization of Soft-Tissue Imaging in CT with the Aid of Additional Tin Filtration

Participants
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Ronald Booij, RT, Rotterdam, Netherlands (Abstract Co-Author) Nothing to Disclose
Marcel Van Straten, PhD, Rotterdam, Netherlands (Abstract Co-Author) Research collaboration, Siemens AG

PURPOSE
To assess the dose reduction potential of an x-ray tube with additional tin (Sn) filtration in non-enhanced thoracic and abdominal CT.

METHOD AND MATERIALS
Eight anthropomorphic thorax and abdomen phantoms varying from 10x15cm² to 30x40cm² (QRM, Germany) were scanned on a CT scanner (SOMATOM Force, Siemens) with 11 different beam qualities (70, 80, ..., 150 kV, and 100Sn and 150Sn kV) at a fixed 32 cm CT dose index (CTDI) of 3mGy. Images were reconstructed with an iterative reconstruction algorithm (ADMIRE) at strength 0 and 3 using soft tissue, bone and lung kernels. The contrast-to-noise ratio divided by the square root of the dose (CNRD) was used as the parameter to be optimized. Contrast was assessed with the aid of tabulated mass attenuation coefficients. Noise was measured in lung and equivalent tissue. Besides the reported CTDI, dose was measured with an ionization chamber in the centre and periphery of the phantoms.

RESULTS
Image contrast was virtually independent of kV and therefore assumed to be constant over all scans. Measured dose relative to the reported CTDI value was approximately 2.5 times higher for the paediatric thorax phantoms at 70 kV. For higher voltages and larger phantom sizes, differences between measured and reported doses ultimately diminished. Optimal CNRD was found at 100Sn. Based on the measured dose and averaged over all phantoms and kernels, the use of 100Sn resulted in a dose reduction of 22% (range 7%-32%). For high resolution kernels in relatively large phantoms, dose reduction potential was less (up to a factor of two) or even absent. Dose reduction amount was independent of ADMIRE strength. Radiation output in terms of mGy/mAs was 11 times lower at 100Sn than at 100 kV. This prohibits the use of 100Sn in large patients and relatively high dose studies. In general, the use of a tube voltage without tin filtration was then the second best choice for the highest CNRD. The beam quality 150Sn was of use in the largest abdomen phantom only.

CONCLUSION
Tin filtration at 100 kV results in the most optimal beam quality for the complete range of patient sizes. Due to tube limitations this might not always be an option depending on the baseline reference dose of the scan protocol.

CLINICAL RELEVANCE/APPLICATION
Best results of added tin filtration are to be expected in smaller sized patients and dedicated low dose soft tissue non-enhanced studies such as screening and lung nodule follow-up.

SSJ21-06  Has the Radiation Dose of the X-ray Equipment Currently Used for Cardiac Intervention Procedures Been Reduced? A Longitudinal and Cross-sectional Study

Participants
Yohei Inaba, PhD, Sendai, Japan (Presenter) Nothing to Disclose
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Masayuki Zuguchi, MD, Sendai, Japan (Abstract Co-Author) Nothing to Disclose

TEACHING POINTS
- To understand the importance of measuring/optimizing the radiation dose(cineangiography and fluoroscopy) of x-ray systems used for intervention procedure(IR).
- To clearly the entrance doses of x-ray equipment used for IR today and in the past.
- To clarify the image quality of cineangiography and fluoroscopy of many IR equipment.

TABLE OF CONTENTS/OUTLINE
Radiation dose measurement in x-ray systems used for IR.
- The entrance doses with cineangiography and fluoroscopy were measured.
- The entrance doses for many IR x-ray systems in 2014, 2007, and 2001 were compared. Image quality evaluation for cineangiography and fluoroscopy.
- The spatial resolution and low contrast detectability were quantified in many IR systems.
documented radiation injury resulting from IR. Therefore, the patient dose should be kept as low as reasonably achievable, especially in IR. Although today, the entrance doses of x-ray equipment used for IR tend to be lower than previously, some equipment has a high radiation dose. Adequate parameters, such as the dose mode and additional filters, are necessary. In addition, checking the image quality of IR x-ray systems is significant issue. It is important to optimize the radiation dose and image quality.
Purpose

To optimize the radiation dose of a dual-energy technique on a single-source CT scanner using a split filter (TwinBeam Dual-Energy, Siemens) by assessing the low-contrast detectability, image quality and iodine quantification.

Method and Materials

The study used two different phantoms: a custom liver phantom containing 45 low-contrast lesions, placed in a water container mimicking an intermediate-sized patient (diameter: 30 cm) and an abdominal dual-energy phantom (both QRM, Moehrendorf, Germany) with six different iodine concentrations (2.3, 4.5, 5.3, 8.3, 15.8 and 23.5 mg/ml) and added fat ring (outer dimensions: 35 cm x 25 cm). The phantoms were scanned on a single-source scanner (SOMATOM Edge, Siemens) with (A) single-energy mode at 120 kVp and 130 ref mAs, (B) dual-energy mode at AuSn120 kVp and 640 ref. mAs (default protocol of the manufacturer) and (C) with a dose-optimized dual-energy mode at AuSn120 kVp and 420 ref. mAs (dose-neutral to the single-energy mode). Lesion detection was performed by three radiologists independently. Image noise, CNR and CTDIvol were assessed. Software provided by the vendor was used for iodine quantification. Descriptive statistics and Fisher exact test were applied.

Results

The CTDIvol measured 7.3, 10.3, and 6.7 mGy for protocol A, B and C, respectively. The image noise was 25% and 13% lower and the CNR 31% and 14% higher with protocol B and C, respectively, compared with protocol A. There was no significant difference in lesion detection rate between the protocols (80%, 78.5%, 80.7% for protocol A, B and C, respectively (p=1.0)). The error of measurement for the iodine quantification ranged for protocol B from 2.2 to 14.7% and for protocol C from 2.2 to 9.4%.

Conclusion

The phantom study revealed that the novel split filter technique allows dose-neutral dual-energy acquisition on a single-source CT scanner at similar image quality and diagnostic accuracy compared with single-energy while providing the added value of the dual-energy mode.

Clinical Relevance/Application

Since the split filter dual-energy technique on a single-source CT scanner benefits from the added information like virtual non-contrast, iodine quantification or stone characterization and the dose-neutral aspect, it can replace single-energy protocols in clinical routine.

Purpose

Whole-body Human Imaging with Photon-counting-based CT at Clinically Relevant Doses

Tuesday, Dec. 1 3:10PM - 3:20PM Location: S403B

Participants

Cynthia H. McCollough, PhD, Rochester, MN (Presenter) Research Grant, Siemens AG
Shuai Leng, PhD, Rochester, MN (Abstract Co-Author) Nothing to Disclose
Ralf Gutjahr, Munich, Germany (Abstract Co-Author) Grant, Siemens AG
Zhichong Yu, Rochester, MN (Abstract Co-Author) Nothing to Disclose
Zhoubo Li, Rochester, MN (Abstract Co-Author) Nothing to Disclose
Ahmed Halaweish, PhD, Rochester, MN (Abstract Co-Author) Employee, Siemens AG
Steven M. Jorgensen, Rochester, MN (Abstract Co-Author) Nothing to Disclose
Erik L. Ritman, MD, PhD, Rochester, MN (Abstract Co-Author) Nothing to Disclose
Steffen Kappler, Dipl Phys, Forchheim, Germany (Abstract Co-Author) Researcher, Siemens AG

Purpose

To evaluate the potential of photon-counting-based CT (PC-CT) at clinically relevant dose and to assess its diagnostic performance compared to conventional CT.
The aim of this study was to evaluate and assess human anatomy (using cadaveric specimens) at clinically relevant dose rates on a prototype, whole-body, photon-counting-detector CT scanner.

**METHOD AND MATERIALS**

A prototype, whole-body CT scanner (Siemens Healthcare, Forchheim, Germany) was installed in our laboratory. The system is built on a Definition Flash dual-source platform, where the "A" tube/detector subsystem uses a conventional energy integrating detector (EID) and the "B" tube/detector subsystem uses a photon-counting detector (PCD). Following biospecimen committee approval and a thorough physics performance evaluation (dose, spatial and low-contrast resolution, CT number accuracy, etc.), a series of scans was performed on a fresh-frozen human cadaver (head and neck, chest, abdomen/pelvis and extremity scans), three cadaveric heads, a cadaveric arm, and a cadaveric leg at clinically relevant doses (140 kV, 200-220 mAs, 0.5 - 1 s rotation time).

Images were acquired using two energy thresholds (25 and 65 keV), resulting in the generation of two threshold datasets and two energy bin datasets. Scans were repeated using the EID and identical scan parameters. The EID data were used for data completion to avoid truncation artifacts when the anatomy was outside the PCD field of view (27.5 cm). Side by side comparisons were made between the EID and PCD images.

**RESULTS**

Phantom measurements of image and dose performance demonstrated equivalent image quality and dose between the two systems, with the exception of section sensitivity profile, which was better on the PCD due to the smaller detector pixel size (0.5 mm vs 0.6 mm). PCD images of the cadaveric anatomy were judged to be equivalent to the EID images, with the exception of improved quality in regard to beam hardening: the high energy [65,140 keV] PCD images demonstrated notably decreased beam hardening, particularly in the skull. Ring artifacts, which are common in PCD CT systems, were not present.

**CONCLUSION**

The evaluated prototype whole-body PCD CT system was capable of clinical levels of image quality at clinical dose rates.

**CLINICAL RELEVANCE/APPLICATION**

The ability to perform whole-body CT scanning using photon-counting detector technology will facilitate clinical investigations of this new technology.

**SSJ22-03 Compressed Sensing-Based Computed Tomography Perfusion Imaging: Preliminary Study**

**Tuesday, Dec. 1 3:20PM - 3:30PM Location: S403B**

Participants
- Esmaeil Enjilela, PhD, London, ON (Presenter) Nothing to Disclose
- Ting-Yim Lee, MSc, PhD, London, ON (Abstract Co-Author) Research Grant, General Electric Company Royalties, General Electric Company
- Jiang Hsieh, PhD, Waukesha, WI (Abstract Co-Author) Employee, General Electric Company
- Kelley Branch, MD, Seattle, WA (Abstract Co-Author) Speakers Bureau, Pfizer Inc
- Robb Genny, Seattle, WA (Abstract Co-Author) Nothing to Disclose
- Aaron So, PhD, London, ON (Abstract Co-Author) Nothing to Disclose

**Background**

CT perfusion (CTP) of the heart comprised of dynamic scanning over time (~ 30 s) as injected contrast agent perfuses through the myocardium to allow for perfusion imaging based on modeled deconvolution. However, dynamic scanning can result in radiation doses as high as 20 mSv. To reduce radiation dose, we developed a low x-ray dose CTP method for quantitative CT myocardial perfusion (MP) imaging from sparsely sampled low-intensity x-ray projections using a compressed sensing (CS) based algorithm. The feasibility of this approach for myocardial perfusion imaging was demonstrated in a pig. We performed prospective ECG-triggered dynamic CT imaging on a 70 kg farm pig at 140 kV and 80 mA/28 mAs (standard mA) using a GE Healthcare Discovery 750 HD CT scanner with contrast injection. The study was then repeated with the mA/mAs decreased to 20/7 (low mA). For standard mA, CTP images were reconstructed from all (984) and from one-third (328) of available projections with filtered backprojection (FBP) and CS respectively. For low mA, CTP images were produced with one-half (492) of projections with CS reconstruction. Quantitative MP maps from five consecutive 5 mm slices of the porcine heart were generated with CT Perfusion software (GE Healthcare). MP measurements from regions in the lateral free wall of the MP maps of these five slices and from ex-vivo gold standard microsphere measurements were compared.

**Evaluation**

Compared with full view FBP MP maps, CS MP maps had biases of -0.01 (95% CI -0.05 - 0.03) and -0.05 (95% CI 0.16 - 0.07) mL/min/g, respectively, at standard and low mA. When CS MP maps were compared against ex-vivo microsphere MP measurements, the mean bias was found to be -0.12 (95% CI -0.26 - 0.03) and -0.15 (95% CI -0.04 -0.26) mL/min/g, respectively, at standard and low mA.

**Discussion**

Our study demonstrated that when sparsely sampled low-intensity x-ray projections are coupled with CS image reconstruction, quantitative MP maps with low bias can be generated with eight times lower radiation dose than that of our current technique.

**Conclusion**

The drastic reduction in radiation dose with our low-intensity sparse view scheme could facilitate the clinical use of CTP for MP imaging.

**SSJ22-04 Dose or Noise Reduction for Dynamic CT Perfusion: 4D Adaptive Time-Intensity Profile Similarity (aTIPS) Bilateral Filters (BF)**

**Tuesday, Dec. 1 3:30PM - 3:40PM Location: S403B**

Participants
- Francesco Pisana, Heidelberg, Germany (Presenter) Doctoral student, Siemens AG
- Thomas Henzler, MD, Mannheim, Germany (Abstract Co-Author) Nothing to Disclose
SSJ22-05 Impact of Selective Photon Shielding in Image Quality and Detectability Index for Unenhanced CT of the Chest: Study in a Five-year Old Anthropomorphic Phantom

Tuesday, Dec. 1 3:40PM - 3:50PM Location: S403B

Participants
Juan Carlos Ramirez-Giraldo, PhD, Malvern, PA (Presenter) Employee, Siemens AG
Marilyn J. Siegel, MD, Saint Louis, MO (Abstract Co-Author) Research Consultant, Siemens AG; Speakers Bureau, Siemens AG
Bernhard Schmidt, PhD, Forchheim, Germany (Abstract Co-Author) Employee, Siemens AG

PURPOSE
Evaluate the impact in image quality and detectability index (DI) of the use of selective photon shielding added to an x-ray tube in unenhanced CT of the chest using an anthropomorphic phantom.

METHOD AND MATERIALS
A tissue-equivalent anthropomorphic five-year old phantom underwent a simulated nonenhanced CT examination of the chest using a third-generation dual-source CT system using two protocols: (A) 100 kV and (B) 100 kV with a selective photon shield which consists of an additional piece of filtration (e.g., tin material) placed in between the x-ray beam and the patient. All scans used 196 x 0.6 mm collimation, pitch = 1.2, and 0.5 s rotation time. Both scans used automatic exposure control, and were set to operate at the same volume CT dose index of 0.6 mGy. Images were reconstructed with a sharp lung kernel at 3 mm thickness. For image quality evaluation, standard measurements of noise and contrast-to-noise ratio (CNR) between air and soft tissue were calculated. Additionally, a more advanced task-based DI was calculated for a 10-mm diameter task with the purpose to simulate lung nodules. The DI is an image quality metric which incorporates into a single calculation the noise, noise power spectra, contrast-dependent spatial resolution, an eye filter, and task functions of varying contrast and size. All measurements were repeated five times. Paired t-tests were used for statistical comparisons.

RESULTS
Image noise decreased with protocol B relative to A (60.9 ± 3.3 HU vs 79.7 ± 9.0 HU, p < .01), representing a median reduction of 23.0[22.0 - 23.2]%, while CNR between air and soft tissue increased with protocol B relative to A (13.4 ± 0.7 vs 10.3 ± 1.2, p < .01), representing a median increase in CNR of 30.7[30.4-37.3]% of air and soft tissue. At the same time, the DI of tasks of 10mm diameter increased with protocol B relative to A (46.6 ± 1.5 vs 37.8 ± 0.9, p < .01), representing a median increase of DI of 20.1 [19.7-23.6]%.

CONCLUSION
At matched scanner output, the image quality of unenhanced CT of the chest is improved when using the selective photon shield as demonstrated by standard metrics such as noise and CNR, while the detectability index of simulated lung nodules of 10 mm was also improved.

CLINICAL RELEVANCE/APPLICATION
The results of this phantom study suggest that the addition of the selective photon shield improves image quality and the detectability of relevant tasks such as lung nodules in pediatric unenhanced CT of the chest.
PURPOSE
To investigate minimal required sub mSv ultra low dose CT and corresponding tube current and voltage for reliable attenuation correction and semi-quantitation in FDG PET-CT in an effort for radiation dose reduction.

RESULTS
The minimal required ultra low dose of CT for precise quantification in all spheres (±10%) were determined by a combination of 100kVp and 10mA for 0.5s, 0.2mGy measured CTDIvol and 0.31mSv estimated effective dose, or 80kVp and 20mA for 0.5s, 0.22mGy and 0.34mSv. Using the data, we could determine the CT parameters for reliable attenuation correction of PET with significant radiation dose reduction.

CONCLUSION
Our phantom study provided guidance in using ultra low dose CT for precise attenuation correction and semi-quantification of FDG PET imaging, which can further reduce CT dose and radiation exposure to patients in clinical PET-CT studies. The new iterative reconstruction algorithms available in CT should be further investigated to improve the image quality of the ultra low dose CT images to provide also acceptable anatomical information in the PET-CT study.

CLINICAL RELEVANCE/APPLICATION
Based on the data, we can further reduce the radiation dose to sub mSv using an ultra low dose CT for reliable attenuation correction in clinical FDG PET-CT studies.
**Non-invasive Detection IDH1 Gene Status in Astrocytoma by DSC MRI: A Retrospective Study of 91 Lesions**

**Participants**
Chad A. Holder, MD, Atlanta, GA (Moderator) Nothing to Disclose
Adam E. Flanders, MD, Penn Valley, PA (Moderator) Nothing to Disclose

**Method and Materials**
We retrospectively analyzed the preoperative DSC MRI data of 91 lesions with pathologically confirmed astrocytoma. We obtained the normalized maximum ratios of relative cerebral blood volume (rCBV) of tumor parenchyma. The enrolled astrocytoma patients were divided into six groups according to the World Health Organization (WHO) classification method and IDH1 gene status. We compared the differences in the rCBV ratio of tumor parenchyma between the IDH1 gene mutant and wild-type groups of WHO grades II, III and IV and plotted receiver operating characteristic (ROC) curves for imaging indicators showing statistically significant differences.

**Results**
The IDH1 gene mutant and wild-type groups of WHO grades II, III and IV astrocytoma showed statistically significant differences in the rCBV ratio. In WHO grade II astrocytoma, the area under the ROC curve value for the rCBV ratio was 0.83, and the cutoff value was 2.20; in WHO grade III astrocytoma, the area under the ROC curve value for the rCBV ratio was 0.86, and the cutoff value was 3.14; in WHO grade IV astrocytoma, the area under the ROC curve value for the rCBV ratio was 0.94, and the cutoff value was 5.63.

**Conclusion**
The rCBV ratio value provided by DSC MRI provides a new imaging method for the noninvasive evaluation of the IDH1 status in astrocytomas of various WHO grades.

**Clinical Relevance/Application**
DSC MRI can noninvasively judge the IDH1 gene status of astrocytomas.

**IDH Mutation Status in Human Glioma is Associated with Differential Activation of Hypoxia and Angiogenesis Related Signaling and is Non-invasively Predictable with rCBV-imaging**

**Participants**
Philipp Kickingereder, Heidelberg, Germany (Presenter) Nothing to Disclose

**Method and Materials**
We studied differential mRNA-expression profiles from 288 samples with low-grade and anaplastic gliomas from The Cancer Genome Atlas (TCGA) of HIF1A and related downstream signaling on a single-gene and pathway level, as well as upstream biological causes and probable downstream effects between mutant and wild-type IDH tumors. Genotype/imaging phenotype correlation analysis was performed in a separate (local) dataset with relative cerebral blood volume (rCBV) MRI - an estimate of tumor angiogenesis - in 72 treatment-naive patients with low-grade and anaplastic gliomas.
We show decreased expression of HIF1A-target genes on a single-gene and pathway level, strong inhibition of upstream regulators such as HIF1A and downstream biological functions such as angio- and vasculogenesis in IDH-mutant tumors. Our radiogenomic imaging approach revealed increased levels of rCBV in IDH wild-type tumors, where a one-unit increase in rCBV corresponded to a two-third decrease in the odds for an IDH-mutation and correctly predicted IDH mutation status in 87% of patients.

**CONCLUSION**

Together, these findings show that IDH-mutation status is associated with a distinct angiogenesis transcriptome signature which correlates with rCBV-imaging findings and highlight the potential future role of radiogenomics for noninvasive profiling of cancer genomic key events.

**CLINICAL RELEVANCE/APPLICATION**

IDH-mutation status in human glioma is associated with a distinct angiogenesis transcriptome signature which correlates with rCBV-imaging findings and highlight the potential future role of radiogenomics for noninvasive profiling of cancer genomic key events.

**SSJ20-03 The Added Prognostic Value of ADC in Glioblastomas Treated with Temozolomide: Correlation with MGMT Promoter Methylation Status and Survival Analysis**

**Tuesday, Dec. 1 3:20PM - 3:30PM Location: N229**

**Participants**
- Yoon Seong Choi, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
- Ho Joon Lee, Seoul, Korea, Republic Of (Presenter) Nothing to Disclose
- Min Park, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
- Sung Soo Ahn, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
- Jinna Kim, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
- Seung-Koo Lee, MD, PhD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

The prognostic value of ADC in patients with glioblastoma treated with temozolomide, and relationship between ADC and MGMT promoter methylation status are controversial. We investigated the added prognostic value of ADC in combination with MGMT in glioblastomas treated with temozolomide, and the association between ADC and MGMT promoter methylation status, using histogram analysis.

**METHOD AND MATERIALS**

This retrospective study consisted of 72 consecutive patients who underwent preoperative DTI for glioblastoma, and operation followed by CCRT with temozolomide. The histogram parameters of ADC, including mean, minimum, 5th (p5), 25th (p25), 50th (p50), 75th (p75), 95th (p95) percentile and maximum values, skewness and kurtosis were calculated from entire enhancing tumors. Univariate analyses for overall survival (OS) were performed with ADC parameters according to MGMT methylation status and other clinical factors. Multivariate Cox regression was performed to build prognostic models with and without ADC parameters. The performance of each model was compared using Harrell's concordance index. In addition, the difference of ADC histogram parameters according MGMT promoter methylation status was assessed using Student t-test.

**RESULTS**

In univariate analysis, only lower p75 of ADC was significantly associated with worse OS in overall patients, and lower mean and p75 of ADC in patients with unmethylated MGMT. No parameters of ADC were significantly prognostic in patients with methylated MGMT. Other significant prognostic factors were age and enhancing tumor volume, as well as MGMT methylation status. In multivariate analysis, mean and p75 of ADC were independently prognostic in patients with unmethylated MGMT. The performance of prognostic models were significantly improved when mean and p75 of ADC were added to dichotomize the patients with unmethylated MGMT. Any of ADC parameters was significantly different according MGMT methylation status.

**CONCLUSION**

Lower ADC histogram parameters were associated with worse prognosis of glioblastomas treated with temozolomide, especially those with unmethylated MGMT. ADC histogram parameters may have the added prognostic value in combination with MGMT in patients with glioblastoma.

**CLINICAL RELEVANCE/APPLICATION**

Preoperative ADC histogram analysis has the added prognostic value in combination with MGMT methylation status, in patients with glioblastomas treated with temozolomide.

**SSJ20-04 The Role of Advanced CT and MRI Perfusion Imaging in Differentiating Diagnosis between Gliomas Masquerading as Acute Cerebral Stroke- Eight-year Experience in a Single Institution**

**Tuesday, Dec. 1 3:30PM - 3:40PM Location: N229**

**Participants**
- Xiang Liu, MD, Rochester, NY (Presenter) Nothing to Disclose
- Wei Tian, MD, PhD, Rochester, NY (Abstract Co-Author) Nothing to Disclose
- Sven E. Ekholm, MD, Rochester, NY (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

Stroke mimics could account for 3 - 13% of patients primarily diagnosed and treated as acute stroke, thrombolysis in stroke mimics is not only unnecessary and costly, but will delay a correct diagnose/treatment and may result in complications, including hemorrhage. Gliomas could present similar clinical symptom and conventional neuroimaging finding as acute brain stroke. The purpose of this study is to evaluate the value of advanced CT and MRI perfusion imaging in such differential diagnosis.

**METHOD AND MATERIALS**

CT and/or MR perfusion imaging findings in 1096 cases with suspected acute stroke onset in eight years of period were reviewed.
There were 22 cases with pathology confirmed gliomas, presenting acute onset of symptoms and conventional neuroimaging findings similar as acute stroke. The ratios of relative cerebral blood volume (rCBV), relative cerebral blood flow (rCBF), and mean transit time (MTT) were evaluated and compared with these stroke patients.

RESULTS

These 22 stroke-mimicking gliomas are malignant, including 13 Anaplastic astrocytomas, WHO grade III; and 9 glioblastomas, WHO Grade IV. All these gliomas showed non-enhancement or mild enhancement in post-contrast T1WI, and increased rCBV, rCBF and MTT compared to contralateral references, (p<0.001, paired t-test). The mean rCBV, rCBF and MTT values of ischemic stroke lesions were significantly lower than contralateral hemisphere (p<0.001, paired t-test). The ischemic lesions with re-perfusion could present mixed decreased and increased perfusion within the lesions. The maximal rCBV ratio (1.83±0.57, p=0.022) and rCBF ratio (2.91±0.82, p<0.001) of gliomas were significantly higher than ischemic lesions with re-perfusion (maximal rCBV ratio 1.64±0.13, maximal rCBF ratio 1.35±0.18; mann-whitney U test)

CONCLUSION

Our study shows that the gliomas mimicking symptom and imaging of acute stroke present higher perfusion than acute cerebral ischemic lesions. Carefully interpretation of multi-parameters derived from advanced CT and MRI perfusion imaging is useful in differentiating between gliomas mimicking acute stroke lesions.

CLINICAL RELEVANCE/APPLICATION

The perfusion imaging is important and adjuvant tool for accurate diagnosis in differentiating between gliomas mimicking acute stroke lesions.

SSJ20-05 Clinical Performance Characteristics of Multivoxel Magnetic Resonance Spectroscopy in Distinguishing Between True Progression and Pseudoprogression in a Series of Patients with High-Grade Glial Neoplasm

Tuesday, Dec. 1 3:40PM - 3:50PM Location: N229

Participants

Jason M. Johnson, MD, Houston, TX (Presenter) Nothing to Disclose
Rutvij J. Shah, MBBS, Houston, TX (Abstract Co-Author) Nothing to Disclose
Leena M. Ketonen, MD, PhD, Houston, TX (Abstract Co-Author) Nothing to Disclose
Dawid Schellinghout, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose
Norman E. Leeds, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose
Ashok J. Kumar, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose
Rivka R. Colen, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose

PURPOSE

Rates of pseudoprogression (PsP) following chemoradiotherapy can be as high as 30% and can present a significant clinical and diagnostic burden. Early differentiation between true progression (TP) and PsP affects management decisions particularly in the era of progressive individualized treatments. We sought to review the clinical performance characteristics of MRS in a group of high-grade glial based neoplasm presenting for differentiation of PsP from TP.

METHOD AND MATERIALS

66 patients with high-grade glial neoplasm (GBM or AA) imaged during 2014 with MRI of the brain including multivoxel MRS with TE of 144 ms were evaluated. Patients were required to have either pathology follow-up or six-months of clinical and imaging follow-up to assess for accuracy. MRS solely was assessed for choline to NAA ratio within suspicious tissue as well as relative choline within suspicious tissue to normal brain parenchyma. A threshold of 2 for Cho/NAA and of >1.5 for relative choline concentrations were used as a guideline. Prior imaging and concurrent anatomic brain sequences were not reviewed.

RESULTS

Out of the 66 cases reviewed 23 patients were removed from further analysis due to unreliable MRS data. Of the remaining 33 cases (mean age 56 years, 19 males), high-grade glial neoplasm was suspected in 16 cases and not suspected in 17 cases. 15 out of 16 cases suspicious for TP were correct. MRS not thought to be consistent with TP was correct in 16/17 cases. Sensitivity = 93.8%; Specificity = 94.1%; PPV = 93.8%; NPV= 94.1%. The majority of excluded cases were due to calvarial lipid contamination into the shim box. Modest choline elevations were seen in many voxels of suspicious tissue.

CONCLUSION

High-quality multivoxel MRS is an excellent predictor of high-grade glial neoplasm versus pseudoprogression. Rigorous choline elevation thresholds for tumor versus radiation necrosis must be applied due to the common presence of modestly elevated choline concentrations in the post-treated tissue. Relying upon choline to NAA ratios alone should be done cautiously when a comparative voxel of normal appearing brain is not available for review.

CLINICAL RELEVANCE/APPLICATION

High quality multivoxel MRS at TE of 144 can provide a high level of accuracy and additional confidence in the evaluation of the post-treatment brain for recurrent high-grade glial based neoplasm.

SSJ20-06 Investigating Dynamic Susceptibility-weighted Contrast-enhanced (DSC) Perfusion MR Imaging in Posterior Fossa Tumors: Differences and Similarities with Supratentorial Tumors

Tuesday, Dec. 1 3:50PM - 4:00PM Location: N229

Participants

Matia Martucci, MD, Rome, Italy (Presenter) Nothing to Disclose
Simona Gaudino, MD, Rome, Italy (Abstract Co-Author) Nothing to Disclose
Annibale Botto, Rome, Italy (Abstract Co-Author) Nothing to Disclose
Anna D'Angelo, Rome, Italy (Abstract Co-Author) Nothing to Disclose

METHOD AND MATERIALS

Our study shows that the gliomas mimicking symptom and imaging of acute stroke present higher perfusion than acute cerebral ischemic lesions. Carefully interpretation of multi-parameters derived from advanced CT and MRI perfusion imaging is useful in differentiating between gliomas mimicking acute stroke lesions.

RESULTS

These 22 stroke-mimicking gliomas are malignant, including 13 Anaplastic astrocytomas, WHO grade III; and 9 glioblastomas, WHO Grade IV. All these gliomas showed non-enhancement or mild enhancement in post-contrast T1WI, and increased rCBV, rCBF and MTT compared to contralateral references, (p<0.001, paired t-test). The mean rCBV, rCBF and MTT values of ischemic stroke lesions were significantly lower than contralateral hemisphere (p<0.001, paired t-test). The ischemic lesions with re-perfusion could present mixed decreased and increased perfusion within the lesions. The maximal rCBV ratio (1.83±0.57, p=0.022) and rCBF ratio (2.91±0.82, p<0.001) of gliomas were significantly higher than ischemic lesions with re-perfusion (maximal rCBV ratio 1.64±0.13, maximal rCBF ratio 1.35±0.18; mann-whitney U test)

CONCLUSION

Our study shows that the gliomas mimicking symptom and imaging of acute stroke present higher perfusion than acute cerebral ischemic lesions. Carefully interpretation of multi-parameters derived from advanced CT and MRI perfusion imaging is useful in differentiating between gliomas mimicking acute stroke lesions.

CLINICAL RELEVANCE/APPLICATION

The perfusion imaging is important and adjuvant tool for accurate diagnosis in differentiating between gliomas mimicking acute stroke lesions.

SSJ20-05 Clinical Performance Characteristics of Multivoxel Magnetic Resonance Spectroscopy in Distinguishing Between True Progression and Pseudoprogression in a Series of Patients with High-Grade Glial Neoplasm

Tuesday, Dec. 1 3:40PM - 3:50PM Location: N229

Participants

Jason M. Johnson, MD, Houston, TX (Presenter) Nothing to Disclose
Rutvij J. Shah, MBBS, Houston, TX (Abstract Co-Author) Nothing to Disclose
Leena M. Ketonen, MD, PhD, Houston, TX (Abstract Co-Author) Nothing to Disclose
Dawid Schellinghout, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose
Norman E. Leeds, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose
Ashok J. Kumar, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose
Rivka R. Colen, MD, Houston, TX (Abstract Co-Author) Nothing to Disclose

PURPOSE

Rates of pseudoprogression (PsP) following chemoradiotherapy can be as high as 30% and can present a significant clinical and diagnostic burden. Early differentiation between true progression (TP) and PsP affects management decisions particularly in the era of progressive individualized treatments. We sought to review the clinical performance characteristics of MRS in a group of high-grade glial based neoplasm presenting for differentiation of PsP from TP.

METHOD AND MATERIALS

66 patients with high-grade glial neoplasm (GBM or AA) imaged during 2014 with MRI of the brain including multivoxel MRS with TE of 144 ms were evaluated. Patients were required to have either pathology follow-up or six-months of clinical and imaging follow-up to assess for accuracy. MRS solely was assessed for choline to NAA ratio within suspicious tissue as well as relative choline within suspicious tissue to normal brain parenchyma. A threshold of 2 for Cho/NAA and of >1.5 for relative choline concentrations were used as a guideline. Prior imaging and concurrent anatomic brain sequences were not reviewed.

RESULTS

Out of the 66 cases reviewed 23 patients were removed from further analysis due to unreliable MRS data. Of the remaining 33 cases (mean age 56 years, 19 males), high-grade glial neoplasm was suspected in 16 cases and not suspected in 17 cases. 15 out of 16 cases suspicious for TP were correct. MRS not thought to be consistent with TP was correct in 16/17 cases. Sensitivity = 93.8%; Specificity = 94.1%; PPV = 93.8%; NPV= 94.1%. The majority of excluded cases were due to calvarial lipid contamination into the shim box. Modest choline elevations were seen in many voxels of suspicious tissue.

CONCLUSION

High-quality multivoxel MRS is an excellent predictor of high-grade glial neoplasm versus pseudoprogression. Rigorous choline elevation thresholds for tumor versus radiation necrosis must be applied due to the common presence of modestly elevated choline concentrations in the post-treated tissue. Relying upon choline to NAA ratios alone should be done cautiously when a comparative voxel of normal appearing brain is not available for review.

CLINICAL RELEVANCE/APPLICATION

High quality multivoxel MRS at TE of 144 can provide a high level of accuracy and additional confidence in the evaluation of the post-treatment brain for recurrent high-grade glial based neoplasm.
Tommaso Tartaglione, MD, Rome, Italy (Abstract Co-Author) Nothing to Disclose
Emma Gangemi, Rome, Italy (Abstract Co-Author) Nothing to Disclose
Emanuela Ruberto, Rome, Italy (Abstract Co-Author) Nothing to Disclose
Rosellina Russo, Rome, Italy (Abstract Co-Author) Nothing to Disclose
Cesare Colosimo, MD, Rome, Italy (Abstract Co-Author) Nothing to Disclose

PURPOSE

DSC perfusion is routinely used in brain tumor imaging, for its added value in glioma grading and tumor differentiation. However, compared to supratentorial tumors (ST), there are only few data about its reliability and its cut-off values for infratentorial tumors (IT). Thus, the aims of our study were: 1-to assess the accuracy of DSC perfusion in the evaluation of IT, for glioma grading and tumor differentiation 2- to evaluate differences and similarities with ST.

METHOD AND MATERIALS

This retrospective study included 114 patients (3-85 years) with a pathologically proven diagnosis of brain tumor (40 IT, 70 ST), divided in 4 groups: high grade glioma (HGG), low grade glioma (LGG), metastases (MET), primary central nervous system lymphoma (PCNSL). rCBV, mean and min PSR were calculated. For statistical analysis lesions were divided according to the location and histology. Mann-Whitney U test was used to test the differences; accuracy, sensitivity, specificity, PPV and NPV for rCBV and PSR were calculated from ROC curves.

RESULTS

For IT, rCBV had high accuracy in differentiating HGG from LGG (p<0.001) and PSR (mean and min) resulted significantly higher in PCNSL and HGG compared to MET (p<0.001), showing a good accuracy (AUC>0.9). Comparing IT with ST, some perfusion parameters resulted similar: high rCBV in HGG, high mean PSR in PCNSL, low mean PSR in MET. Main differences between ST and IT were: the optimum threshold value of rCBV (3.05 for ST, 1.89 for IT), the mean PSR significantly higher in LGG than in HGG in ST (p=0.001) and a trend of higher perfusion values in ST. Exchanging of rCBV threshold values between ST and IT decreased both sensitivity and specificity.

CONCLUSION

rCBV and PSR are helpful in grading and differentiating IT. The overall behaviour of perfusion parameters was similar between ST and IT, but some differences in rCBV and PSR were demonstrated. The difference of rCBV threshold value between ST and IT -to distinguishing HGG from LGG- might be of high clinical relevance, and in our opinion deserves consideration.

CLINICAL RELEVANCE/APPLICATION

Our study suggests that different rCBV cut-off values should be applied in IT. In fact, our results demonstrated a different optimum threshold value of rCBV for IT (1.89) compared to ST (3.05).
Vascular/Interventional (Innovation in Non-hepatic Tumor Ablation)
Tuesday, Dec. 1 3:00PM - 4:00PM Location: N230

Participants
Juan C. Camacho, MD, Atlanta, GA (Moderator) Nothing to Disclose
Naganathan B. Mani, MD, Chesterfield, MO (Moderator) Nothing to Disclose

Sub-Events
SSJ26-01 Percutaneous Soft Tissue Cryoablation of the Head and Neck: A Safe and Effective Treatment Option
Tuesday, Dec. 1 3:00PM - 3:10PM Location: N230

Participants
Hussein D. Aoun, MD, Dearborn, MI (Presenter) Nothing to Disclose
Fatima Memon, MD, Detroit, MI (Abstract Co-Author) Nothing to Disclose
Mohamed M. Jaber, MD, Detroit, MI (Abstract Co-Author) Nothing to Disclose
Barbara A. Adams, MSN, Detroit, MI (Abstract Co-Author) Nothing to Disclose
Evans N. Fletcher, MS, BA, Detroit, MI (Abstract Co-Author) Nothing to Disclose
Matthew Prus, BS, Detroit, MI (Abstract Co-Author) Nothing to Disclose

PURPOSE
To assess the technical feasibility and local outcomes of cryoablation for head and neck masses. We hypothesize that head and neck cryoablation responds similarly in terms of recurrence, complication and/or healing rates, regardless of anatomic location and tumor type.

METHOD AND MATERIALS
42 CT and/or US-guided, percutaneous cryotherapy procedures were performed for 55 tumors from primary (22) and metastatic cancers (33), in 20 patients. In general, cases were selected to avoid major cranial nerves, skin, and endoluminal involvement. Tumor number and type, prior treatment regimens, ablation volumes, location, abutting vessels >3mm, recurrences, and procedural complications were noted. Complications were graded according to Common Terminology Criteria for Adverse Events Version 4.0 (CTCAE). Local tumor recurrence and involution was monitored over time with 1, 3, 6, 12 month and annual scans thereafter.

RESULTS
Percutaneous cryoablation was performed under conscious sedation, with only one patient requiring intubation due to anticipated pharyngeal swelling post-procedure. The 22 primary tumors consisted solely of squamous cell carcinoma and the metastases were from lung (11), osteosarcoma (5), renal (4), sarcoma (3), and other (10) in origin. Of the 42 total procedures, 10 procedures involved multiple tumors being ablated in the same session. Average diameters of tumor and ablation zone were 2.5 cm and 4.2 cm, respectively. Major complications (CTCAE Grade >3) occurred after 2 procedures (4.8%). Of the 2 complications, one was a facial skin debridement as a result of thorough cryoabalation coverage. Mean follow-up was 1.7 years (range: 0.03-5.33 years). Although recurrence rates were higher for primary, there was no statistically significant difference in local recurrence rates for primary and metastatic tumors, 18.2% (4/22) and 3.0% (1/33) (p>0.05), respectively. All sites of cryoablation involuted to minimal scar formation after 9 months.

CONCLUSION
CT/US guided PCA is a safe, effective local cancer control option for oligo-metastatic patients with soft tissue tumors in the head and neck region. With appropriate precautions, local healing is excellent.

CLINICAL RELEVANCE/APPLICATION
Oligometastatic disease is becoming more common with improved systemic treatments. Cryoablation of tumors contributes to improved local control for many tumor types, particularly for those having 'escaped' other treatments

Breast Tumors Treated with Imaging-guided Percutaneous Ablation: Systematic Review and Meta-analysis
Tuesday, Dec. 1 3:10PM - 3:20PM Location: N230

Participants
Giovanni Mauri, MD, San Donato Milanese, Italy (Abstract Co-Author) Consultant, Esaote SpA
Maria P. Fedeli, San Donato Milanese, Italy (Abstract Co-Author) Nothing to Disclose
Lorenzo C. Pescatori, MD, San Donato Milanese, Italy (Presenter) Nothing to Disclose
Gianni Di Leo, Milan, Italy (Abstract Co-Author) Nothing to Disclose
Francesco Sardanelli, MD, San Donato Milanese, Italy (Abstract Co-Author) Speakers Bureau, Bracco Group Research Grant, Bracco Group Speakers Bureau, Bayer AG Research Grant, Bayer AG Research Grant, IMS International Medical Scientific
Luca Maria Sconfienza, MD, PhD, San Donato Milanese, Italy (Abstract Co-Author) Nothing to Disclose

PURPOSE
The aim of this study was to systematically review studies on imaging-guided percutaneous treatment of breast tumors.

METHOD AND MATERIALS
In March 2015 a literature search was performed on MEDLINE, EMBASE and the Cochrane Database of Systematic Reviews using
RESULTS
A total of 688 articles were initially retrieved, 638 were excluded based on abstract or full text. Fifty articles were finally analyzed, for a total of 1253 patients. The used technique was radiofrequency in 24 articles (576 patients), HIFU in 9 (211 patients), cryoablation in 7 (161 patients), laser in 7 (227 patients), microwave in 3 (78 patients). Range of tumor size was 4-60 mm. Overall technical success and effectiveness were 96% (94%-97%) and 76% (67%-83%), respectively. At subgroup analysis 96% (94%-97%) and 83% (76%-89%) for RFA; 96% (93%-98%) and 62% (36%-83%) for HIFU; 96% (90%-98%) and 73% (44%-90%) for cryoablation; 98% (95%-100%) and 55% (23%-83%) for laser ablation; 93% (81%-97%) and 90% (77%-96%) for microwaves. In subgroup analysis, the difference of technical effectiveness among techniques was borderline significant (P<0.05). Overall minor complication rate was 10% (6%-16%); overall major complication rate was 6% (5%-8%).

CONCLUSION
Percutaneous thermal ablation of breast tumor are technically feasible; radiofrequency and microwaves showed higher effectiveness.

CLINICAL RELEVANCE/APPLICATION
Percutaneous thermal ablation of breast tumors is technically feasible; radiofrequency and microwaves seem to be more effective, even if high heterogeneity is present in various studies. Further investigations are needed to better clarify the issue.

SSJ26-03 Dynamic Contrast Enhanced MRI for Response Monitoring after Vertebral Body Cryoablation

Tuesday, Dec. 1 3:20PM - 3:30PM Location: N230

Participants
Rebecca Krimins, DVM,MS, Baltimore, MD (Abstract Co-Author) Nothing to Disclose
Dara L. Kraitchman, DVM, PhD, Baltimore, MD (Abstract Co-Author) Nothing to Disclose
Romiesa Hagoug, BSC, London, United Kingdom (Abstract Co-Author) Employee, Image Analysis Ltd
Diana Roettger, PhD, London, United Kingdom (Abstract Co-Author) Employee, Image Analysis Ltd
Jonathan S. Lewin, MD, Baltimore, MD (Abstract Co-Author) Nothing to Disclose
Jan Fritz, MD, Baltimore, MD (Presenter) Research Grant, Siemens AG; Research Consultant, Siemens AG; Speaker, Siemens AG

PURPOSE
MRI monitoring of osseous cryoablation is desirable. However, expected, chronic MRI changes are not well defined. Dynamic contrast enhanced (DCE) MRI is a function of tissue perfusion and, thus, a marker for tissue viability. Therefore, we sought to prospectively define the longitudinal DCE MRI perfusion parameter changes after vertebral body cryoablation.

METHOD AND MATERIALS
MR-guided vertebral body cryoablations were performed in four healthy, juvenile Yorkshire pigs at two vertebral locations at 1.5 Tesla. Standard DCE MRI was performed 30 minutes after cryoablation (baseline) and repeated 10-13 days later (follow-up). DCE parameters were obtained using software (Dynamika, Image Analysis Ltd, London, UK) and included color-coded gadolinium maps for persistent, plateau or washout signal intensity curves, initial rate of enhancement (IRE), and maximum enhancement (ME). DEMRIQ scores were calculated as DEMRIQ_IRE = IREmean * (Number of Plateau Pixels + Number of Washout Pixels) and DEMRIQ_ME = MEmean * (Number of Plateau Pixels + Number of Washout Pixels). P values were calculated using a Wilcoxon Signed Rank test.

RESULTS
All ablation zones demonstrated initially complete absence of gadolinium perfusion, whereas the surrounding ventral bone marrow was intact. Compared to baseline, the ablation zone decreased in size at follow-up in 8/8 (100%) vertebral bodies and completely disappeared in 4/8 (50%) with parameters indicating increased marrow perfusion along the margin of the ablation zone. Comparing baseline and follow-up, mean plateau pixels increased from 750 ± 644 (range, 205-1926) to 806 ± 474 (269-1546) (p<0.01), mean washout pixels from 115 ± 86 (4-233) to 398 ± 316 (15-853) (p<0.01), mean DEMRIQ_IRE scores from 2.98 ± 1.53 (0.91-5.81) to 6.60 ± 3.96 (2.30-14.39) (p<0.05) and mean DEMRIQ_ME scores from 1345 ± 909 (396-2880) to 1855 ± 966 (793-3519) (p<0.05). Comparison of baseline to follow-up in 8/8 (100%) vertebral bodies revealed significant changes in mean washout pixels (p<0.01), mean DEMRIQ_IRE scores (p<0.05) and mean DEMRIQ_ME scores (p<0.05). Our results suggest that DCE MRI can be used to visualize the cryoablation zone. Longitudinal changes in parameters suggest a healing response with marrow hyperperfusion along the margins of the ablation zone and centripetal healing in normal swine. Clinical relevance of these findings is ongoing.

CONCLUSION
Our results suggest that DCE MRI can be used to visualize the cryoablation zone. Longitudinal changes in parameters suggest a healing response with marrow hyperperfusion along the margins of the ablation zone and centripetal healing in normal swine. Clinical relevance of these findings is ongoing.

CLINICAL RELEVANCE/APPLICATION
Longitudinal DCE MRI parameters may be a means to monitor response and healing after percutaneous cryoablation therapy.

Honored Educators
Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Jonathan S. Lewin, MD - 2012 Honored Educator
**RESULTS**

51 of 52 (98.1%) percutaneous hyperthermia catheters were placed successfully inside the tumor, whereas one catheter was placed adjacent to the tumor. Mean tumor diameter was 7.8 ± 4.6 cm and the mean catheter distance within the tumor was 6.4 ± 3.7 cm. Mean procedure time was 30.9 ± 11.0 min. Periprocedural complications were observed in 2 of 52 (3.8%) patients; one patient developed an abscess along the subcutaneous catheter pathway and one patient had a self-limiting abdominal hematoma. 2 of 52 (3.8%) catheters dislocated within 2 weeks after the procedure.

**CONCLUSION**

CT-guided hyperthermia catheter placement is a safe and reliable method to support treatment control in deep regional hyperthermia for cancer treatment.

**CLINICAL RELEVANCE/APPLICATION**

Deep regional hyperthermia is a promising salvage treatment option for sarcoma and recurrent malignancies. CT-guidance placement of hyperthermia catheter is a safe and reliable procedure and can therefore be recommended to support temperature measurements inside the tumor during deep regional hyperthermia treatment.

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**METHOD AND MATERIALS**

A total of 40 fiducial markers were positioned in a single plane around a triaxial microwave ablation antenna in ex vivo liver, orthogonal to the scan plane. Powers of 50-100W at 2.45GHz (4-6 per group) were applied for 10min. CT data was acquired over entire volume every 15s. CT data was processed with markers classified into outer, middle and inner lines, which were initially 22mm, 15mm and 8mm radially from, and symmetrically oriented on both sides of the antenna. Principal strain magnitude and direction was calculated in the outer, middle and inner regions by using a triangle meshing technique. Normal and shear strain were calculated such that negative strain denoted contraction and positive strain denoted expansion. Time varying strain curves were calculated to evaluate the extents of tissue deformation in each region.

**RESULTS**

On average, the volumetric strain peaked at first and decayed exponentially over time. All strains were negative; no evidence of tissue expansion was observed in contrast with previous reports using a similar technique. Applied energy was correlated to greater negative strain in the inner region (R²=0.9738). In addition, powers over 50W created significantly greater inner strain than 50W (-65.7% and -54.4% for 75W and 100W, respectively, compared to -38.2% for 50W; One way ANOVA, p<.0001). In the outer region which contained the ablation periphery, volumetric strain dropped to -41.9% and -44.3% at 75W and 100W, respectively (p>.05). Both were significantly greater than the strain of -23.7% at 50W (p<.0001). Outer strain angles at 50W, 75W and 100W were -0.8°, -8.1° and 1.0°, respectively. It demonstrates that the strain is oriented nearly parallel to the radial axis such that the diameter of the ablation zone is contracting more than its length. This result is concordant with previous observations.

**CONCLUSION**

Principal strain, a mechanical indicator of tissue deformation, decreases 30-60% during microwave ablation indicating strong tissue contraction. Greater negative strain was observed at higher applied energies in the inner region of ablation zone. Higher diametric contraction indicates ablation zones appear more elongated than the original volume.
CLINICAL RELEVANCE/APPLICATION

Tissue deformation during ablation procedures has an important effect on the treatment planning and follow-up.
SSJ18

**Neuroradiology (Advances in Intracranial CT, MR Angiography and Perfusion)**

**Tuesday, Dec. 1 3:00PM - 4:00PM Location: N226**

**NR CT MR**

AMA PRA Category 1 Credit ™: 1.00
ARRT Category A+ Credit: 1.00

FDA Discussions may include off-label uses.

**Participants**

Rajan Jain, MD, Northville, MI (Moderator) Nothing to Disclose
Pina C. Sanelli, MD, Manhasset, NY (Moderator) Nothing to Disclose

**Sub-Events**

**SSJ18-01 A Task-Driven Parameter Optimization Method for Cerebral CT Perfusion Imaging**

**Tuesday, Dec. 1 3:00PM - 3:10PM Location: N226**

**Participants**

Ke Li, PhD, Madison, WI (Presenter) Nothing to Disclose
Kai Niu, MS, Madison, WI (Abstract Co-Author) Nothing to Disclose
Yijing Wu, Madison, WI (Abstract Co-Author) Nothing to Disclose
Pengfei Yang, Shanghai, China (Abstract Co-Author) Nothing to Disclose
Howard A. Rowley, MD, Madison, WI (Abstract Co-Author) Research Consultant, Bracco Group; Research Consultant, Guerbet SA; Research Consultant, General Electric Company; Consultant, W.L. Gore & Associates, Inc; Consultant, Lundbeck Group; ; ; ; ;
Guang-Hong Chen, PhD, Madison, WI (Abstract Co-Author) Research funded, General Electric Company; Research funded, Siemens AG

**PURPOSE**

CT perfusion (CTP) imaging offers great opportunities in improving patient selection for endovascular therapy of acute ischemic stroke due to its potential in differentiating ischemic penumbra from the infarct core. However, several challenges in CTP such as poor image quality and high radiation dose have severely reduced its clinical value. This work introduces a task-driven framework to optimize CTP system parameters for improved imaging performance and reduced radiation dose.

**METHOD AND MATERIALS**

The proposed framework quantitatively relates image quality metrics (e.g., noise power spectrum or NPS) of the final CTP functional maps with CTP system parameters such as radiation dose and post-processing filter strength. This was achieved by developing a cascaded chain model for the CTP imaging system. To address the limitation of zero-frequency metrics such as the contrast-to-noise ratio (CNR), the framework used the task-based detectability index to quantify the CTP imaging performance. Using this framework, optimization of the post-processing denoising filter was performed for different radiation dose levels, and the optimized system parameters were validated using an in vivo canine stroke model.

**RESULTS**

The NPS predicted by the proposed framework had excellent agreement with the experimental data (relative RMSE<2% for all CTP maps). This indicates that the “noisiness” of the CTP maps can be quantitatively related to CTP system parameters and dose levels. Compared with the CNR that favored the strongest spatial filters, the task-based detectability led to much more reasonable optimal filter selection. With these optimized protocols, numerical simulation results demonstrate a relative increase of 101% (95% CI: [23%, 179%]), 172% (95% CI: [67%, 277%]), or 256% (95% CI: [76%, 436%]) in terms of detectability index for CBV, CBF, and MTT maps, respectively. Visual inspection of the in vivo canine results agreed with the simulation results.

**CONCLUSION**

The task-driven framework has successfully guided the optimization of CTP imaging systems, potentially enabling a fundamental improvement in the quality and reliability of CTP-based parametric perfusion measurements.

**CLINICAL RELEVANCE/APPLICATION**

It is highly desirable for endovascular therapy, which has demonstrated its benefits in recently published clinical trials, to be able to reliably distinguish the penumbra from the infarct core during patient selection.


**Tuesday, Dec. 1 3:10PM - 3:20PM Location: N226**

**Participants**

Peter Sporns, MD, Munster, Germany (Abstract Co-Author) Nothing to Disclose
Tarek Zoubi, Muenster, Germany (Abstract Co-Author) Nothing to Disclose
Philipp Heermann, MD, Muenster, Germany (Abstract Co-Author) Nothing to Disclose
Sebastian Zimmer, MD, Munster, Germany (Abstract Co-Author) Nothing to Disclose
Walter L. Heindel, MD, Muenster, Germany (Abstract Co-Author) Nothing to Disclose
Wolfram Schwindt, MD, Muenster, Germany (Abstract Co-Author) Nothing to Disclose
Thomas Niederstadt, MD, Munster, Germany (Abstract Co-Author) Nothing to Disclose
Uta Hanning, MD, Muenster, Germany (Presenter) Nothing to Disclose
**PURPOSE**

Still no consent could be agreed about imaging of Acute Ischemic Stroke (AIS) in the posterior circulation. To our knowledge there exist only two studies investigating the efficacy of Computed Tomography Perfusion (CTP) for stroke detection in the posterior circulation. A recent study proposes an increase of diagnostic accuracy by additional CTP to protocols including only computed tomography angiography (CTA) and noncontrast computed tomography (NCCT), where another blinded study recognized no significant difference in the detection of supratentorial and infratentorial stroke lesions. However patient populations were relatively small. We therefore conducted a research containing a large number of consecutive patients to evaluate the diagnostic value of CTP in acute posterior circulation stroke.

**METHOD AND MATERIALS**

We retrospectively evaluated data of consecutive ischemic stroke patients admitted between January 1st 2012 and March 31st 2015 at a tertiary care center. The inclusion criteria for this study were (1) suspected ischemic stroke of the posterior circulation as defined in the Oxfordshire classification; (2) NCCT, CTA and CTP performed on admission; and (3) CT performed <9 hours after symptom onset. For statistical analysis we used three logistic regression models: (1) NCCT, (2) NCCT + CTA;SI and (3) NCCT + CTA-SI + CTP.

**RESULTS**

198 patients with suspected posterior circulation stroke fulfilled the inclusion criteria. Admission NCCT detected 26 (19%), CTA-SI 65 (48%), and CTP 109 (80%) of the 136 patients with an infarct in the posterior circulation on follow up imaging. Model 3 (area under the curve (AUC) from the receiver operating characteristic curve (ROC-curve)=0.90; 95% CI, 0.85-0.94) predicted an infarct in the posterior circulation territory better than models 1 (AUC from ROC-curve=0.597; 95% confidence interval, 0.52-0.67) and 2 (AUC from ROC-curve =0.74; 95% confidence interval, 0.67-0.81).

**CONCLUSION**

Our findings in a large cohort of consecutive patients show that CTP detects significantly more ischemic strokes in the posterior circulation than CTA and NCCT alone.

**CLINICAL RELEVANCE/APPLICATION**

Computed Tomography Perfusion should be added to standard CT- protocols for detection of ischemic stroke in the posterior circulation.

**SSJ18-03**  
**Optimal Acquisition and Modeling Parameters for Accurate Assessment of Low Ktrans Blood Brain Barrier Permeability Using Dynamic Contrast-Enhanced MRI**

Tuesday, Dec. 1 3:20PM - 3:30PM Location: N226

**PARTICIPANTS**

Samuel Barnes, PhD, Detroit, MI (Abstract Co-Author) Nothing to Disclose
Thomas S. Ng, MD, PhD, Boston, MA (Presenter) Nothing to Disclose
Axel Montagne, Los Angeles, CA (Abstract Co-Author) Nothing to Disclose
Eu-Meng Law, MBBS, Los Angeles, CA (Abstract Co-Author) Speakers Bureau, Toshiba Corporation; Medical Advisory Board, Bayer AG; Medical Advisory Board, Bracco Group; Medical Advisory Board, FUJIFILM Holdings Corporation; Berislav Zlokovic, Los Angeles, CA (Abstract Co-Author) Nothing to Disclose
Russell E. Jacobs, PhD, Pasadena, CA (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

The purpose of this study is to determine optimal parameters for acquisition and processing of DCE-MRI to detect small changes in near normal low BBB permeability in the human brain. Dynamic contrast-enhanced (DCE) MRI gives quantitative and semi-quantitative information about the integrity of the blood-brain barrier (BBB). Subtle changes of BBB integrity has been implicated in conditions such as Alzheimer's disease, traumatic brain injury and Multiple Sclerosis. The parameter of interest in BBB integrity is the transfer constant Ktrans, which describes the transfer rate of molecules from plasma space into interstitial space; however, optimal methods to collect and analyze DCE data in order to detect subtle changes to BBB integrity remain unclear.

**METHOD AND MATERIALS**

A contrast-to-noise ratio metric (K-CNR) was developed to evaluate for Ktrans precision and accuracy estimation as a function of imaging parameters commonly encountered in a DCE-MRI study. Using the K-CNR, the effects of kinetic model selection, scan duration, temporal resolution, signal drift and length of baseline on the estimation of low permeability values were evaluated with clinically consistent simulations.

**RESULTS**

The Patlak model was shown to give the highest K-CNR at low Ktrans. The Ktrans transition point, above which other models gave superior results, was highly dependent on scan duration and tissue extravascular extracellular volume fraction (ve). The highest K-CNR for low Ktrans was obtained when Patlak model analysis was combined with long scan times (10-30 minutes), modest temporal resolution (<60 seconds/image), and long baseline scans (1-4 minute). Signal drift as low as 3% was shown to affect the accuracy of Ktrans estimation with Patlak analysis.

**CONCLUSION**

DCE acquisition and modeling parameters are interdependent and should be optimized together for the tissue being imaged. Appropriately optimized protocols can detect even the subtlest changes in BBB integrity and may be used to probe the earliest changes in neurodegenerative diseases such as traumatic brain injury, Alzheimer's disease and Multiple Sclerosis.

**CLINICAL RELEVANCE/APPLICATION**

We analyzed the effects of DCE-MRI acquisition parameters and model selection to detect subtle changes in blood-brain barrier permeability, which are implicated in several neurodegenerative diseases.

**SSJ18-04**  
**Choosing the Right Arterial Input Function Selection Mode for T1-DCE MRI in the CNS**
Higher in hemispheres with well-developed LMA (11.4±3.9, P<0.01) than those with mildly developed LMA (6.8±2.2). The increment in #vessel was higher in hemispheres with severe IC stenosis (11.0±4.0, P<0.01) than those with mild stenosis (6.8±2.4). The increment in #vessel was higher in ASASL-MRA (20.4±8.0, P<0.0001) than that with TOF-MRA (9.2±9.2). The increment in #vessel was higher in ASASL-MRA (16.9±4.9, P<0.0001) than that with TOF-MRA (7.2±4.5). The average #vessel obtained with ASASL-MRA was larger than that with TOF-MRA.

RESULTS

Methods (#vesselASASL-#vesselTOF) was evaluated based on the DSA findings.

Participants

Fifteen patients with moyamoya disease (age 26.1±23.9 year-old; 6 males, 9 females) were examined with both TOF- and ASASL-MRA. Time-of-flight (TOF)-MR angiography (MRA) frequently fails to visualize distal arteries to the steno-occlusive lesion because of the slow or retrograde flow. In this study, we evaluated the utility of acceleration-selective arterial spin labeling (ASASL)-MRA in depiction of distal arteries in moyamoya disease.

METHOD AND MATERIALS

76 patients with various brain lesions underwent a T1-DCE scan MRI at 3.0 T (Philips Achieva TX, 8-channel head coil): 36 axial slices, TE=1.7 ms, 2 dual flip angle series, dynamic sequence: 50 scans; 12 scans/min.; contrast agent (CA) gadobutrol (0.1 mmol/kg BW; Bayer Healthcare). T1-DCE parameters Ktrans and ve were calculated with Intellispace software (Philips Healthcare).

RESULTS

1085 ROI in brain tissue were the basis of all calculations. Using the SSS AIF, ve is significantly less overestimated compared to ACI or CV AIF (p<0.001). ROI CA peaks falsely exceed AIF peaks significantly more often in ACI or CV AIF than in SSS AIF (p<0.0001). CA peaks are significantly higher in SSS AIF (p<0.001). For glioma, the range of Ktrans values based on SSS AIF correlates best with expected ranges. Peak CA values correlate poorly between AIF selection methods except for ACI and CV AIF (r=0.515); T1-DCE parameters differed highly depending on AIF selection method (p<0.001).

CONCLUSION

A ROI placement in the SSS for manual AIF selection produces significantly more trustworthy results compared other selection methods in T1-DCE MRI. ROI placements in the ACI and the CV frequently underestimate the peak arterial concentration of contrast agent and consecutively distort T1-DCE parameters.

CLINICAL RELEVANCE/APPLICATION

This technical analysis study of effects of AIF selection on T1-DCE parameters is of value for all radiologists using T1-DCE MRI in the CNS concerning interpretation and validation of their results.

SSJ18-06 Acceleration-selective Arterial Spin Labeling (ASASL) MR Angiography for Visualization of Distal Cerebral Arteries in Moyamoya Disease

Participants

Osamu Togao, MD, PhD, Fukuoka, Japan (Presenter) Nothing to Disclose
Akio Hwataishi, MD, Fukuoka, Japan (Abstract Co-Author) Nothing to Disclose
Koji Yamashita, MD, PhD, Fukuoka, Japan (Abstract Co-Author) Nothing to Disclose
Kazufumi Kikuchi, MD, Fukuoka, Japan (Abstract Co-Author) Nothing to Disclose
Makoto Obara, Tokyo, Japan (Abstract Co-Author) Nothing to Disclose
Hiroshi Honda, MD, Fukuoka, Japan (Abstract Co-Author) Nothing to Disclose

PURPOSE

Time-of-flight (TOF)-MR angiography (MRA) frequently fails to visualize distal arteries to the steno-occlusive lesion because of the slow or retrograde flow. In this study, we evaluated the utility of acceleration-selective arterial spin labeling (ASASL)-MRA in depiction of distal arteries in moyamoya disease.

METHOD AND MATERIALS

Fifteen patients with moyamoya disease (age 26.1±23.9 year-old; 6 males, 9 females) were examined with both TOF- and ASASL-MRA on a 3T MR scanner. All patients underwent cerebral digital subtraction angiography (DSA). The ASASL-MRA consists of control (T2-preparation without motion-sensitized gradient: MSG) and label (with MSG) parts followed by 3D T1-weighted gradient-echo sequence. In the label part, MSG employs a motion compensation design to selectively detect spins with acceleration component in arteries. The TOF-MRA was obtained in the same geometry and acquisition time (6min13sec) as ASASL-MRA. In both MRAs, the number of distal MCA branches (#vessel) was counted by a line profile analysis and the contrast-to-noise ratio (CNR)

RESULTS

The average #vessel obtained with ASASL-MRA (16.9±4.9, P<0.0001) was larger than that with TOF-MRA (7.2±4.5). The average CNR with ASASL-MRA (20.4±8.0, P<0.0001) was higher than that with TOF-MRA (9.2±9.2). The increment in #vessel was higher in hemispheres with severe IC stenosis (11.0±4.0, P<0.01) than those with mild stenosis (6.8±2.4). The increment in #vessel was higher in hemispheres with well-developed LMA (11.4±3.9, P<0.01) than those with mildly developed LMA (6.8±2.2).
CONCLUSION
The ASASL-MRA improved the visualization of peripheral arteries distal to the steno-occlusive site reflecting collateral flow via LMA in moyamoya disease.

CLINICAL RELEVANCE/APPLICATION
ASASL-MRA serves as a non-invasive technique to evaluate the status of branches distal to the affected main trunk representing the LMA collateral flow. The method might be useful in the planning of bypass surgery.
**Emergency Radiology (Chest Emergencies)**

**Tuesday, Dec. 1 3:00PM - 4:00PM Location: N227**

**Participants**
Martin L. Gunn, MBChB, Seattle, WA (*Moderator*) Research support, Koninklijke Philips NV; Spouse, Consultant, Wolters Kluwer NV; Medical Advisor, TransformativeMed, Inc; Mariano Scaglione, MD, Castel Volturno, Italy (*Moderator*) Nothing to Disclose

**Sub-Events**

**SSJ06-01 Predicting Pulmonary Embolus in ED Patients with Isolated Below-the-Knee Deep Vein Thrombosis**

**Tuesday, Dec. 1 3:00PM - 3:10PM Location: N227**

**PURPOSE**
Existing literature is mixed regarding risk of isolated below-the-knee deep vein thrombosis (BKDVT) relating to development of pulmonary embolus (PE). Patients with acuity of symptoms triggering an emergency department (ED) visit may be at higher risk. This study aims to quantify and characterize the risk of PE in ED patients found to have BKDVT.

**METHOD AND MATERIALS**
In this IRB-approved, HIPAA compliant study, ED lower extremity ultrasounds from 2005-2015 were reviewed to identify patients with isolated BKDVT. Medical records were reviewed for either PE protocol or conventional protocol chest CT within 1 month of the index ultrasound to assess for PE. Key clinical factors at presentation were determined, including venous territories involved and history of DVT, malignancy, medical risk factors (e.g. smoking, genetic predisposition, medications, travel), recent surgery/hospitalization, and respiratory symptoms/pain. Chi Square test was performed to compare utility of clinical factors in assessing risk of PE in patients with BKDVT, with statistical significance set at p<0.05.

**RESULTS**
135 studies were identified with isolated BKDVT, with patients of average age 57.1 +/- 17.2 (mean +/- SD) with a range of 21-93, including 51% male, 49% female. BKDVT was identified in the posterior tibial (50%), peroneal (42%), gastrocnemius (19%), anterior tibial (2%), and soleal (1%) veins. Patients either had 1 (84%) or 2 territories (16%) involved, with 8% bilateral. 50 patients (37%) underwent chest CT in the prescribed period. No difference was seen in age (p=.232), gender (p=.774), or territories involved (p=.830) in those who underwent CT versus those who did not. Of those with CT, 31 (62%) had PE. Presence of two territories (e.g. posterior tibial and peroneal) was associated with higher likelihood of PE (p=0.018). Other clinical factors were not meaningful, including history of DVT (p=.232), malignancy (p=.756), medical risk factors (p=.255), recent surgery/hospitalization (p=1.00), symptoms (p=.773), and bilaterality (p=.637).

**CONCLUSION**
ED patients presenting with isolated BKDVT have a very high incidence (62%) of concurrent PE. While the utility of predictive factors is limited due to this high incidence, presence of BKDVT in two venous territories was highly associated with PE.

**CLINICAL RELEVANCE/APPLICATION**
ED patients with isolated below-the-knee deep vein thrombosis have a much higher rate of PE than traditionally expected.

**SSJ06-02 Ultra-low-dose Chest CT with Iterative Reconstructions vs Chest X-Ray in Emergency Settings. Is it the Beginning of a New Era? Preliminary Observations**

**Tuesday, Dec. 1 3:10PM - 3:20PM Location: N227**

**Participants**
Francesco Macri, MD, Nimes, France (*Presenter*) Nothing to Disclose
Joel Greffier, Nimes, France (*Abstract Co-Author*) Nothing to Disclose
Alina Chica Rosa, MD, Nimes, France (*Abstract Co-Author*) Nothing to Disclose
Cornelia Freitag, Nimes, France (*Abstract Co-Author*) Nothing to Disclose
Gian Franco Gualdi, MD, Roma, Italy (*Abstract Co-Author*) Nothing to Disclose
Ahmed Larbi, MD, Nimes, France (*Abstract Co-Author*) Nothing to Disclose
Jean-Paul Beregi, MD, Nimes, France (*Abstract Co-Author*) Nothing to Disclose

**PURPOSE**
To evaluate the diagnostic power of the ultra-low-dose CT (ULD-CT) of the chest compared to the chest X-ray (CXR) at the emergency room (ER).
METHOD AND MATERIALS

Patients with dubious CXR performed at the ER searching for pneumothorax, fractures and pneumopathy who underwent a ULD-CT within 48 hours. ULD-CT acquisition was performed on a 64 slices MDCT (Somatom Definition AS+, Siemens) with 100 kVp ± 20 (depending on the patient constitution) and fixed 10 mAs, without injection of intravenous iodinated contrast media. Images were reconstructed with Sinogram-AFFirmed-Iterative-Reconstructions (SAFIRE, Siemens) with S4 and I50f for pulmonary parenchyma and with S3 and I30f for the mediastinum. A radio-physicist evaluated the dose differences between CXR and ULD-CT. Two radiologists independently evaluated the diagnostic quality of the images and the diagnostic degree of confidence.

RESULTS

A total of 136 patients (M 72; F 64) with a mean age of 63 years (± 20.5) and a mean BMI 23.6 kg/m2 (± 5.1) were enrolled. The effective dose for CXR was 0.133 ± 0.132 mSv, 59% lower than CXR french Diagnostic Reference Levels (fDRL): 0.225 mSv. The effective dose for ULD-CT was 0.189 ± 0.035 mSv, 97% lower than chest CT fDRL: 6.65 mSv. ULD-CT revealed a higher quantity of small pneumothoraxes and fractures and better depicted the pneumopathies compared to CXR. Readers recorded a high score of diagnostic confidence level for ULD-CT. Diagnostic decision-making was possible even on noisy CT images.

CONCLUSION

ULD-CT with iterative reconstructions, with an irradiation dose close to CXR, allowed a reliable study of the patients with the suspicion of pneumothorax, fractures and pneumopathy.

CLINICAL RELEVANCE/APPLICATION

Ultra-low-dose chest CT with iterative reconstructions improves the management of the ER patients with suspicion of pneumothorax, fractures and pneumopathy by reducing the delay of diagnosis and avoiding redundant exposure.

SSJ06-03 Dual-Energy CT of Chest in Pulmonary Angiography: Maximizing Optimal Contrast Enhancement with a Non-Linear Blending Technique

Tuesday, Dec. 1 3:20PM - 3:30PM Location: N227

Participants

Teresa I. Liang, MD, Vancouver, BC (Presenter) Nothing to Disclose
Ismail T. Ali, MBChB, MD, Vancouver, BC (Abstract Co-Author) Nothing to Disclose
Memoona Mian, MD, FRCR, Vancouver, BC (Abstract Co-Author) Nothing to Disclose
Patrick D. McLaughlin, FFRRCSI, Cork, Ireland (Abstract Co-Author) Speaker, Siemens AG
Savvas Nicolaou, MD, Vancouver, BC (Abstract Co-Author) Institutional research agreement, Siemens AG

PURPOSE

CT Pulmonary angiography (CT PE) is the gold standard for diagnosis of pulmonary emboli (PE). However, in suboptimal conditions, contrast enhancement is inadequate for diagnostic purposes, and scans often need to be repeated. In this study we evaluate the utility of Dual Energy CT (DECT PE) non-linear blending technique in patients with suspected PE in comparison to a standard 100 kVp scan.

METHOD AND MATERIALS

Thirty-five patients between September 19, 2013 and 2014 with a suspected PE, underwent a standardized high-pitch DECT PE protocol to generate standard 100kVp (DECT-100) and non-linear blended images (DECT-OC). Visualization of the pulmonary arteries on the two image sets was scored on a Likert scale from 1 to 5 by two readers (Score of 5 = excellent sharp visualization of anatomical structures, no image noise and artifacts; score of 1 = poor visualization of anatomical structures, and severe image noise and artifacts). Each segment was assessed for diagnostic ability of possible PE. Mean and standard deviation of CT values within pulmonary arteries, muscle, and air were recorded, and signal to noise (SNR) and contrast to noise (CNR) ratios were generated as a quantitative index of image quality. Student t-test and Wilcoxon rank sum test were used for statistical analysis, and p<0.05 was considered significant.

RESULTS

Visualization scores were significantly better on all segments (Main, left and right, lobar, segmental and subsegmental pulmonary arteries) on the DECT-OC images for both readers (p<0.0001). In the 490 pulmonary artery segments evaluated, 34 were non-diagnostic on the DECT-100 images, whereas only 7 were non-diagnostic on the DECT-OC images (p<0.0001). Mean SNR was 97% higher (27.67 vs. 54.53, p<0.0001) and mean CNR was 105% higher (14.76 vs 30.27, p<0.0001) on the DECT-OC images.

CONCLUSION

The application of a DECT non-linear blending technique for the diagnosis of PE helps significantly improve SNR, CNR, and arterial visualization in comparison to a standard 100 kVp scan, yielding substantially improved diagnostic image quality.

CLINICAL RELEVANCE/APPLICATION

Non-linear blended DECT PE allows optimal visualization of the pulmonary vasculature leading to improved detection of PE, and may be especially useful in suboptimal studies to avoid repeat scans.

SSJ06-04 Sickle Cell Patients Undergoing CT Pulmonary Angiography in the Emergency Department: An Analysis

Tuesday, Dec. 1 3:30PM - 3:40PM Location: N227

Participants

David D. Bates, MD, Boston, MA (Presenter) Nothing to Disclose
Z Liu, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Christina A. LeBedis, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Nagaraj-Setty Holakere, MD, Boston, MA (Abstract Co-Author) Owner, imaginglink, LLC

PURPOSE
To analyze the data for patients with sickle cell disease being evaluated in the emergency department with CT pulmonary angiography.

METHOD AND MATERIALS

This retrospective study was approved by our Institutional Review Board. Patients with sickle cell disease were evaluated with CT pulmonary angiography (CTPA) 42 times in the Emergency Department over 26 months beginning in November 2011. Clinical data and imaging were reviewed and compared with patients from the same period. Studies were classified as positive for acute pulmonary embolism, negative for acute pulmonary embolus, or indeterminate. Wells' scores were calculated for each sickle patient as well as a control group based on the medical records. Statistical analysis was performed.

RESULTS

Patients with sickle cell undergoing CTPA in the emergency department were significantly more likely to have either 'Moderate' or 'High' risk Wells' scores (53.7% vs. 31.0, p < 0.05), more likely to be female (76.19% vs. 62.79%, p < 0.05), and had lower mean age (31.74 vs. 55.26 years, p < 0.05). No statistically significant difference was observed for the rate of acute PE between sickle cell patients and the ER population (7.14% vs. 10.67%).

CONCLUSION

Sickle cell patients are younger and are more likely to be female than the general population of patients undergoing CTPA in the ED. Sickle cell patients are also more likely to be categorized as either 'Moderate' or 'High' risk based on Wells' criteria than a control group. No significant difference in the rate of acute PE was observed for sickle patients compared with the general population of patients when undergoing CTPA in the ED.

CLINICAL RELEVANCE/APPLICATION

Sickle cell patients are younger and more likely to be female and more likely to be classified as Moderate or High Risk based on Wells' criteria when being evaluated with CTPA in the emergency department (ED). Despite the higher risk profile, no difference was observed in the rate of acute PE for sickle cell patients, though the small sample size limits sensitivity for the detection of a true difference in the incidence of acute PE. Younger and female, sickle cell patients as a group may be at higher risk for the stochastic effects of ionizing radiation. Our study suggests that risk stratification models used in clinical decision pathways for the evaluation of PE in the general population may not be appropriate for use in sickle cell patients.

SS306-05 The Impact of Maximum Aortic Wall Thickness on Patient Outcomes in Acute Type A Intramural Hematoma

Tuesday, Dec. 1 3:40PM - 3:50PM Location: N227

Participants

Michael K. Atalay, MD, PhD, Providence, RI (Presenter) Nothing to Disclose
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Grayson L. Baird, MS, Providence, RI (Abstract Co-Author) Nothing to Disclose
Dennis Kwon, MD, Providence, RI (Abstract Co-Author) Nothing to Disclose
Neal Sodha, MD, Providence, RI (Abstract Co-Author) Nothing to Disclose

PURPOSE

Aortic intramural hematoma (IMH) is an uncommon acute aortic injury that can heal spontaneously or progress to potentially life-threatening complications. Maximum IMH thickness (Tmax) and luminal compression ratio (LCR) have been proposed as potentially useful metrics for identifying patients who are more likely to experience complications. The aim of this study was to correlate Tmax and LCR with patient outcomes in all Type A IMH cases performed in a large tertiary referral center over 11 years.

RESULTS

Over the study period, 54 thoracic IMH cases were captured in PACS, 23 (43%) of which were Type A and 31 (57%) Type B. Mean Type A patient age was 77±12 years and 13 (57%) of the 23 patients were female. Outcomes in 7 patients were unknown (1 Type A, 6 Type B). Of those remaining, 7 (32%) Type A cases and 10 (40%) Type B cases showed regression on serial follow-up imaging. A significant interaction for regression was observed for IMH Type and Tmax (p=0.039). For each millimeter increase in Tmax the odds of regression for Type A IMH decreased 26%. The Tmax for 50% probability of Type A regression was 8.6 mm. The mean Tmax for those Type A cases showing regression was 8.6 mm and for those showing progression 14.6 mm (p=0.015). There was no significant correlation between LCR or Dmax and patient outcomes for Type A IMH.

CONCLUSION

Maximal aortic wall thickness predicts the odds of spontaneous resolution or stability of Type A IMH and may in turn impact clinical management.

CLINICAL RELEVANCE/APPLICATION

The maximal aortic wall thickness in Type A IMH may potentially be used as a metric for adverse outcomes to guide medical versus surgical management.

SS306-06 Effect of Patient Lung Volume on Contrast Volume Administration During Computed Tomography Pulmonary Angiography

Tuesday, Dec. 1 3:50PM - 4:00PM Location: N227

Participants

Charbel Saade, PhD, Beirut, Lebanon (Presenter) Nothing to Disclose
Fadi M. El-Merhi, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Mukbil H. Hourani, MD, Beirut, Lebanon (Abstract Co-Author) Nothing to Disclose
Hassain Al-Mohiy, Abha, Saudi Arabia (Abstract Co-Author) Nothing to Disclose
Bassam El-Achkar, MD, Beirut, Lebanon (Abstract Co-Author) Nothing to Disclose
PURPOSE

To investigate the effect of patient lung volume and contrast volume on pulmonary artery opacification using a patient-specific contrast formula during pulmonary multidetector CT angiography.

METHOD AND MATERIALS

IRB approval for this prospective study was obtained. CTPA was performed on 120 patients with suspected PE using a 64-channel computed tomography scanner and a dual-barrel contrast injector. Patients were assigned to two protocol groups: protocol A, the department’s conventional protocol, employed a fixed 80 mL contrast volume, intravenously injected at 4.5 mL/s; protocol B used a patient-specific contrast formula based on patient cardiovascular dynamics. Both protocols used a 50 mL saline flush at 4.5 mL/s and a craniocaudal scan direction. The mean cross-sectional opacification profile of eight central and eleven peripheral pulmonary arteries and veins were measured for each patient and arteriovenous contrast ratio (AVCR) calculated for each lung segment. Mean lung volume were quantified using a computer aided detection software. Protocols were compared using Mann-Whitney U non-parametric statistics. Inter-observer variations were investigated using Kappa methods.

RESULTS

A number of pulmonary arteries demonstrated increases in opacification (p<0.03) for protocol B compared with A whilst opacification in the heart and all veins was reduced in protocol B (p=0.05). Subsequently, increased AVCR in protocol B compared with A was observed at all anatomic locations (p<0.0002) where this ratio was calculated. Mean contrast volume demonstrated a reduction in protocol B (33±9 mL) compared to A (80±1mL). In protocol B larger lung volumes were significantly correlated to larger volumes of contrast (p<0.03). Inter-observer variation was observed with protocol B compared with A with the latter metric increasing from κ = 0.28 to 0.71 respectively.

CONCLUSION

Significant improvements in visualisation of the pulmonary vasculature can be achieved with low contrast volume. Patient lung volume is significantly correlated to contrast volume administration employing a patient-specific contrast formula.

CLINICAL RELEVANCE/APPLICATION

Matching patient lung volume and contrast injection timing with vessel dynamics significantly improves vessel opacification and reduces contrast dose in the assessment of pulmonary embolism (PE) during computed tomography pulmonary angiography (CTPA).
SSJ19

Neuroradiology/Head and Neck (ENT Oncology)

Tuesday, Dec. 1 3:00PM - 4:00PM Location: N228

Participants
Ashley H. Aiken, MD, Atlanta, GA (Moderator) Nothing to Disclose
Barton F. Branstetter IV, MD, Pittsburgh, PA (Moderator) Nothing to Disclose

Sub-Events
 SSJ19-01  Lymph Node Imaging Reporting and Data System for Ultrasound and Real-time Elastography of Cervical Lymph Node: A Pilot Study

Tuesday, Dec. 1 3:00PM - 3:10PM Location: N228

Participants
Kyeong Hwa Ryu, MD, Busan, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
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Ji-Hwa Ryu, Busan, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Jung Hee Son, MD, Busan, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

PURPOSE
To analyze ultrasound (US) and real-time elastography (RTE) features of cervical lymph node and propose a structural reporting system for lymph node.

METHOD AND MATERIALS
Between 2013 and 2014, 291 consecutive patients underwent US guided biopsies and follow-up for cervical lymph nodes were enrolled in a single institution. US features were analyzed as follows; shape, margin, echogenicity, echogenic hilum, gross necrosis, calcification, matting and vascular pattern. RTE features were analyzed; elasticity score and strain ratio. By logistic regression analysis, a score for each significant factor was assigned and multiplied by the β coefficient, and then fitted probability of malignancy was calculated. The risk of malignancy of lymph node was determined, based on the number of suspicious features.

RESULTS
Imaging features to be significantly associated with malignancy were round shape, not circumscribed margin, hyperechogenicity, absence of hilum, presence of gross necrosis and calcification, peripheral/mixed vascularity, elasticity score 3 and 4, and high strain ratio (p< 0.05). The fitted probability and risk of malignancy increased, as a number of suspicious features increased. Lymph node imaging reporting and data system (LNRADS) was established using a 5-point scale; 1 (probably benign), 2 (low suspicion for malignancy), 3 (moderate suspicion for malignancy), 4 (high suspicion for malignancy), and 5 (highly suggestive for malignancy). The risk of malignancy according to LNRADS categories was as follows; 1: 3.3%, 2: 10.9%, 3: 26.7%, 4: 51.8%-74.4%, 5: 90.6%-98.8%.

CONCLUSION
LNRADS was proposed using risk stratification of cervical lymph node according to the number of suspicious US and RTE features.

CLINICAL RELEVANCE/APPLICATION
LNRADS will help to determine the optimal strategies for management of cervical lymph node.

SSJ19-02  How Can We Differentiate Follicular Nodular Lesions with Ultrasonographic Features?

Tuesday, Dec. 1 3:10PM - 3:20PM Location: N228

Participants
Sun Hye Jeong, MD, Bucheonsi, Korea, Republic Of (Presenter) Nothing to Disclose
Hyun-Sook Hong, MD, PhD, Bucheon, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
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Bora Lee, Bucheon-Si, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

PURPOSE
We retrospectively evaluated the ultrasonographic (US) features used to differentiate follicular nodular lesions of thyroid gland (or follicular cell-derived thyroid nodules) and tried to identify specific US features of nodular hyperplasia (NH).

METHOD AND MATERIALS
The study included 178 patients (mean age 46.6 (range 17-82) years) with surgically confirmed NH (n=100), follicular adenoma (FA) (n=56), or follicular carcinoma (FC) (n=22). Two radiologists retrospectively analyzed the US features. To determine the predictors of follicular-patterned lesions, univariate and multivariate multinomial logistic regression analyses were conducted. Receiver operating characteristic (ROC) analyses were performed to determine the effectiveness of the final model at predicting NH, FA, and FC. The inter-observer agreement was calculated.

RESULTS
Tumor diameter, margin, echotexture, cystic changes, calcification, hypoechoic rim, and vascularity were significant in the
univariate analyses. The multivariate multinomial logistic regression analyses revealed that tumor diameter (FA: p=0.002, odds ratio (OR) =1.75, 95% confidence interval (CI) 1.22, 2.51; FC: p=0.001, OR=2.02, 95% CI 1.32, 3.10), absence of cystic changes (FA: p=0.127, OR=2.21, 95% CI 0.80, 6.13; FC: p=0.001, OR=17.74, 95% CI 4.00, 78.73), and spongiform appearance (FA: p=0.234, OR=0.31, 95% CI 0.04, 2.15; FC: p<0.001, OR=1673.46, 95% CI 671.35, 4171.38) differed significantly among the three follicular nodular lesions, with NH as a reference group. The area under the curve (AUC) for NH, FA, and FC was 0.844, 0.858, and 0.705, respectively. The sensitivity for NH, FA, and FC was 0.698, 0.868, and 0.755, respectively, and the specificity was 0.820, 0.690, and 0.580. Using this model, the diagnostic accuracy of the original data was 72.6%. The inter-observer agreement was moderate to almost perfect.

CONCLUSION
Tumor diameter, cystic changes and spongiform appearance differed significantly among follicular nodular lesions. Using the US criteria, there was moderate diagnostic ability for NH, FA, and FC.

CLINICAL RELEVANCE/APPLICATION
Tumor diameter and the presence of cystic changes differed significantly among NH, FA, and FC (or follicular nodular lesions).

SS19-03 The Added Diagnostic Value of DW-MRI to Conventional Parameters in Characterization of Cervical Lymphadenopathy

Participants
A M Aboelsoud, MSc, Assiut, Egypt (Presenter) Nothing to Disclose
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Mohamed M. Abd Ellah, MD, Innsbruck, Austria (Abstract Co-Author) Nothing to Disclose
Hisham M. Imam, MBBCH, MD, Assiut, Egypt (Abstract Co-Author) Nothing to Disclose

PURPOSE
To assess what can DW-MRI add to conventional parameters (Short axis diameter, presence or absence of hilum and presence or absence of necrosis) in prediction of malignant cervical lymphadenopathy.

METHOD AND MATERIALS
The study population included 72 patients having cervical lymphadenopathy underwent MRI with diffusion on 1.5T machine before they underwent biopsy. The cutoff short axis diameter (determined by ROC curve and Youden index), presence or absence of hilum, presence or absence of necrosis and cutoff ADC value (determined by ROC curve and Youden index) were assessed and finding their ability to predict malignant cervical lymphadenopathy each parameter alone, all parameters and comparing DW-MRI efficacy with that of conventional parameters.

RESULTS
The short axis diameter achieved 72.13%, 45.45%, 88%, 22.73% and 68.06% sensitivity, specificity, positive predictive value, negative predictive value and accuracy respectively. Absent hilum criterion achieved 63.9%, 27.3%, 83%, 12% and 58.3% sensitivity, specificity, positive predictive value, negative predictive value and accuracy respectively. Present necrosis criterion achieved 21.3%, 72.7%, 81.3%, 14.3% and 29.2% sensitivity, specificity, positive predictive value, negative predictive value and accuracy respectively. Combined conventional criteria achieved 86.9%, 90%, 82.8%, 90% and 73.6% sensitivity, specificity, positive predictive value, negative predictive value and accuracy respectively. The combined conventional parameters and DWI achieved 98.4%, 90%, 84.5%, 90% and 83.3% sensitivity, specificity, positive predictive value, negative predictive value and accuracy respectively.

CONCLUSION
DWI is carrying the highest sensitivity, specificity and accuracy among all conventional parameters, each alone and nearby lower sensitivity with higher specificity and accuracy than combined conventional parameters, thus use of DWI added significant diagnostic value to the ability of conventional parameters to predict malignant cervical lymphadenopathy with no extra time consuming.

CLINICAL RELEVANCE/APPLICATION
DW-MRI is non invasive and non time consuming method that can predict malignancy in cervical lymphadenopathy and its addition to conventional parameters increases their sensitivity with no significant extra time consuming.

SS19-04 Proposal for an MRI-based Score to Differentiate Pleomorphic Adenoma and Warthin Tumor in Patients with Benign Parotid Neoplasms

Participants
Beatrice Sacconi, MD, Rome, Italy (Abstract Co-Author) Nothing to Disclose
Angelo Iannarelli, Rome, Italy (Abstract Co-Author) Nothing to Disclose
Renato Argio, Rome, Italy (Presenter) Nothing to Disclose
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Emanuela Basile, Rome, Italy (Abstract Co-Author) Nothing to Disclose
Piero Cascone, Rome, Italy (Abstract Co-Author) Nothing to Disclose
Carlo Catalano, MD, Rome, Italy (Abstract Co-Author) Nothing to Disclose
Mario Bezzi, MD, Rome, Italy (Abstract Co-Author) Nothing to Disclose

PURPOSE
To evaluate the diagnostic efficacy of an MRI-based score in the differential diagnosis between parotid pleomorphic adenoma (PA) and Warthin tumor (WT).
METHOD AND MATERIALS

Twenty patients (M=10, F=10; mean age=63.5 years, range=35-87) complaining of long-standing (stable for at least 3 months) painless parotid mass underwent a 3T MR (Discovery MR750, GE); T2-weighted, DWI and T1-weighted sequences before and after contrast administration (Gadobenic acid, 0.1 ml/kg) were performed. The lesions were evaluated by three radiologists in consensus using a complex score based on three-point scales rating four different MR features (T2-signal intensity, Apparent Diffusion Coefficient values, enhancement pattern, bilateral/multiple location); total scores of ≤3 and >3 were respectively considered as suggestive of PA or WT. Final diagnosis was based on pathology reports after US-guided fine-needle-aspiration cytology (FNAC) or surgical resection.

RESULTS

Twenty-four lesions were imaged; three lesions were excluded because of MR features suggesting less common histotypes (lipoma, sialolipoma, haemangioma, all confirmed at surgery). Radiologists correctly identified 6/6 PAs and 13/13 WTs; two lesions, defined as PAs, revealed to be an oncocytoma and a granulomatous lymph node (diagnostic accuracy 90.5%).

CONCLUSION

The score allowed the differential diagnosis in all cases of PAs and WTs; an oncocytoma and a granulomatous lymph node were misdiagnosed, but the incidence of benign lesions other than PA and WT is expected to be low. These data need to be confirmed in larger patient cohorts.

CLINICAL RELEVANCE/APPLICATION

In case of benign parotid lesions, the surgical plan depends on histology. MRI can suggest tumor histology in case of uncertain cytologic diagnosis and provide information over the entire neoplasm.

SSJ19-06 Intravoxel Incoherent Motion Diffusion-weighted Magnetic Resonance Imaging for Monitoring of ZD6474 Therapy in Human Nasopharyngeal Carcinoma Xenografts

Tuesday, Dec. 1 3:50PM - 4:00PM Location: N228

Participants
Yanfen Cui, Shanghai, China (Presenter) Nothing to Disclose
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Huanhuan Liu, Shanghai, China (Abstract Co-Author) Nothing to Disclose
Dengbin Wang, Shanghai, China (Abstract Co-Author) Nothing to Disclose

PURPOSE

To evaluate the diagnostic value of the combination of echo-planar diffusion-weighted MR imaging (DWI), dynamic contrast enhanced MR imaging (DCE-MRI) and conventional MR imaging in the characterization of solid neoplasms from parotid gland.

METHOD AND MATERIALS

148 subjects (101 benign and 47 malignant) involved with parotid gland tumors were recruited in the study. Prior to surgery and pathologic verification, conventional maxillofacial MR imaging, DWI with b factor of both 0 and 1000 s/mm² and DCE-MRI were performed on each subject. Logistic regression analysis was performed to see differences of morphological MR features (margin,shape,envelope and signal intensity of masses) between benign and malignant groups. Mean ADC value was calculated from ADC map, and then ADC threshold values between benign and malignant tumors was obtained. Time-intensity curve (TIC) with parameters were obtained from DCE-MRI. Sensitivity, specificity, accuracy, and positive and negative predictive values were calculated for the combination of relative parameters.

RESULTS

Ill-defined margin,irregular shape, no envelope, ADC value lower than cut-off point of 1.12×10⁻³mm²/s and TIC pattern with time to peak less than 120s and low washout ratio(<30%)were the valuable parameters for predicting malignancy (P=0.005, 0.004, 0.001, <0.001, <0.001, respectively). However, no significant difference was found in signal intensity of tumors between benign and malignant lesions. A combination of ADC value and TIC pattern yielded a sensitivity, specificity and diagnostic accuracy of 91.5%, 97.0% and 95.3%, respectively. Positive and negative predictive value for distinguishing benign and malignant tumors was 93.5% and 96.1% respectively.

CONCLUSION

Conventional MR imaging combined DWI and DCE-MRI has the ability to improve the diagnostic accuracy in distinguishing between benign and malignant parotid gland tumors.

CLINICAL RELEVANCE/APPLICATION

It will be helpful for clinical diagnosis of Parotid gland tumors
PURPOSE
To investigate the value of intravoxel incoherent motion (IVIM) diffusion-weighted (DW) imaging biomarkers for monitoring the early response to ZD6474 in an experimental tumor model by quantitative assessments of tumor microcirculation parameters with histopathological validation.

METHOD AND MATERIALS
Twenty-four female BALB/c nude mice bearing human nasopharyngeal carcinoma xenografts were scanned at baseline and after 1, 3, and 7 days of treatment with ZD6474 (n = 12) or vehicle (n = 12) at a 3T magnetic resonance imager using a custom-built 8-channel receiver coil with 2.5 cm inner diameter. For IVIM DW imaging, parameters including apparent diffusion coefficient (ADC), true diffusion coefficient (D), perfusion fracture (f), and blood pseudodiffusion coefficient (D*) were measured with 12 b-values ranging from 0 to 2000 s/mm². All IVIM DW imaging parameters at different time points were compared between the treated and control groups using Student’s t tests or Mann-Whitney tests. Parameters were also analyzed within the treated group by one-way analysis of variance (ANOVA). The relationships between histopathological staining for Ki-67, TUNEL, or CD31 and all IVIM parameters were evaluated by Spearman’s rank correlation.

RESULTS
The percent change of the perfusion-related parameters f and D* decreased significantly in the treated group as early as the 1-day follow-up compared with those in the control group. In contrast, the diffusion-related parameters ADC and D were significantly higher in the treated group compared with the control group beginning on day 3 (P < 0.05). The substantial decreases in f at day 1 and D* at day 3 were moderately correlated with the smaller increase in tumor size over the week-long study (r = 0.66 and 0.58, respectively; P < 0.05 for both). Moderate correlations were found between microvessel density and the perfusion-related parameters f and D* and between increased TUNEL index or decreased Ki-67 index and the diffusion-related parameters ADC and D.

CONCLUSION
IVIM DW imaging was sensitive to ZD6474-induced changes in the tumor microenvironment. In particular, the f parameter had the potential to allow early prediction of tumor response to anti-angiogenic treatment.

CLINICAL RELEVANCE/APPLICATION
IVIM DW imaging was sensitive to ZD6474-induced changes in the tumor microenvironment. In particular, the f parameter had the potential to allow early prediction of tumor response to anti-angiogenic treatment.
Breast Imaging (Quantitative)

Tuesday, Dec. 1 3:00PM - 4:00PM Location: Arie Crown Theater

Participants
Fiona J. Gilbert, MD, Cambridge, United Kingdom (Moderator) Medical Advisory Board, General Electric Company; Research Grant, GlaxoSmithKline plc; Research Grant, General Electric Company
Despina Kontos, PhD, Philadelphia, PA (Moderator) Nothing to Disclose

Sub-Events

SSJ01-01 Relationship between Computer-extracted MRI-based Phenotypes and the Risk of Breast Cancer Recurrence as Predicted by PAM50 Gene Expression Array

Tuesday, Dec. 1 3:00PM - 3:10PM Location: Arie Crown Theater

Participants
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PURPOSE
Clinical teams are increasingly relying on genetic profiles for breast cancer subtyping, prognostication, and treatment decisions. We investigate the relationship between computer-extracted breast MRI phenotypes with the PAM50 gene array (which includes two methods: PAM50 Risk of Relapse Subtype [ROR-S] and PAM50 Risk of Relapse Subtype + Proliferation [ROR-P]) in order to understand MRI's potential role in assessing risk of breast cancer recurrence.

METHOD AND MATERIALS
We analyzed a retrospective dataset of 84 de-identified, breast MRIs contributed by 5 institutions to the NCI's "The Cancer Imaging Archive" (TCIA), along with clinical, histopathological, and genomic data from "The Cancer Genome Atlas" (TCGA). Each MRI examination imaged a biopsy proven invasive breast cancer comprised of 74 (88%) ductal; 8 (10%) lobular, and 2 (2%) mixed. Of these cancers, 73 (87%) were ER+, 67 (80%) were PR+, and 19 (23%) were HER-2+. We performed computerized analysis on each cancer yielding computer-extracted image-based tumor phenotypes (CEIPs), quantifying size, shape, morphology, enhancement texture, kinetic curve assessment, and enhancement variance kinetics. Regression and ROC analysis were conducted to assess the predictive ability of CEIPs relative to the multi-gene assays' continuous outputs.

RESULTS
Multiple linear regression analyses demonstrated statistically significant Pearson correlations (0.5-0.55) between CEIP signatures and the PAM50 recurrence scores. The most important CEIPs included tumor size and enhancement texture patterns characterizing tumor heterogeneity. Use of CEIP in the tasks of distinguishing between good and poor prognosis in terms of levels of recurrence yielded area under the ROC curve values (standard error) of 0.88 (0.05), 0.73 (0.06), 0.72 (0.08), and 0.61 (0.09) for MammaPrint, Oncotype DX, PAM50 Risk of Relapse Subtype (ROR-S), and PAM50 ROR-P (subtype+proliferation), respectively, with all but the latter showing statistical difference from chance.

CONCLUSION
Quantitative breast MRI radiomics shows promise as a method for image-based phenotyping to assess risk of breast cancer recurrence. This work helps us begin to understand which MRI features may be most powerfully correlated with genetic recurrence risk.

CLINICAL RELEVANCE/APPLICATION
Computerized MRI tumor phenotyping yield quantitative predictive features that have the potential to advance precision medicine and affect patient treatment strategy.
SSJ01-02  Dynamic Contrast Enhanced (DCE) Breast MR Features Associated with Prognostic Factors in Triple Negative Breast Cancers (TNBC)

Tuesday, Dec. 1 3:10PM - 3:20PM Location: Arie Crown Theater

Participants
Bo La Yun, MD, Seongnam, Korea, Republic Of (Presenter) Nothing to Disclose
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Ja Yoon Jung, MD, Seongnam-Si, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

PURPOSE
To assess the association of DCE MR features including texture and histogram analysis with pathologic prognostic factors in TNBC.

METHOD AND MATERIALS
From June 2012 to February 2015, 92 TNBC patients (mean age 53 ±13 years) based on immunohistochemical staining (IHC) enrolled our study. We excluded patient underwent primary systemic therapy. For texture (13 grey level co-occurrence matrix features) and histogram analysis using in-house program, the ROIs were drawn along the margin of the cancer in the largest diameter image at 1.5 minute after contrast injection. For dynamic enhancement pattern analysis, MR CAD system (CADstream) was used. The percentage of fast or medium initial enhancement and persistent, plateau and washout delayed enhancement were analyzed. The pathologic results of specimens were categorized according to histologic grade and axillary nodal status, and IHC result (Ki-67, cytokeratin 5/6, EGFR, p53). The correlation of texture features and enhancement patterns with each pathological prognostic factor were assessed. Interobserver agreement was also investigated.

RESULTS
High histologic grade was associated with low angular second moment (ASM, p=0.025). Axillary nodal metastasis was associated with high maximum MR diameter (p=0.013), high entropy (p=0.024), and low ASM (p=0.026), low information measure of correlation (ICM1, p=0.046). High Ki-67 index (≥14%) tumors showed high percentage of fast initial enhancement (p= 0.015), high percentage of plateau or washout delayed enhancement (<p=0.001, p=0.001) on dynamic enhancement pattern, high entropy (p=0.001), low ASM (p=0.004) and low ICM1 (p=0.004) on texture analysis. The positivity of cytokeratin 5/6 or EGFR associated with high entropy (p=0.004), high inverse difference moment (IDM, p=0.029), low sum average (p=0.038), low ICM1 (p=0.005) and low ICM2 (p=0.038) on texture analysis, and low mean (p=0.042) and low median (p=0.037) on histogram analysis. Positivity of p53 was not associated with DCE MR features. The agreement of texture and histogram features was good (ICC>0.9).

CONCLUSION
Dynamic enhancement pattern, texture and histogram features in DCE MR were associated with pathologic prognosis factors in TNBC. These image features would predict aggressiveness of TNBC on preoperative MR.

CLINICAL RELEVANCE/APPLICATION
DCE MR features would predict TNBC aggressiveness. It could be used for non-invasive evaluation of TNBC before chemotherapy or surgery.

SSJ01-03  Automatic and Accurate Breast Cancer Volumetric Segmentation on MRI with Varying Degrees of Background Parenchymal Enhancement

Tuesday, Dec. 1 3:20PM - 3:30PM Location: Arie Crown Theater

Participants
Harini Veeraraghavan, New York, NY (Presenter) Nothing to Disclose
Brittany Dashevsky, MD, DPhil, New York, NY (Abstract Co-Author) Nothing to Disclose
Girard Gibbons, BA, New York, NY (Abstract Co-Author) Nothing to Disclose
Elizabeth A. Morris, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Joseph O. Deasy, PhD, New York, NY (Abstract Co-Author) Nothing to Disclose
Elizabeth J. Sutton, MD, New York, NY (Abstract Co-Author) Nothing to Disclose

PURPOSE
Breast MRI background parenchymal enhancement (BPE) varies between women and can limit the radiologists ability to accurately define breast cancer extent of disease. Here we sought to develop a computer model that could automatically generate volumetric segmentations of breast cancers on MRI with varying degrees of BPE.

METHOD AND MATERIALS
46 patients with HER2+ invasive breast cancers were included with either mild (n=23) or marked (n=23) BPE. We developed in-house software that combines dynamic contrast enhanced (DCE) MR images acquired at multiple time points (1 pre and 3 post contrast) to generate volumetric tumor segmentation. The DCE-MR images are combined through spectral embedding from which scalar images are computed. The algorithm is initialized with a manually delineated contour of the tumor on a single slice. A model of the tumor is automatically learned using a Gaussian mixtures model (GMM) using the individual time series and the computed scalar images. The GMM classifications are used to refine a joint segmentation generated from the individual sequences using an automatically seeded grow cut method.

RESULTS
The computer-generated volumetric segmentations were compared with a radiologist-delineated segmentation by computing DICE overlap scores (1.0 - best, 0 - worst). For tumors with mild BPE, the maximum DICE score was 0.92, the lowest was 0.28 and the median was 0.79. For tumors with marked BPE, the maximum DICE score was 0.90, the lowest was 0.04 and the median was 0.71. Two sampled t-test between the scores computed for the mild and marked BPE tumors failed to reject the null hypothesis indicating that there was no difference in the segmentation performance regardless of the extent of BPE.

CONCLUSION
Our method achieves reasonably accurate volumetric tumor regardless of the extent of BPE.

**CLINICAL RELEVANCE/APPLICATION**

Automatic and accurate segmentation of breast cancers with marked BPE can aid the radiologist in accurately defining the extent of disease and minimizing inter-observer variability.

**SS301-04**  **Association between Quantitative Measures of Breast Parenchymal Complexity and False-Positive Recall from Digital Mammography: Results from a Large Prospective Screening Cohort**

**Tuesday, Dec. 1 3:30PM - 3:40PM Location: Arie Crown Theater**

Participants
- Shonket Ray, PhD, Philadelphia, PA (Abstract Co-Author) Nothing to Disclose
- Brad M. Keller, PhD, Philadelphia, PA (Presenter) Nothing to Disclose
- Jinbo Chen, PhD, Philadelphia, PA (Abstract Co-Author) Nothing to Disclose
- Emily F. Conant, MD, Philadelphia, PA (Abstract Co-Author) Speaker, Hologic, Inc; Scientific Advisory Board, Hologic, Inc; Consultant, Siemens AG
- Despina Kontos, PhD, Philadelphia, PA (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To investigate associations between quantitative features of breast parenchymal complexity and false-positive (FP) recall from breast cancer screening with digital mammography.

**METHOD AND MATERIALS**

Digital mammography (DM) images from an entire one-year cohort of women screened for breast cancer at our institution (Sept. 2010 - Aug. 2011) were retrospectively analyzed. A total of 10,571 screening mammography exams were acquired using either a GE Essential or Hologic Selenia full-field digital mammography (FFDM) unit. All images sets consisted of bilateral crano-caudal (CC) and medio-lateral oblique (MLO) views and were vendor post-processed (i.e., “For Presentation” images). To characterize breast tissue complexity, thirteen texture features were extracted using a locally adaptive computerized parenchymal texture analysis algorithm. As a comparative established risk factor for FP recall, breast percent density (PD) was estimated on a per-woman basis using previously validated automated software. Logistic regression was performed to evaluate associations between FP recall and the extracted complexity features, using a case-control design where FP-recalls (N=1064) were randomly age-matched to negative screening controls (N=3192) at a 1:3 ratio. Odds ratios (OR) and area under the curve (AUC) of the receiver operating characteristic (ROC) were used to assess strength of associations.

**RESULTS**

Combining PD and texture features yielded an AUC=0.62 (95%CI: 0.60-0.64), with PD (OR=1.01; 95%CI: 1.00-1.01), texture energy (OR=1.43; 95%CI: 1.27-1.61) and sum variance (OR=1.23; 95%CI: 1.07-1.52) associated to higher risk of FP recall (p<0.05), while texture difference variance (OR=0.67; 95%CI: 0.58-0.78) and information correlation (OR=0.77; 95%CI: 0.69-0.85) were inversely associated to FP recall (p<0.05). A baseline model of PD alone yielded had AUC=0.52 (95%CI: 0.50-0.54, PD OR=1.00; 95%CI: 1.00-1.01).

**CONCLUSION**

Quantitative features of mammographic parenchymal texture complexity may be indicative of the risk for false-positive recall from screening with digital mammography.

**SS301-05**  **Prediction of False-Negative Breast Cancer Screens with Digital Mammography: Preliminary evaluation of a Quantitative Breast Complexity Index**

**Tuesday, Dec. 1 3:40PM - 3:50PM Location: Arie Crown Theater**

Participants
- Andrew Oustimov, Philadelphia, PA (Presenter) Nothing to Disclose
- Emily F. Conant, MD, Philadelphia, PA (Abstract Co-Author) Speaker, Hologic, Inc; Scientific Advisory Board, Hologic, Inc; Consultant, Siemens AG
- Lauren Pantalone, BS, Philadelphia, PA (Abstract Co-Author) Nothing to Disclose
- Brad M. Keller, PhD, Philadelphia, PA (Abstract Co-Author) Nothing to Disclose
- Meng-Kang Hsieh, Philadelphia, PA (Abstract Co-Author) Nothing to Disclose
- Despina Kontos, PhD, Philadelphia, PA (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

Breast density is a known confounder of mammographic sensitivity, and increasingly reported for guiding supplemental screening recommendations. We assess the predictive value of a refined quantitative index of dense tissue complexity in identifying women at high-risk of false-negative screens.

**METHOD AND MATERIALS**

We retrospectively analyzed data from an entire one-year (09/01/10 to 08/30/11) screening cohort at our institution (N = 10,728). Among women with negative screening, false negatives (FNs) were defined as cancer detected in a follow up period of 12 and up to 24 months prior to the next routine screening exam (N=11). Controls were identified as women confirmed negative also at subsequent screening, and were randomly selected and matched to FNs based on age and race, at a 1:3 ratio (N=33). To specifically determine the added value of our breast complexity index (BCI), controls were also matched to FNs based on BI-RADS density, and on the interpreting radiologist. The BCI was derived from a range of computer-extracted parenchymal texture descriptors, including Grey-level Histogram, Haralick, and Edge-enhancement features (N=29), summarized via principal component analysis (PCA). Associations between the BCI-PCA components and the odds of FN screening were determined via univariate
logistic regression and discriminatory capacity was assessed via receiver operating characteristic (ROC) curve analysis.

RESULTS
The BCI was significantly associated with the odds of FN screening (OR: 0.67, 95% CI: 0.45 - 1.00, p = 0.05), while exhibiting potential to discriminate between false negative screeners and controls confirmed as negative at subsequent screening (AUC = 0.69, 95% CI: 0.48 to 0.88). The first 3 principle components accounted for 88% of the total variance in the features.

CONCLUSION
The significant association between BCI and the odds of FN screen, in a case-control sample with identical BIRADS density distributions, suggests that refined quantitative measures of breast complexity may be more sensitive than qualitative BIRADS density in identifying women at high-risk for a false-negative screening exam.

CLINICAL RELEVANCE/APPLICATION
Quantitative measures of breast complexity may result in more sensitive markers for guiding supplemental screening recommendations, than the reporting of conventional BIRADS breast density.

SSJ01-06 Dedicated Computer Aided Detection for Automated 3D Breast Ultrasound Detects Invasive Ductal Cancers Independent of Hormonal Receptor Status

Tuesday, Dec. 1 3:50PM - 4:00PM Location: Arie Crown Theater

Participants
Jan Van Zelst, Nijmegen, Netherlands (Presenter) Nothing to Disclose
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PURPOSE
Prognostic factors such as hormonal receptor (HR) status (estrogen and progestron) in invasive ductal cancers (IDC) are associated with ultrasonographic imaging phenotypes that may limit differentiating aggressive IDC from benign masses. Therefore, in this study we compared the relative sensitivity of a commercially developed computer aided detection (CADe) program in the detection of HR+ and HR- IDCs and biopsied benign breast lesions.

METHOD AND MATERIALS
The local IRB waived the need for informed consent for this study. ABUS exams of 101 women with 66 IDCs and 35 biopsied benign lesions were randomly selected from a large image archive. All IDCs were examined by a pathologist on the surgical specimen and benign lesions were examined on a histological core needle biopsy specimen. For all IDCs we extracted HR status from the pathology reports. All lesions were annotated by outlining the contour of the lesion based on radiology and pathology reports. After reading the cases, the CADe program (Qview Medical Inc., Los Altos, ca., USA) generated a series of suspicious region candidates that were marked in the ABUS scans. The location of these candidates were objectively compared to the location of the annotations. Thereafter, the relative sensitivity of the CADe program was computed for the HR+ IDCs, HR- IDCs and the benign lesions. Chi-square tests were used to analyze the differences between the sensitivities of these three groups. Statistical differences are considered significant when p < 0.05.

RESULTS
CADe marked 71.2% of the IDC's as suspicious versus 45.7% of the benign lesions (p=0.012). Of the HR+ IDCs, 69.2% were marked by CADe. This is significantly higher than the marked proportion of benign lesions (p=0.028). Also the detection of HR- IDC's (78.6%) was better than that of the benign lesions (p= 0.037). The detection of HR+ IDC's did not statistically differ from the HR- IDC's that were marked by CADe (p=0.48).

CONCLUSION
Computer Aided Detection software can detect and mark IDCs independent from the hormonal status. Furthermore, CADe differentiates between suspicious benign breast lesions and HR negative IDC's that are known for their benign-like ultrasonographic appearance.

CLINICAL RELEVANCE/APPLICATION
Computer Aided Detection software has the potential to aid radiologists in detecting even the more aggressive breast cancers and may aid in differentiating between aggressive subtypes of cancer and suspicious benign lesions.
SSJ25

Vascular/Interventional (Advances in Radioembolization)

Tuesday, Dec. 1 3:00PM - 4:00PM Location: E351

IR RO

AMA PRA Category 1 Credit ™: 1.00
ARRT Category A+ Credit: 1.00

FDA Discussions may include off-label uses.

Participants
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Robert J. Lewandowski, MD, Chicago, IL (Moderator) Advisory Board, BTG International Ltd; Advisory Board, Boston Scientific Corporation; Consultant, Cook Group Incorporated; Consultant, ABK Medical Inc

Sub-Events

SSJ25-01 The Effect of Yttrium-90 Radioembolization on the Growth Kinetics of Treated and Untreated Colorectal Liver Metastasis

Tuesday, Dec. 1 3:00PM - 3:10PM Location: E351

Participants
Atilla Arslanoglu, MD, Chicago, IL (Presenter) Grant, Siemens AG
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PURPOSE
To evaluate the effect of 90Y radioembolization (TARE) on the growth kinetics of both the treated and the contralateral untreated colorectal cancer liver metastases as well as on the portal vein (PV) diameter.

METHOD AND MATERIALS
78 chemorefractory liver metastases from colorectal cancer in 17 patients with two MDCT scans before and one after TARE were evaluated. Liver lesions were divided in two groups: 1) treated lesions and 2) untreated contralateral lobe lesions. Tumor growth kinetics of the two groups was evaluated before and one month after the unilobar TARE comparing reciprocal doubling time (RDT) based. The diameter of the PV in treated and untreated lobes were measured by two radiologists. Student's t-test was used for analysis. P< 0.05 was considered significant.

RESULTS
For the treated lesions, mean RDT decreased from 8.3 to -5.6 with TARE (P<0.0001), whereas for the untreated lesions, the means RDT increased from 7.5 before TARE to10.6 after TARE (P=0.028). The mean diameter of PV did not change in the treated or untreated lobes (P=0.12 and P=0.83, respectively).

CONCLUSION
Lobar / segmental TARE significantly decreases the growth kinetics for the treated metastases but may lead to increase in the growth kinetics of contralateral liver.

CLINICAL RELEVANCE/APPLICATION
90Y radioembolization may increase in the growth rate of untreated colorectal cancer liver metastasis in the contralateral lobe. This information may be helpful in future treatment planning of contralateral hepatic lobe metastasis.

Honored Educators

SSJ25-02 Semiautomatic Assessment of Whole-lesion Apparent Diffusion Coefficient (ADC) as an Early Predictor of Liver Tumor Response after Radioembolization

Tuesday, Dec. 1 3:10PM - 3:20PM Location: E351

Participants
Nils Rathmann, MD, Mannheim, Germany (Presenter) Nothing to Disclose
Johannes Budjan, MD, Mannheim, Germany (Abstract Co-Author) Nothing to Disclose
Ulrike I. Attenberger, MD, Mannheim, Germany (Abstract Co-Author) Research Consultant, Bayer AG
Michael Kostrzewa, MD, Mannheim, Germany (Abstract Co-Author) Nothing to Disclose
Stefan O. Schoenberg, MD, PhD, Mannheim, Germany (Abstract Co-Author) Institutional research agreement, Siemens AG
Steffen J. Diehl, MD, Mannheim, Germany (Abstract Co-Author) Nothing to Disclose
A semi-automatic, volume-based ADC measurement tool was evaluated as an early predictor of therapy response after radioembolization (RE) of primary and secondary liver malignancies.

METHOD AND MATERIALS

In a retrospective analysis, a total of 50 patients suffering from primary or secondary liver tumor treated with Yttrium-90 resin microspheres for RE were included. All patients underwent a baseline MR examination as well as an early follow-up MRI 1 month after intervention. The MRI protocol included diffusion-weighted imaging (DWI, b-Values 50,400,800) as well as contrast-enhanced T1 weighted sequences. Measurement of lesion diameter, mean ADC in a representative single-slice region-of-interest (ADCRROI) and mean ADC for the entire lesion volume (ADCVOL) were evaluated in both examinations. ADCVOL was measured using a semi-automatic, image analysis software (MRoncotreat, Siemens Healthcare, Germany). The progression-free interval (PFI) of the individual patients, based on further MRI scans was assessed according to RECIST 1.1 criteria. Changes in lesion diameter, ADCROI and ADCVOL between baseline and early follow up were correlated to PFI.

RESULTS

Median PFI of all patients was 3.5 ± 5.8 months post RE. Patients with an increase of ADCVOL in the first control MRI showed a statistically significant longer PFI in comparison to patients with a decrease of ADCVOL (median PFI: 6.5 months vs. 2.5 months, p = 0.02). No correlation between PFI and early changes in lesion diameter or ADCROI was found.

CONCLUSION

In contrast to lesion diameter or single-ROI ADC evaluation, semi-automatic, software-based ADC-volume measurement seems to offer a clinically valuable parameter for early assessment of therapy response in patients after RE.

CLINICAL RELEVANCE/APPLICATION

Software-based ADC-volume assessment helps to early identify patients with tumor response already one month post therapy and therefore could help to triage patients with no response to RE to other therapy options without delay.

SSJ25-03  Quantitative Enhancement Measurements on Pre-procedure Triphasic CT Can Predict Response to Radioembolization of Colorectal Liver Metastases

Tuesday, Dec. 1 3:20PM - 3:30PM Location: E351

Participants

Franz E. Boas, MD,PhD, New York, NY (Presenter) Co-founder, ClarPACS
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Waleed Shady, MBBCh, New York, NY (Abstract Co-Author) Nothing to Disclose
Sinish Kishore, MD, New York, NY (Abstract Co-Author) Nothing to Disclose

PURPOSE

Colorectal liver metastases (CLM) demonstrate variable response to radioembolization. This may be at least partly due to differences in tumor arterial perfusion. This study examines whether quantitative enhancement measurements on pre-procedure triphasic CT can be used to predict response of CLM to radioembolization.

METHOD AND MATERIALS

The Institutional Review Board approved this retrospective review of patients with colorectal liver metastases treated with radioembolization, who had pre-treatment PET/CT and triphasic CT, and post-treatment PET/CT. 31 consecutive patients with 60 target tumors were included in the study. For each tumor, we calculated the hepatic artery coefficient (HAC), portal vein coefficient (PVC), and arterial enhancement fraction (AEF) based on the pre-treatment triphasic CT. HAC and PVC are estimates of the hepatic artery and portal vein blood supply. AEF is the arterial phase enhancement divided by the portal phase enhancement, and it provides an estimate of the hepatic artery blood supply as a fraction of total blood supply. Metabolic response to radioembolization for each tumor was classified into two categories - response (complete or partial response), or no response (stable disease or progression) - based on the initial (4-8 weeks) post-treatment PET/CT.

RESULTS

55% of CLM showed a complete or partial metabolic response. Arterial enhancement, HAC, and PVC did not predict which tumors responded to radioembolization. However, the AEF was significantly greater in responders compared to non-responders (p=0.038). AEF < 0.4 was associated with a 40% response rate, whereas AEF > 0.75 was associated with a 78% response rate.

CONCLUSION

Response to radioembolization can be predicted using the arterial enhancement fraction calculated from pre-procedure triphasic CT.

CLINICAL RELEVANCE/APPLICATION

AEF could enable better patient selection for radioembolization procedures.

SSJ25-04  Use of SPECT-CT Following Administration of Technetium-99m-labelled Macroaggregated Albumin Improves Lung Shunt Fraction (LSF) Calculation and May Allow for More Accurate Dosing of Yttrium-90 (Y-90) Treatment for Liver Tumors

Tuesday, Dec. 1 3:30PM - 3:40PM Location: E351

Participants

Colin J. McCarthy, MD, Boston, MA (Presenter) Nothing to Disclose
Daniel Tempesta JR, BS,RT, Boston, MA (Abstract Co-Author) Nothing to Disclose
Due to the risk of radiation pneumonitis, dosage of Y-90 microspheres via direct injection into hepatic artery branches for radioembolization of non-resectable metastatic and primary liver malignancies is reduced when LSF, as calculated by a treatment planning Tc-99m MAA study, exceeds 10% and may be contraindicated when LSF exceeds 20%. Because SPECT-CT offers potential advantages to traditionally used planar imaging for accuracy of LSF calculation, we evaluated how values obtained by SPECT-CT could affect management.

METHOD AND MATERIALS

Patients with estimated LSF greater than or equal to 10% on planar imaging were identified. When SPECT-CT data was available, lung shunt fraction was calculated using software (syngo MI Applications, Siemens AG) and the values were compared to the planar LSF. The Student’s t-test was used to assess for statistical significance.

RESULTS

204 shunt studies in patients with non-resectable hepatic malignancy over an 11 year period were reviewed. The majority (50.9%) of patients had colorectal carcinoma liver metastases. In 28.9% (n = 59) of cases, the LSF was 10% or greater. Of these cases, 25.4% (n = 15) were found to have complete SPECT-CT imaging of the chest. The lung shunt fraction was lower when calculated using SPECT-CT in all cases. The mean LSF in this group was 17.2% ± 8.4% using planar and 7.8% ± 3.6% using SPECT CT, and this difference was statistically significant (p <0.0001). By utilizing the SPECT-CT LSF, 3 patients who were ineligible on the basis of planar LSF (>20%) became potentially eligible for treatment, 9 patients became eligible for treatment without dose reduction and in 2 cases, lesser amounts of dose reduction would have been required on the basis of the SPECT-CT LSF.

CONCLUSION

Lung shunt fraction calculations performed prior to Y-90 treatment were lower when calculated using SPECT-CT in all cases in our series. Although planar imaging has traditionally been used in the calculation of LSF, repeat calculations using SPECT-CT data should be considered when such information is available, as it may allow for a higher treatment dose, or obviate the need for an intervening embolization procedure. Further work is required to assess whether utilizing SPECT-CT data alters outcomes in these patients.

CLINICAL RELEVANCE/APPLICATION

SPECT-CT can improve accuracy of lung shunt fraction calculation in Y-90 treatment planning, and may allow for more accurate dosing.

SS125-05 Total Lesion Glycolysis and Sum of Largest Diameters of Target Lesions are Independent Predictors of Survival after 90Y Radioembolization of Colorectal Liver Metastases

Tuesday, Dec. 1 3:40PM - 3:50PM Location: E351

Participants

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Sirish Kishore, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
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Nancy Kemeny, MD, New York, NY (Abstract Co-Author) Nothing to Disclose

PURPOSE

To identify predictors of overall survival (OS) after 90Y radioembolization of colorectal liver metastases.

METHOD AND MATERIALS

We conducted an IRB-approved retrospective review of our prospectively created and maintained 90Y radioembolization clinical database for the time period December 2009 through December 2013. We included all patients treated for colorectal liver metastases (CLM). We excluded patients without an FDG-PET/CT scan at baseline or on the first follow-up. On the baseline portal venous phase CT, up to 5 target tumors per patient were chosen and the sum of largest diameters were calculated. On FDG-PET/CT SUVmax, functional tumor volume (FTV), and total lesion glycolysis (TLG) (meanSUV x FTV) were measured for the target lesions chosen on CT and a sum for each metric was calculated for the patient. OS was calculated from the time of radioembolization until death or last follow-up. Log-rank test was used to analyze predictor of survival on univariate analysis and a Cox-regression model was used for multivariate analysis.

RESULTS

The study enrolled 47 patients with 122 target tumors; a median of 2 (range: 1-5) tumors per patient. Thirteen patients were treated in 2 sessions, and 34 were treated in 1 session. The median OS was 12.7 months (95% CI: 7.2-16.3). The one-, two-, and three-year OS rates were 51%, 22% and 15% respectively. On univariate analysis predictors of poor survival were: CEA level >200 ng/mL (P=0.001), ECOG status >0 (P=0.001), SUVmax >30 (P=0.002), TLG >600g (P<0.001), FTV >200 cc (P<0.001), and sum of largest diameters >10 cm (P<0.001). On multivariate analysis, only the TLG >600 g (P<0.001) (HR=4.3; 95% CI: 1.8-10.1) and sum of largest diameters >10 cm (P=0.01) (HR=2.8; 95% CI: 1.3-6.2) retained significance.
CONCLUSION

High tumor metabolic activity and sum of largest diameters >10 cm of the target tumors is associated with poor survival after 90Y radioembolization of CLM.

CLINICAL RELEVANCE/APPLICATION

Measurement of total lesion glycolysis and the size of target lesions prior to 90Y radioembolization of CLM can provide prognostic information and help predict patient survival.

SS325-06 Radiation Lobectomy: Single Center Investigation of Incidence, Degree, Prognostic Factors and Survival

Tuesday, Dec. 1 3:50PM - 4:00PM Location: E351

Participants
Andrew G. Kim, Chicago, IL (Presenter) Nothing to Disclose
Ahmad Parvinian, MD, Chicago, IL (Abstract Co-Author) Nothing to Disclose
Nicholas S. Armijo, Chicago, IL (Abstract Co-Author) Nothing to Disclose
James T. Bui, MD, Chicago, IL (Abstract Co-Author) Nothing to Disclose
Ron C. Gaba, MD, Chicago, IL (Abstract Co-Author) Nothing to Disclose

PURPOSE

Yttrium-90 radioembolization (Y90 RE) is a minimally invasive therapy for liver tumors. A unique anatomical response pattern to Y90 RE, termed “radiation lobectomy (RL),” occurs in a subset of treated patients and consists of marked ipsilateral liver lobe atrophy and contralateral hypertrophy. While RL has been anecdotally described, there is limited characterization of this phenomenon in the literature. This study aimed to investigate the incidence and degree of RL, identify prognostic factors for occurrence, and examine association with survival.

METHOD AND MATERIALS

This single-center, retrospective study included 141 Y90 RE-treated patients from 2006-2012. Cases of right unilobar therapy were selected (n=33), while cases of bilobar treatment and inadequate imaging follow-up were excluded (n=108). Chart and imaging review were used to collect demographic, tumor, and treatment data, and pre-/post-RE hepatic volumes were measured. RL was defined as 25% relative atrophy of treated liver lobes. Measured outcomes included RL incidence, hepatic volumetric changes, parameters associated with RL, and survival.

RESULTS

The study cohort included 23 men and 10 women (median age 62 years). 58% (n=19) and 42% (n=14) had primary tumors and metastatic disease. Median index tumor size was 6 cm, and patients underwent median 1 (range 1-4) Y90 RE sessions (75% resin, 25% glass), with median cumulative dose of 2.33 (range 1.06-10.31) GBq. RL incidence was 33% (n=11). There were no differences in median pre-RE right (1284 vs. 1240 mL) and left (521 vs. 680 mL) lobe liver volumes between RL and non-RL groups (P>0.05). The median post-RE right (344 vs. 993 mL, P=0.002) lobe liver volume was significantly lower in the RL vs. non-RL group. A significant change between pre- and post-treatment relative right (69% to 25%, P<0.001) and left (31% to 75%, P<0.001) hepatic lobe volumes occurred in the RL group, while no significant change ensued in the non-RL group (right: 64% to 53%, left: 36% to 47%). No parameters had statistical association with RL occurrence. Median survival was significantly greater in patients exhibiting RL pattern response (1036 vs. 493 days, P=0.012).

CONCLUSION

RL occurs with relatively common frequency among patients undergoing Y90 RE. While associated with enhanced survival, predictive factors for RL occurrence remains elusive.

CLINICAL RELEVANCE/APPLICATION

RL occurs in about one-third of Y90 RE cases, and confers enhanced survival.
SSJ08-01  Low Dose Gemstone Spectral CT Imaging in Abdominal Patients: Evaluation of Whether the Virtual Non-enhanced Images from Contrast-enhanced Spectral CT Could Replace True Non-enhanced for Radiation Dose Reduction

Participants
Vahid Yaghmai, MD, Chicago, IL (Moderator) Nothing to Disclose
Mannudeep K. Kalra, MD, Boston, MA (Moderator) Nothing to Disclose

Sub-Events

PURPOSE
To evaluate if the virtual nonenhanced (VNE) images generated from the contrast-enhanced low dose spectral CT images could replace the true nonenhanced (TNE) for radiation dose reduction.

METHOD AND MATERIALS
Images of 50 consecutive adults (36 males and 14 females, ages: 21-79 years) who underwent 3-phase abdominal CT were retrospectively analyzed. TNE CT was performed with conventional 120kVp. The contrast-enhanced scans in arterial phase (AP) and portal venous phase (VP) were performed with low dose spectral CT mode. VNE images were generated from AP (VNEA) and VP (VNEP) spectral CT images. 2 board-certified radiologists reviewed both TNE and VNE images for image quality and lesion detection. Mean CT value, signal-noise-ratio (SNR) and contrast-noise-ratio (CNR) for liver, pancreas, spleen, kidney and muscle were measured. Lesion detection rate, subjective image rating and radiation dose were assessed and compared.

RESULTS
Both TNE and VNE images satisfied clinical needs for lesion detection and image quality. The image quality scores were 4.78±0.47, 4.56±0.76 and 4.68±0.59 for TNE, VNEA and VNEP, respectively with no difference. There was no difference for the lesion detection rate (number) with the plain CT scan (66.8% (135), 63.4% (128) and 65.8% (133), respectively) (p>0.05). CT number (in HU) in liver, pancreas, spleen, kidney and muscle were, respectively, (52.00±7.38, 34.00±6.41, 46.35±5.59, 30.03±4.48 and 45.56±7.80) on TNE, (53.01±6.13, 35.99±6.73, 49.74±5.74, 31.91±3.86 and 44.22±7.10) on VNEA and (56.17±5.87, 36.60±7.12, 50.94±4.55, 32.61±3.66, and 46.03±6.92) on VNEP. There was slight bias for CT numbers on VNE. However, the absolute CT number difference between VNE and TNE was less than 5HU, with the largest at VP for the spleen. VNEA had better CT number fidelity with the smallest difference for the liver. CNR values in 3 groups were similar. VNE images provided statistically higher SNR. The potential dose reduction for replacing TNE with VNE was 30.12%.

CONCLUSION
VNE image generated from the contrast-enhanced abdominal low dose spectral CT provides adequate image quality for lesion depiction, high CT number fidelity and 30% dose reduction compared with TNE.

CLINICAL RELEVANCE/APPLICATION
VNE images generated from the contrast-enhanced abdominal low dose spectral CT may be used to replace TNE images to provide adequate image quality for lesion depiction and 30% dose reduction.

SSJ08-02  Evaluation of Contrast Enhancement and Image Quality: A Comparison Study between Different Tube Voltages and Iodine Concentrations in Upper Abdominal Dynamic CT Scans in Minipigs

Participants
Maoqing Hu, Guangzhou, China (Abstract Co-Author) Nothing to Disclose
Zaiyi Lu, Guangzhou, China (Presenter) Nothing to Disclose
Chang Hong Liang, MD, Guangzhou, China (Abstract Co-Author) Nothing to Disclose
Xiao Mei Lu, MMed, Shenyang, China (Abstract Co-Author) Nothing to Disclose

PURPOSE
To investigate the enhanced effects of abdominal vessels and liver parenchyma and the image quality in abdominal dynamic CT
scans using different tube voltages and different concentrations of contrast agents at identical iodine delivery rate.

METHOD AND MATERIALS

Six minipigs underwent repeated upper abdominal dynamic enhanced CT scans (256-slice CT scanner) under 4 protocols: group A (270 mgI/mL, 80kVp + iterative reconstruction (IR, iDose4) algorithm), group B (370 mgI/mL, 80kVp + IR algorithm), group C (270 mgI/mL, 120kVp + FBP algorithm), group D (370 mgI/mL, 120kVp + FBP algorithm). The total iodine dose (600 mg I/kg) and iodine delivery rate (0.92 mg I/s) of injected contrast agents were the same in all groups. The enhanced attenuations of abdominal aorta, portal vein and liver parenchyma were measured and the image noise, SNR and CNR in peak enhancement of liver parenchyma were determined. The subjective image quality was evaluated by two radiologists.

RESULTS

There were no significant differences in peak enhanced attenuations of abdominal aorta, portal vein and liver parenchyma between 80kVp groups or 120kVp groups respectively (all P >0.05), the attenuations of vessels in 80kVp were significantly higher than in 120kVp (all P <0.05). There were no significant differences in image noise, SNR and CNR of liver parenchyma between groups (all P >0.05). The subjective image quality scores were no significant difference.

CONCLUSION

Different concentrations of iodinated contrast agents given an injection protocol with the same iodine delivery rate and total iodine dose achieved the same enhancement of the abdominal vessels and liver parenchyma, 80 kVp with IR (iDose4) algorithm acquired acceptable image quality.

CLINICAL RELEVANCE/APPLICATION

The injection protocols and bolus characteristics of iodinated contrast agent should be optimized to achieve best enhancement and reduce radiation dose meanwhile.

SSJ08-03 Objective Image Quality and Detectability of Simulated Low-Contrast, Low-Attenuation (LCLA) Liver Lesions on CT without and with an Integrated Circuit (IC) Detector and Iterative Reconstruction (IR): Effect of Radiation Exposure and Subject Size

Tuesday, Dec. 1 3:20PM - 3:30PM Location: E352

Participants

Ajit H. Goenka, MD, Cleveland, OH (Presenter) Institutional Research Grant, Siemens AG
Brian R. Herts, MD, Cleveland, OH (Abstract Co-Author) Research Grant, Siemens AG
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Andrew Primak, PhD, Malvern, PA (Abstract Co-Author) Employee, Siemens AG
Wadih Karim, RT, Cleveland, OH (Abstract Co-Author) Nothing to Disclose
Mark E. Baker, MD, Cleveland, OH (Abstract Co-Author) Research Consultant, Bracco Group; Researcher, Siemens AG; Research support, Siemens AG

PURPOSE

To assess image quality and LCLA liver lesion detection in semi-anthropomorphic phantom using either discrete circuit (DC) detector and FBP or IC detector and IR at varied radiation exposures and phantom diameters

METHOD AND MATERIALS

A phantom without and with 5-cm thick fat-mimicking ring (30- and 40-cm diameters) and containing liver inserts with 4 spherical lesions was scanned with 5 exposure settings [30-cm phantom:200 (CTDInvol 13.5 mGy), 150, 100, 50, and 25 eff mAs; 40-cm phantom:400 (CTDInvol 26.9 mGy), 300, 200, 100, and 50 eff mAs] on two CT scanners, one equipped with DC and other with IC detector. Images were reconstructed with FBP and IR (SAFIRE; S3) respectively. Image noise and lesion CNR were averaged at each mAs. Four radiologists evaluated lesion presence on a 5-point diagnostic confidence scale. Data analyses included ROC curve analysis, and noninferiority analysis (margin -0.10)

RESULTS

Image noise was significantly lower with IC-IR than with DC-FBP (P <.001) with greater reduction in 40-cm phantom and at lower exposures. Lesion CNR was significantly higher with IC-IR than with DC-FBP (P <.001). When compared to DC-FBP at highest exposures, mean reader accuracy with IC-IR was noninferior up to 50% (100 eff mAs) and 25% (300 eff mAs) exposure reductions for 30- and 40-cm phantoms respectively (adjusted P <.001 and P = .04). IC-IR improved readers' confidence in presence of a lesion (average difference 0.17 points) (P = .029) independent of phantom size or exposure level. At any given exposure level, however, there was no significant difference between mean AUCs with IC-IR and DC-FBP for either of 2 phantoms.

CONCLUSION

Moderate exposure reductions maintained non-inferior diagnostic accuracy for both detector-reconstruction combinations. Lesion detection in 40-cm phantom was inferior at smaller exposure reduction than in 30-cm phantom. IC-IR improved objective image quality and lesion detection confidence but did not result in superior diagnostic accuracy.

CLINICAL RELEVANCE/APPLICATION

Impact of noise-reduction on threshold radiation exposure below which diagnostic information may be lost depends on the combination of patient size and imaging task. LCLA lesion detectability in simulated patients with larger girths is more sensitive to increased noise at reduced radiation exposures than in simulated smaller patients. Task-specific measures are critical in determining the clinical utility of newer noise-reduction technologies.

SSJ08-04 The Use of Low Tube Voltage and ASIR Reconstruction to Improve Image Quality of CT Angiography for Tumor Blood Supply Arteries Under Low Concentration Contrast Condition

Tuesday, Dec. 1 3:30PM - 3:40PM Location: E352
To investigate the use of low tube voltage and adaptive statistical iterative reconstruction (ASIR) algorithm to improve image quality and diagnostic confidence for tumor blood arteries under low contrast medium concentration.

METHOD AND MATERIALS

Fifty-eight patients (body mass index (BMI) $\leq 22$ kg/m$^2$) with suspected gastrointestinal tract malignant tumors CT scans were randomly divided into two groups. Group A (21 men and 11 women, ages 40-90 years) was scanned with 80kVp and low concentration of contrast medium (270mgI/ml) and reconstructed with 50% ASIR. Group B (22 men and 4 female, ages 40-76 years) underwent scanning with conventional 120 kVp and high concentration of contrast medium (350 mgI/ml). CT value and standard deviation (SD) of the tumor blood supplying artery and fat in anterior abdominal wall were measured, and contrast-to-noise ratio (CNR) and value were calculated. Image quality was evaluated by two radiologists using a 5-point rating scale. The inter-observer agreement was estimated by using weighted kappa statistics and Intra-class correlation coefficients (ICC) test. Image quality scores were compared by the Mann-Whitney U test. The paired Student t tests was used to compare the difference in CT value, SD value, CNR and CT dose index (CTDvol) value between group A and B.

RESULTS

There was no difference in sex, age, BMI between two groups. The subjective image quality score of tumor blood supplying arteries of group A was better than that of group B (4.7 Vs. 4.3) with very good inter-observer agreement (Kappa value=0.80; ICC value=0.75). The CT value and CNR of group A (+58.85$\pm$69.03 HU and 20.20$\pm$3.30) were higher than those of group B (249.76$\pm$41.51HU and 9.31$\pm$1.89) (all P<0.001). The CTDvol of group A (5.24$\pm$1.15 mGy) was lower than that of group B (13.47$\pm$4.73 mGy) (P<0.001).

CONCLUSION

For patients with BMI $\leq 22$ kg/m$^2$, the low tube voltage and low contrast medium concentration scanning with 50% ASiR algorithm can reduce radiation dose and contrast medium concentration without sacrificing image quality.

CLINICAL RELEVANCE/APPLICATION

Low tube voltage with 50% ASiR algorithm may be used for CT angiography of slim patients with adequate image quality to dramatically reduce radiation and contrast dose.

SSJ08-05 Comparison of Attenuation Based Automated versus Empirical Method for Tube Voltage Selection in Abdominal-pelvic CT Examinations

Tuesday, Dec. 1 3:40PM - 3:50PM Location: E352

To compare the performance of attenuation based automated tube voltage (kV) selection software with known empirical method for kV selection in abdominal-pelvic CT examinations.

METHOD AND MATERIALS

The study was HIPAA compliant and IRB approved. Eighty patients who underwent abdominopelvic CT examinations were included in the study. All patients were scanned on the same CT scanner using automated kV selection. Lateral-width of the patient was determined. and patients were grouped based on their lateral-widths. Each lateral width group corresponded to an optimal kV (lateral-width based kV selection). Comparison was made between the kV selected using the automated selection software and the optimal kV based on lateral-widths.

RESULTS

Attenuation based automated kV selection resulted in a lower optimal tube potential in 32 out of 80 (40%) patients when compared with kV selection based on patient lateral-width (P<0.0001). None of the patients were scanned with a higher kV using automated selection. Agreement between the two methods of kV selection was fair ($k$-coefficient=0.28, 95% CI: 0.15 - 0.41).

CONCLUSION

Attenuation based automated tube voltage selection may be a more effective method for radiation dose reduction when compared to tube voltage selection based on patient width.

CLINICAL RELEVANCE/APPLICATION

Attenuation-based automated tube voltage selection allows greater reduction in radiation dose compared to empirical methods.

Honored Educators

Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying
educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Vahid Yaghmai, MD - 2012 Honored Educator
Vahid Yaghmai, MD - 2015 Honored Educator

SSJ08-06  Application of kV Assist Associated with Adaptive Statistical Iterative Reconstruction (ASiR) in Reducing Radiation Dose of Hepatic Enhanced CT Scan

Tuesday, Dec. 1 3:50PM - 4:00PM Location: E352

Participants
Qingguo Wang, Shanghai, China (Presenter) Nothing to Disclose

PURPOSE
To evaluate the impact of kV assist associated with ASiR on dose and image quality in hepatic enhanced CT scan.

METHOD AND MATERIALS
This study included 46 patients who underwent CT angiography for upper abdomen using a 64-row CT scanner (GE Discovery CT750 HD). Patients were divided into two groups using kV assist technique. Group A (n=23, BMI: 20.72±2.37) and group B (n=23, BMI: 22.31±1.82) underwent CT scan with 120kVp and low tube kVp (≤100kVp), respectively. Data of group B were reconstructed with a fixed blending level (50% and 0% respectively) of ASiR for each image set. The baseline was 120 kVp, noise index (NI)=12.0(5mm). The CT values of abdominal fat layer, aorta (AR) and liver were measured. The contrast noise ratio (CNR) of AR and SMA were calculated respectively. The CT dose index volume (CTDvol) of each patient were recorded. The dose length produce (DLP) was recorded and effective radiation dose was calculated.

RESULTS
The mean CTDIvol and effective radiation dose in group B (6.06 ±2.80mGy, 2.31 ±1.06mSv) were significantly lower than group A (9.26±4.69mGy, 3.81 ±2.31mSv) (p<0.05). The mean CT value of liver in group A (70.33±8.09Hu) was not significantly different with that in group B (50% ASiR) (73.82±10.83Hu) and group B (0% ASiR) (73.94±10.80Hu) (each p>0.05), respectively. The SD value of subcutaneous fat in group A (8.17±1.49HU) was lower than group B (50% ASiR) (9.57±1.59HU) (p<0.05). The CNR of liver (16.64±3.66) in group B (50% ASiR) was not significantly different with that in group A (18.99±3.75) (p>0.05). The SNRs of liver in group B (50% ASiR) (9.33±2.07) were higher than in group A (7.57±1.61) (p<0.05).

CONCLUSION
KV assist recommended optimal scan protocol, and approximately 39% radiation dose was reduced without degradation of image quality.

CLINICAL RELEVANCE/APPLICATION
KV assist helps to improve patient care through personalized protocols and simplify scan technique optimization.
Participants
Michael S. Gee, MD, PhD, Jamaica Plain, MA (Moderator) Nothing to Disclose
Tracy A. Jaffe, MD, Durham, NC (Moderator) Nothing to Disclose

Sub-Events

**SSJ07-01 Reproducibility of Magnetic Resonance Enterography Scores for the Assessment of Disease Activity in Crohn’s Disease Using Central Readers**

Participants
Jordi Rimola, MD, Barcelona, Spain (Presenter) Consultant, F. Hoffmann-La Roche Ltd; Consultant, Takeda Pharmaceutical Company Limited
Cynthia S. Santillan, MD, San Diego, CA (Abstract Co-Author) Consultant, Robarts Clinical Trials Research Group
Stuart A. Taylor, MBBS, London, United Kingdom (Abstract Co-Author) Research consultant to Robarts plc
Karin van Gemert-Horsthuis, MD, Amsterdam, Netherlands (Abstract Co-Author) Nothing to Disclose
Barrett G. Levesque, MD, San Diego, CA (Abstract Co-Author) Nothing to Disclose
Brian Feagan, London, ON (Abstract Co-Author) Nothing to Disclose

**PURPOSE**
To evaluate the reproducibility of two MRE disease activity instruments, the MaRIA and London indices, when centrally read by four expert gastrointestinal body imaging radiologist readers in a multi-center trial setting.

**METHOD AND MATERIALS**
Four central reader radiologists at different centers in Europe and North America reviewed 50 MRE sequences of patients with a spectrum of Crohn's disease activity and location. Readers assessed the MaRIA and London indices, pre-specified individual MRE findings, and a global rating of severity based on a visual analogue scale (VAS). Intraclass correlation coefficients (ICCs) for intra- and inter-rater agreement were calculated for each assessment.

**RESULTS**
Intra-rater ICCs (95% confidence intervals) for the MaRIA, London, London Extended indices and the VAS were 0.89 (0.84 to 0.91), 0.84 (0.76 to 0.88), 0.81 (0.71 to 0.85) and 0.86 (0.81 to 0.90). Corresponding inter-rater ICCs were 0.71 (0.61 to 0.77), 0.50 (0.32 to 0.62), 0.56 (0.40 to 0.64), and 0.71 (0.62 to 0.77). The correlation between each reader's VAS and the MaRIA, London, and London Extended indices were 0.79 (0.71 to 0.85), 0.68 (0.58 to 0.77) and 0.67 (0.58 to 0.76), respectively. These results indicate that there was "almost perfect" intra-rater reproducibility of centrally read MaRIA and London indices. Inter-rater agreement was "substantial" for the MaRIA and "moderate" for the London indices.

**CONCLUSION**
The MaRIA index appears to have the best operating characteristics which further supports its implementation as an instrument for use in clinical trials.

**CLINICAL RELEVANCE/APPLICATION**
Magnetic resonance enterography (MRE) will likely be increasingly utilized in clinical trials to improve Crohn's disease (CD) patient selection and because it may be more responsive to clinically important changes in inflammatory status than either symptom-based or endoscopic instruments. Reproducibility is a critical property of MRE CD activity indices if they are to be used as outcome measures in clinical trials.

**SSJ07-02 Genetic Polymorphisms Associated with MR Enterography Imaging Features of Crohn’s Disease**

Participants
Cintia Cruz, MD, Boston, MA (Presenter) Nothing to Disclose
Abra Guo, Boston, MA (Abstract Co-Author) Nothing to Disclose
James H. Thrall, MD, Boston, MA (Abstract Co-Author) Board Member, Mobile Aspects, Inc; Board Member, WorldCare International Inc; Consultant, WorldCare International Inc; Shareholder, Antares Pharma, Inc; Shareholder, iBio, Inc; Shareholder, Peregrine Pharmaceuticals, Inc
Vijay Yajnik, MD, PhD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Michael S. Gee, MD, PhD, Jamaica Plain, MA (Abstract Co-Author) Nothing to Disclose

**PURPOSE**
To evaluate for associations between genetic loci related to Crohn's disease (CD) behavior and imaging features of disease.

**METHOD AND MATERIALS**
IRB approved HIPAA compliant single institution study of 76 patients with established CD who underwent MRE for disease evaluation. Scans were performed from 2009-2015 on a 1.5T clinical scanner using standard MRE protocol with oral and intravenous
53 of these patients also had genetic testing performed on peripheral blood (Sequenom® genotyping platform). Two readers jointly evaluated the studies in consensus for findings of bowel inflammation [Mural early mucosal enhancement (ME), T2 Hyperintensity (T2), bowel wall thickening (BWT), Mesenteric inflammatory changes (MC)], evidence of penetrating disease (ulcer, fistula, or abscess), proximal bowel dilation, disease distribution, and overall length of involvement (LOI). Each scan was scored for disease distribution, activity, and behavior. Genetic analysis included evaluation for presence of 168 single nucleotide polymorphisms (SNPs) associated with inflammation. Fisher's Exact Test was used to assess for statistical significance.

RESULTS

31 females and 22 males were analyzed (mean age 40 years ranging 20-83). Activity was classified as active in 37 (70%), chronic in 8 (15%), and normal in 8 (15%) patients; behavior was classified as inflammatory (I) in 27 (60%), structuring (S) in 6 (13%), and fistulizing (F) in 12 (26%) patients; mean length of involvement was 14.9 +/- 3.6 cm. Out of 168 SNP tested, the highest incidence was observed for IL23 (100%) followed by PTEN (91%) and IL31RA-IL6ST (74%). HLA and CARD9 (20%) were only observed in patients with active disease on imaging with a highly significant association (p = 0.009). IL31RA-IL6ST showed a significantly lower incidence in chronic disease (p = 0.03). Among MRE imaging features, HLA and CARD9 mutations were most significantly associated with BWT (p = 0.02), with ME and T2 also significant (p = 0.04). MAP3K8 and TNFR showed a significantly higher associations with F disease (p < 0.001) and (p = 0.03) with evidence of abscess (4/37).

CONCLUSION

Multiple SNPs are associated with CD activity assessed on MRE, with HLA and CARD9 significantly associated with active disease, fistulizing behavior and presence of abscesses. BWT, ME, and T2 are individual imaging features showing significant genetic associations.

CLINICAL RELEVANCE/APPLICATION

CD patient genotype impacts on imaging phenotype depicted by MRE.

SS307-03  Bowel Imaging with PET/MR Enterography: First Results

Tuesday, Dec. 1 3:20PM - 3:30PM Location: E353A

Participants
Karsten J. Beiderwellen, MD, Essen, Germany (Presenter) Speaker, Siemens AG; Speaker, Bracco Group
Sonja Kinner, MD, Essen, Germany (Abstract Co-Author) Nothing to Disclose
Lukas Lenga, Essen, Germany (Abstract Co-Author) Nothing to Disclose
Benedikt Gomez, Essen, Germany (Abstract Co-Author) Nothing to Disclose
Philipp Heusch, MD, Duesseldorf, Germany (Abstract Co-Author) Nothing to Disclose
Jose Langhorst, Essen, Germany (Abstract Co-Author) Nothing to Disclose
Andreas Beckisch, Essen, Germany (Abstract Co-Author) Nothing to Disclose
Thomas C. Lauenstein, MD, Essen, Germany (Abstract Co-Author) Nothing to Disclose

PURPOSE

To evaluate hybrid PET/MR enterography for the diagnostic assessment of intestinal pathologies.

METHOD AND MATERIALS

43 patients with Crohn's disease, bowel malignancies or fever of unknown origin (female: n=20, male: n=23, age: 51±13 years [20-74 years]) underwent PET/MR enterography (Biograph mMR, Siemens) with either [18F]FDG (n=34) or [68Ga]-DOTATOC (n=9). For small bowel distension 1500 ml of an oral contrast solution containing mannitol and locust bean gum were ingested. PET was acquired as list mode for 8 min per bed. The MR protocol encompassed: a) coronal TrueFISP; b) coronal T2w HASTE with fat saturation; c) coronal T1w 3D VIBE pre and post gadolinium; d) axial and coronal T1w 2D FLASH post-gadolinium. Datasets were evaluated regarding co-registration of anatomical structures based on a 3-point ordinal scale (3: good co-registration, 2: slight misregistration, 1: significant misregistration) and image quality using a 4-point scale (1: non-diagnostic - 4: excellent quality). Furthermore, visualization of intestinal and extraintestinal pathologies was described.

RESULTS

PET/MR enterography resulted in a high overall image quality (mean score MRI: 3.3, PET: 2.4) with good results for of PET and MRI co-registration (mean: 2.5 - 2.9). An excellent visualization of small and large bowel pathologies was achieved including inflammatory lesions (in 18 patients) as well as malignant lesions (in two patients). Furthermore, extraintestinal pathologies such as lymph node metastases (in two patients) were identified.

CONCLUSION

Integrated PET/MR enterography represents a technically robust examination allowing for good co-registration of bowel structures.

CLINICAL RELEVANCE/APPLICATION

The new method enables a multimodal assessment of bowel lesions in inflammatory as well as malignant disease. The simultaneous data acquisition might be of advantage in the interpretation of PET/MR in comparison to independently acquired PET and MRI data sets due to potential bowel motion artifacts and different patient positioning.
Patients with Crohn's disease are at risk of high radiation exposure, particularly from CT imaging. Symptomatic Crohn's patients are often scanned repeatedly due to broad differential diagnoses associated with the presenting complaint. While CT is a valuable tool in the assessment of Crohn's disease and its complications, we must be cognizant of its overutilization. Herein, we evaluated the utilization rate and indications for CT imaging of Crohn's patients at our institution.

**METHOD AND MATERIALS**

We performed a retrospective chart review of 100 consecutive Crohn's disease patients who received a CT scan from 2000 to 2015. All incidences of radiation from CT imaging were noted. The total and average number of CT scans were tallied. CT scans were categorized by indication; the total number of normal studies was also obtained.

**RESULTS**

100 patients with Crohn's disease were evaluated, 53 female and 47 male, a mean age of 48, with a range of 22 to 88 years. In this study population 491 CT scans were performed. The indications for the imaging studies included assessment of nonspecific abdominal or pelvic pain (46.8%), evaluation of suspected Crohn's flare or Crohn's related complications (30.5%), surgical complication or surgical follow up (9.5%), flank pain (5.2%), trauma (0.4%), or other (7.6%). In this population, the average number of CT scans performed was 4.9, with a range of 1 to 23. A total of 43 patients received >= 5 CTs, 12 received >= 10 CTs, 4 received >= 15 CTs and 2 received >= 20 CTs. Of the 491 CT scans performed, 135 (27.5%) were reported as normal or with stable chronic changes related to the patients underlying Crohn's disease.

**CONCLUSION**

The average number of CT scans per patient in this population approached 5 scans with a maximum of 23 scans in a single patient. Prior studies have shown that radiation above 50mSv (~5 CT scans) increases the risk of cancer, which is particularly pertinent for the Crohn's patient population. Of the scans performed a significant proportion were recorded as normal or with stable chronic changes from Crohn's disease, thus not providing a cause for the patient's symptoms.

**CLINICAL RELEVANCE/APPLICATION**

Our findings elucidate there is considerable room for reducing the use of CT imaging in symptomatic Crohn's patients, given the significant number of scans with normal or stable chronic findings.

**Honored Educators**

Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Jorge A. Soto, MD - 2013 Honored Educator
Jorge A. Soto, MD - 2014 Honored Educator
Jorge A. Soto, MD - 2015 Honored Educator

**SSJ07-05**

**Head-to-head Prospective Evaluation of Small Bowel Distension and Patient Tolerance of a New Enteric Contrast Agent for Enterography**

Tuesday, Dec. 1 3:40PM - 3:50PM Location: E353A

**Participants**

Amy B. Kolbe, MD, Rochester, MN (Presenter) Nothing to Disclose
Adam Froemming, MD, Rochester, MN (Abstract Co-Author) Nothing to Disclose
Shannon P. Sheedy, MD, Rochester, MN (Abstract Co-Author) Nothing to Disclose
Chi Wan Koo, MD, Mankato, MN (Abstract Co-Author) Nothing to Disclose
Krishna Pundi, BS, Rochester, MN (Abstract Co-Author) Nothing to Disclose
David Bruining, MD, Rochester, MN (Abstract Co-Author) Research Grant, Given Imaging Ltd Consultant, Bracco Group
Jeanne Tung, MD, Rochester, MN (Abstract Co-Author) Nothing to Disclose
W. S. Harmsen, MS, Rochester, MN (Abstract Co-Author) Nothing to Disclose
John M. Banlow, MD, Rochester, MN (Abstract Co-Author) Nothing to Disclose
Jeff L. Fidler, MD, Rochester, MN (Abstract Co-Author) Research Grant, Beekley Corporation
Joel G. Fletcher, MD, Rochester, MN (Abstract Co-Author) Grant, Siemens AG; 

**PURPOSE**

To evaluate a new mannitol and sorbitol-containing flavored beverage (FB) as an enteric contrast agent for enterography compared to commercially available low Hounsfield barium sorbitol suspension (BS) for side effects, patient taste and willingness to repeat the exam, and small bowel distension.

**METHOD AND MATERIALS**

10 normal subjects ingested 5 different drinking algorithms on separate days (FB2: 1000 mL FB + 350 mL water; FB3: 1500 mL FB; BS2: 900 mL BS + 450 mL water; BS3: 1350 mL BS + 150 mL water; W3: 1500 mL water), with agents ingested over 45 minutes. Coronal SSFSE images were obtained through the bowel at 50 and 60 minutes following initiation of drinking. Subjects completed a questionnaire evaluating side effects, patient taste and willingness to repeat the exam. GI radiologists evaluated MR images using qualitative and quantitative scores for the jejunum, mid-ileum, and terminal ileum, blinded to imaging algorithm and time. Radiologists then ranked algorithms in order of preference based on distension of enteric contrast-filled bowel. Analyses were performed using ANOVA, pairwise Fisher's LSD, with p-values reporting overall significance of the 5 algorithms.
RESULTS

There was no significant difference in nausea or vomiting among regimens (p=0.20 and 0.42), but FB3 and V3 resulted in mild cramping (p=0.001). Using a 10 point scale, subjects rated taste of BS2 (mean=3.9) and BS3 (4.7) worst (p < 0.0001). Willingness to repeat drinking algorithm was highest for FB2 (9.8) and W3 (9.7) (p<0.05). There were significant overall differences in subjective small bowel distention for 2/3 readers (p=0.003, p<0.02), with both W3 regimens ranked significantly worse (Figure). For quantitative analyses, there was no significant difference in the diameter of the most distended small bowel loop for any segment or reader (p>0.23), with one reader identifying smaller representative loop diameters for W3 in the jejunum and ileum (p<0.03).

CONCLUSION

FB has a similar side effect profile and results in equivalent small bowel distention compared with BS. Normal subjects rated taste and willingness to repeat the exam with the new FB agent significantly higher.

CLINICAL RELEVANCE/APPLICATION

By improving taste and maintaining side effect profile and small bowel distention, a new flavored beverage oral contrast agent with sorbitol can result in improved willingness to undergo repeat enterography exams.

SSJ07-06  IBD Plus CTE Equals a New Equation for Disease Diagnosis

Tuesday, Dec. 1 3:50PM - 4:00PM Location: E353A

Participants

Jamaal Benjamin, MD,PhD, Dallas, TX (Presenter) Nothing to Disclose

Cecelia Brewington, MD, Dallas, TX (Abstract Co-Author) Nothing to Disclose

PURPOSE

The purpose of this study is to harness our expanding understanding of the basic mechanisms of Inflammatory Bowel Disease (IBD) in order to develop more accurate and useful avenues of molecular imaging and Crohn's disease diagnosis.

METHOD AND MATERIALS

A cohort of 82 Crohn's disease (CD) patients who underwent endoscopy and CT enterography (CTE) was examined for 5 predetermined CT findings - mural hyperenhancement, bowel wall thickening, increased mural fat attenuation, mural stratification and combs sign and 5 predetermined lab measurements - fecal calprotectin, fecal lactoferrin, C-reactive protein (CRP), fecal elastase and serum IgA. For Fecal Calprotectin (FC) a lab value of 16 (mcg/g) or less were set as 16, CRP of 5 (mg/L) or less were set as 5 and Stool elastase (SE) of 500 (μg/g) or more were set as 500. Relationships between the variables and whether there was Active IBD were evaluated. Fisher's exact tests were performed on discrete variables while Wilcoxon rank sum tests were performed on continuous variables.

RESULTS

Of the 5 evaluated clinical lab values, fecal calprotectin (FC) and CRP were the most useful predictors of active IBD. Both FC and CRP demonstrated statistically significant smaller median values in non-active IBD than active IBD. Utilizing logistic regression models and ROC curves, we determined threshold cutoff values of 142 (mcg/g) for FC and 5.4 (mg/L) for CRP. Following determination of individual variable threshold values, we then combined the two and developed the following predictive algorithm: If FC < 142 and CRP < 5.4 then categorize the case as "No IBD"; Otherwise categorize as "Yes IBD". Utilizing this algorithm, the sensitivity for active IBD was 92.86%, specificity was 77.78%, PPV of 86.67%, NPV of 87.57% and an accuracy of 86.96%.

CONCLUSION

This work demonstrates that combining CTE and clinical labs can be a powerful tool in the diagnosis of IBD, and that the most useful lab values in CT enterography evaluation of IBD cases are fecal calprotectin and CRP. Therefore, we propose all CT enterography should also include evaluation of FC and CRP for specific numerical thresholds when considering IBD in the differential diagnosis.

CLINICAL RELEVANCE/APPLICATION

CTE findings for IBD are difficult to interpret, therefore, a methodology for incorporating clinical lab values with CTE findings is critical for accurate initial diagnosis and disease surveillance.
**SSJ11**

**Genitourinary (Multimodality Imaging of Pregnancy and Pelvic Floor)**

Tuesday, Dec. 1 3:00PM - 4:00PM Location: E353B

**GU**  
**MR**  
**US**

AMA PRA Category 1 Credit ™: 1.00  
ARRT Category A+ Credit: 1.00

**Participants**
Elizabeth A. Sadowski, MD, Madison, WI (Moderator) Nothing to Disclose  
Mary C. Frates, MD, Sharon, MA (Moderator) Nothing to Disclose

**Sub-Events**

**SSJ11-01  Dynamic Contrast-enhanced MRI Combined with Diffusion Weighted Imaging in Differential Diagnosis of Malignant Gestational Trophoblastic Neoplasia and Postpartum Retained Placental**

Tuesday, Dec. 1 3:00PM - 3:10PM Location: E353B

**Participants**
Kangkang Xue, Zhengzhou, China (Presenter) Nothing to Disclose  
Jingjiang Cheng, MD, Zhengzhou, China (Abstract Co-Author) Nothing to Disclose  
Yong Zhang, DO, Zhengzhou, China (Abstract Co-Author) Nothing to Disclose  
Tianxia Bi, Zhengzhou, China (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To explore the application value of dynamic contrast-enhanced MRI (DCE-MRI) combined with diffusion weighted (DW-MRI) in the differential diagnosis of malignant gestational trophoblastic neoplasia (MGTN) and postpartum retained placental tissue (RPT).

**METHOD AND MATERIALS**

The institutional review board approved this retrospective study and waived the requirement for informed consent. 74 cases (median age, 30.6 years; age range, 20-48 years) of MGTN and RPT confirmed clinically were retrospectively analyzed, all patients underwent DCE-MRI and DW-MRI (500 and 1000 mm²/s) at 3.0T. Types of time signal-intensity curves (TIC) and quantitative analysis of time to peak (TTP), maximum contrast enhancement ratio (MCER) and ADC values of each case were performed. Differences in TTP, MCER, and ADC values between MGTN and RPT were evaluated using the independent samples t-test respectively. The sensitivity, specificity and accuracy of dynamic contrast-MRI, DW-MRI and combination of the two methods in diagnosing MGTN and RPT were calculated.

**RESULTS**

There were 39 MGTN, of which 13 lesions were invasive mole and 26 lesions were choriocarcinoma. There were 35 RPT, of which 14 lesions were normal retained placenta, 6 lesions were adherent placenta and 15 lesions were implanted placenta. The mean ADC value and TTP of MGTN (1.38±0.11×10⁻³mm²/s, 37.84±3.73 s) were significantly different (p<0.01) from that of RPT (2.03±0.56×10⁻³mm²/s, 102.11±9.14 s). The MCER of MGTN (248.58±19.28%) was not significantly different (P>0.05) from that of RPT (236.45±16.77%) statistically. The sensitivity, specificity and accuracy in diagnosing MGTN and RPT was 84.62%, 85.71%, 85.13% for DCE-MRI; 89.74%, 88.57%, 89.19% for DW-MRI; 94.87%, 94.29%, 94.59% for combination of the two methods.

**CONCLUSION**

MGTN and RPT has different features in DCE-MRI and DW-MRI respectively, and the combination of the two methods can provide high application value for the differential diagnosis of MGTN and RPT.

**CLINICAL RELEVANCE/APPLICATION**

The clinical issues and standard imaging features of malignant gestational trophoblastic neoplasia and postpartum retained placental tissue are similar, and the combination of DWI and dynamic-enhanced MRI can help clinician distinguish them, so as to decide treatment plans.

**SSJ11-02  Variable Sonographic Features and Imaging Underdiagnosis of Partial Molar Pregnancy**

Tuesday, Dec. 1 3:10PM - 3:20PM Location: E353B

**Participants**
Julia Savage, MD, Ann Arbor, MI (Presenter) Nothing to Disclose  
Katherine E. Maturen, MD, Ann Arbor, MI (Abstract Co-Author) Consultant, GlaxoSmithKline plc; Medical Advisory Board, GlaxoSmithKline plc  
Erika Mowers, MD, Ann Arbor, MI (Abstract Co-Author) Nothing to Disclose  
Katherine Pasque, MD, Ann Arbor, MI (Abstract Co-Author) Nothing to Disclose  
Ashish P. Wasnik, MD, Ann Arbor, MI (Abstract Co-Author) Nothing to Disclose  
Vanessa Dalton, MD, Ann Arbor, MI (Abstract Co-Author) Nothing to Disclose  
Jason Bell, MD, Ann Arbor, MI (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

The goal of this study is to describe the ultrasound findings in histopathologically proven molar pregnancies and to correlate these findings with clinical parameters including serum beta-hCG levels and partial vs. complete molar pregnancy.

**METHOD AND MATERIALS**

Retrospective chart review revealed 72 women with failed pregnancy or elective termination with histopathologic diagnosis of molar...
pregnancy and available ultrasound images between January 1, 2001 to December 31, 2011. Clinical data, ultrasound images and reports were reviewed.

RESULTS
Mean age of women was 30.45 ± 6.97 years of age (range: 16-49), with 1.25 ± 1.49 prior pregnancies (range: 1-11). Mean gestational age (GA) by last menstrual period was 74.45 ± 19.07 days (range: 39-138) and median serum beta-hCG was 64,400 (range: 447-662,000), with expected positive correlations between mean sac diameter (MSD) vs. beta-hCG (r=0.45, p=0.004) and MSD vs. GA (r=0.54, p<.0001). Pathologic results showed 49 partial and 23 complete moles. By imaging, partial moles were more commonly described as having a discrete gestational sac (85.7 vs 21.7%, p<.0001), yolk sac (48.9 vs. 4.6%, p=0.0003), or fetal pole (57.1 vs. 0%, p<.0001), while complete moles were more likely to show clearly abnormal tissue in the uterus (82.6 vs. 20.8%, p<.0001) and to be prospectively diagnosed as molar pregnancy by the dictating radiologist (86.9 vs. 40.82%, p=0.0002).

CONCLUSION
Partial molar pregnancy is associated with a highly variable sonographic appearance and frequent detection of recognizable products of conception, which may contribute to its underdiagnosis by imaging. Complete molar pregnancy is more strikingly abnormal and thus recognizable by imaging, and commonly diagnosed prospectively.

CLINICAL RELEVANCE/APPLICATION
Suspicion of hydatidiform mole in failed pregnancy has impacts on clinical management including: need for uterine evacuation, submission of products of conception to pathology, and serum b-hCG surveillance; failure to prospectively suggest or diagnose molar pregnancy may negatively impact patient care.

HONORED EDUCATORS
Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Katherine E. Maturen, MD - 2014 Honored Educator

SSJ11-03 Performance of Translabial Ultrasound versus Pelvic Floor MRI in the Detection of Transvaginal Mesh Implant Complications

Tuesday, Dec. 1 3:20PM - 3:30PM Location: E353B

Participants
Karoly Viragh, MD, Los Angeles, CA (Presenter) Nothing to Disclose
Seth A. Cohen, MD, Los Angeles, CA (Abstract Co-Author) Nothing to Disclose
Shlomo Raz, MD, Los Angeles, CA (Abstract Co-Author) Nothing to Disclose
Steven S. Raman, MD, Santa Monica, CA (Abstract Co-Author) Nothing to Disclose

PURPOSE
The goal of the study was to determine the efficacy of 2D and 3D dynamic translabial ultrasound versus pelvic floor MRI in the detection of transvaginal mesh implant complications.

METHOD AND MATERIALS
With IRB approval and HIPAA compliance, a retrospective observational study was performed to correlate the intraoperative findings of transvaginal mesh implant complications (perforation, extrusion, fluid collections) with the standard pre-operative translabial ultrasound and pelvic floor MRI evaluations in women who were treated with suburethral transvaginal mesh implant for stress urinary incontinence or pelvic organ prolapse. The pre-operative translabial ultrasound and MRI examinations were reviewed with attention to technical details. The sensitivity of ultrasound in identifying complications was calculated. The location of the transvaginal mesh with respect to the bladder and urethra was also evaluated (extraluminal, intramural, intraluminal). Factors for technical improvement were identified.

RESULTS
The study cohort included 200 women (mean age 55 years) with transvaginal mesh implants for who underwent 2D and 3D dynamic translabial ultrasound, pelvic floor MRI and mesh excision at our institution between 2007 and 2013. Descriptive statistics were provided. 17 patients were found to have perforation into the urethra and/or bladder during surgery. None were found to have extrusion or significant fluid collections. Translabial ultrasound had a sensitivity of (12/17) 70.5%, whereas detection of mesh fragments by MRI was challenging even in retrospect. Limitations were due to suboptimal visualization of the mesh fragments, which could be improved with pre-procedural hydration for bladder distention and the use of vaginal gel to better image the suburethral space.

CONCLUSION
2D and 3D dynamic translabial ultrasound is a powerful real-time method for transvaginal mesh localization and for visualizing complications, most importantly perforation into the urethra and/or bladder, which allows for better surgical planning and pre-operative patient counseling.

CLINICAL RELEVANCE/APPLICATION
Translabial ultrasonography is a powerful real-time diagnostic technique for the evaluation of female pelvic floor dysfunction and is more sensitive than MR in detecting transvaginal mesh perforation.
A retrospective review of all patients referred for MRI of the placenta from December 2004 to December 2014 was performed. Indications for MRI included abnormal appearance of the placenta on ultrasound, history of prior cesarean delivery, and history of prior uterine surgery. A retrospective review of all patients referred for MRI of the placenta from December 2004 to December 2014 was performed. Indications for MRI included abnormal appearance of the placenta on ultrasound, history of prior cesarean delivery, and history of prior uterine surgery. A retrospective review of all patients referred for MRI of the placenta from December 2004 to December 2014 was performed. Indications for MRI included abnormal appearance of the placenta on ultrasound, history of prior cesarean delivery, and history of prior uterine surgery. A retrospective review of all patients referred for MRI of the placenta from December 2004 to December 2014 was performed. Indications for MRI included abnormal appearance of the placenta on ultrasound, history of prior cesarean delivery, and history of prior uterine surgery.

RESULTS
Separate assessment of the US findings with respect to their sensitivity (Ss), specificity (Sp), NPV and PPV respectively are as follows: EP change in size 53%, 57%, 45%, 55%, shape 89%, 75%, 85%, 78%, echogenicity 87%, 78%, 85%, 90%, avascularity 79%, 90%, 85%, 88%; and absent or small hemoperitoneum 90%, 86%, 87%, 78%; A combination of at least three of these findings was most accurate with Ss 95%, Sp 96%, PPV 95%, NPV 90%. Presence of fetal heart activity, increased size of yolk sac and gestational sac, large amount of hemoperitoneum were strong US predictors of failure of MTX treatment with Ss 100%, Sp 100%, PPV 100%, NPV 99%.

CONCLUSION
A combination of at least three US findings including stable shape and echogenicity, avascularity and absence or small amount of hemoperitoneum are best US predictors of successful MTX treatment of EPs. Detection of fetal heart activity, large hemoperitoneum, and increase in size of gestational and yolk sac are strong US predictors of a failure of MTX treatment. Change in size of the EP after MTX treatment is not a reliable predictor of either treatment success or failure.

CLINICAL RELEVANCE/APPLICATION
US findings aid in prediction of successful treatment of ectopic pregnancy using a single dose methotrexate protocol

HONORED EDUCATORS

Leslie M. Scoult, MD - 2014 Honored Educator

To evaluate the accuracy of magnetic resonance imaging in diagnosing invasive placentation.

METHOD AND MATERIALS

A retrospective review of all patients referred for MRI of the placenta from December 2004 to December 2014 was performed. Indications for MRI included abnormal appearance of the placenta on ultrasound, history of prior cesarean delivery, and history of prior uterine surgery. MRI reports were reviewed for placentation location, presence or absence of abnormal placentation according to established MRI findings, and suspicion for parametrial involvement. Criteria included the presence of dark intraplacental bands, heterogeneous signal intensity, abnormal vascularity and thickened nodular contour along the urinary bladder surface, uterine bulging into the bladder, and loss of the myometrial margin. MRI was considered positive even if only one of these criteria were present. Comparison was made with findings at either delivery or operation, and pathology reports.

RESULTS

256 MRI exams were reviewed. 144 exams were negative both on MRI and delivery/pathology. 8 exams interpreted as normal on MRI underwent hysterectomy with pathology demonstrating placenta accreta. 80 exams were interpreted as positive for abnormal
placenta, and were diagnosed as accreta, increta, or percreta on delivery/pathology. 24 cases interpreted as positive on MRI had normal placental delivery and pathology. MR diagnosis of abnormal placenta had a sensitivity of 91%, specificity of 86%, PPV of 77%, NPV of 95%, and an accuracy of 87.5%.

CONCLUSION

Placental adhesive disorder is a significant cause of maternal morbidity and mortality. Prenatal MRI is accurate in evaluating invasive placenta in patients at high risk for this condition.

CLINICAL RELEVANCE/APPLICATION

MRI can provide topographic information specifically in cases with lateral extension into the parametrical regions. Identification of abnormal placenta assists the clinician in planning the mode of delivery, extent and location of surgical incision, and determining the need for multidisciplinary involvement and assistance.

SSJ11-06 3T Pelvic MRI Thresholds for Pelvic Organ Prolapse before and after First Childbirth

Participants
Mark E. Lockhart, MD, Birmingham, AL (Presenter) Nothing to Disclose
Holly Richter, MD, Birmingham, AL (Abstract Co-Author) Research Grant, Pelvalon, Inc; Consultant, Pelvalon, Inc; Consultant, Kimberly-Clark Corporation; Royalties, UpToDate, Inc
Gordon W. Bates, MD, Birmingham, AL (Abstract Co-Author) Nothing to Disclose
Timothy M. Beasley, PhD, Birmingham, AL (Abstract Co-Author) Nothing to Disclose
Desiree E. Morgan, MD, Birmingham, AL (Abstract Co-Author) Research support, General Electric Company

PURPOSE

To evaluate the usefulness of published 3T MRI parameters suggesting pelvic organ prolapse before and after first childbirth

METHOD AND MATERIALS

In this IRB-approved HIPAA-compliant prospective cohort study, patients presenting for reproductive assistance were recruited to complete validated questionnaires, clinical pelvic exams, baseline dynamic 3T MRI, and repeat MRI 6 months after delivery. Subjects were nulliparous women, at least 19 years age, and asymptomatic by Pelvic Floor Distress Inventory-20. Predetermined published thresholds or 2 SD beyond means in the literature for pelvic prolapse on MRI were evaluated. Also, a 10% change from baseline to postpartum was considered a significant change. Using 120 cc rectal gel and pelvic phased array coil over the pelvis, static 3mm axial and coronal T2 FSE sequences were followed by 10 mm thick dynamic sagittal HASTE at rest and during strain. The 10 mm sagittal sequence then evaluated pelvic floor mobility during evacuation of the rectal gel. MRI parameters were measured by a fellowship-trained radiologist, blinded to clinical data.

RESULTS

19 subjects (mean age 31 years) completed baseline clinical and MRI studies, and 10 (mean age 30.5 years) of them completed postpartum clinical and MRI studies. None developed significant pelvic floor symptoms by the PFDI-7 and PISQ-12 questionnaires after childbirth. None had levator tears at baseline; two subjects developed tears postpartum. Mean pelvic floor mobility was increased in patients after childbirth and 17 pelvic soft tissue parameters increased by greater than 10% postpartum. At baseline 7/133 (5.3%), 8/209 (3.8%), and 79/209 (37.8%) of pelvic soft tissue measurements exceeded published thresholds (indicating prolapse) at rest, strain, and evacuation, respectively, majority in the anterior compartment. After pregnancy and childbirth, 4/70 (5.7%), 6/110 (5.5%), and 51/110 (46.4%) exceeded thresholds at rest, strain, and evacuation, respectively, in this asymptomatic population. Osseous parameters remained unchanged.

CONCLUSION

Although published soft tissue parameters work well for rest and strain MR imaging, their values in evacuatory series are frequently exceeded, even in asymptomatic nulliparous and primiparous women.

CLINICAL RELEVANCE/APPLICATION

In nulliparous and primiparous women, the evacuatory phase will commonly exceed published MRI thresholds for pelvic organ prolapse and therefore results should be used with caution.
Participants
Frank H. Miller, MD, Chicago, IL (Moderator) Nothing to Disclose
Donald G. Mitchell, MD, Philadelphia, PA (Moderator) Consultant, CMC Contrast AB

Sub-Events
SSJ09-01 MR Elastography of the Liver: Comparison of GRE and EPI Sequences

Participants
Mathilde Wagner, MD,PhD, Paris, France (Presenter) Nothing to Disclose
Temel K. Yasar, New York, NY (Abstract Co-Author) Nothing to Disclose
Cecilia Besa, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Jad M. Bou Ayache, MD, New York, NY (Abstract Co-Author) Nothing to Disclose
Octavia Bane, PhD, New York, NY (Abstract Co-Author) Nothing to Disclose
Maggie M. Fung, MEng, Bethesda, MD (Abstract Co-Author) Employee, General Electric Company
Bachir Taouli, MD, New York, NY (Abstract Co-Author) Consultant, Guerbet SA

PURPOSE
To compare 2D-GRE (gradient recalled echo) liver MR-Elastography (MRE) with 2D-SE-EPI (echoplanar imaging) MRE in terms of image quality (IQ) and liver stiffness (LS) measurements.

METHOD AND MATERIALS
36 patients with chronic liver disease or focal liver lesion (M/F:23/13, mean age 57.8 y) who underwent 3T liver MRI (MR750, GE) using 2D-GRE and 2D-SE-EPI liver MRE were enrolled in this single-center IRB approved study. Both sequences were acquired in the axial plane, with 4 slices (same location), 10 mm thickness, a 60Hz mechanical motion, similar FOV (2D-GRE: TR/TE 50/20, 256x80, 60 MEG frequency, ASSET 2 / SE EPI: TR/TE 1000/55.4, 80x80, 155Hz MEG frequency, ASSET 2). Scan time for EPI MRE was 4 sec and 14 sec for GRE MRE (for each slice). One radiologist placed ROIs in the liver parenchyma for measurements of LS (kPa). ROIs were drawn as large as possible, avoiding voxels with less than 95% confidence level on the confidence map, large vessels, parenchyma edge and fissures. IQ scores were assessed by a second radiologist using a four-point scale (0: no observable wave propagation/no confidence map; 3: excellent wave propagation in liver/confidence map covering more than 50% of liver slice). Mean LS values and IQ scores between EPI and GRE MRE were compared using Wilcoxon test. Reproducibility of LS between these two sequences was assessed with intraclass coefficient correlation (ICC), coefficient of variability (CV) and Bland-Altman limits of agreement (BALA).

RESULTS
In 4 patients, GRE MRE completely failed while there was no case of failure with EPI MRE. IQ scores were significantly higher using EPI versus GRE MRE(score 14.4 vs 8.6, P<0.0001). ROI size was significantly higher using EPI than GRE MRE (56.06 cm² vs. 14.47 cm², P<0.0001). LS measurements were not significantly different between the EPI and GRE MRE (3.41±1.36 kPa vs. 3.42±1.56 kPa, P=0.51), were significantly correlated (ICC=0.908, P<0.0001) and showed a high reproducibility (mean CV=10.2% (0.2-28.2), bias=0.09±0.63 kPa (BALA [-1.15;1.32]).

CONCLUSION
IQ scores of EPI MRE were significantly higher than GRE MRE, with faster acquisition and equivalent measurements. Larger ROI in EPI MRE allows more comprehensive liver sampling.

CLINICAL RELEVANCE/APPLICATION
GRE MRE is the most common approach for LS assessment. EPI MRE performs superior in terms of IQ and liver coverage with less breath-holds. This approach might improve the performance of MRE.

SSJ09-02 Associations between Nonalcoholic Fatty Liver Disease (NAFLD) Histologic Features and Magnetic Resonance Elastography (MRE)-estimated Liver Stiffness in Adults without Fibrosis

Participants
Alexandra A. Schlein, BS, San Diego, CA (Presenter) Nothing to Disclose
Chun Chieh K. Luo, San Diego, CA (Abstract Co-Author) Nothing to Disclose
Kang Wang, PhD, San Diego, CA (Abstract Co-Author) Nothing to Disclose
Paul Manning, MSc, La Jolla, CA (Abstract Co-Author) Nothing to Disclose
Jonathan C. Hooker, BS, San Diego, CA (Abstract Co-Author) Nothing to Disclose
Catherine A. Hooker, BS, San Diego, CA (Abstract Co-Author) Nothing to Disclose
William Haufe, San Diego, CA (Abstract Co-Author) Nothing to Disclose
Anthony Garste, PhD, San Diego, CA (Abstract Co-Author) Nothing to Disclose
Kevin J. Glaser, Rochester, MN (Abstract Co-Author) Intellectual property, Magnetic Resonance Innovations, Inc; Stockholder, Resoundant, Inc

SSJ09-05 Associations between Nonalcoholic Fatty Liver Disease (NAFLD) Histologic Features and Magnetic Resonance Elastography (MRE)-estimated Liver Stiffness in Adults without Fibrosis

Participants
Alexandra A. Schlein, BS, San Diego, CA (Presenter) Nothing to Disclose
Chun Chieh K. Luo, San Diego, CA (Abstract Co-Author) Nothing to Disclose
Kang Wang, PhD, San Diego, CA (Abstract Co-Author) Nothing to Disclose
Paul Manning, MSc, La Jolla, CA (Abstract Co-Author) Nothing to Disclose
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William Haufe, San Diego, CA (Abstract Co-Author) Nothing to Disclose
Anthony Garste, PhD, San Diego, CA (Abstract Co-Author) Nothing to Disclose
Kevin J. Glaser, Rochester, MN (Abstract Co-Author) Intellectual property, Magnetic Resonance Innovations, Inc; Stockholder, Resoundant, Inc
Magnetic resonance elastography (MRE) has been established as a noninvasive method of estimating liver stiffness and thereby inferring hepatic fibrosis. The purpose of this work is to assess whether the other hepatic pathologies that are observed in NAFLD; steatosis, inflammation, and ballooning, have independent, significant affects on MRE estimated stiffness, and to assess whether they are possible confounds of the stiffness estimation.

METHOD AND MATERIALS
In this IRB approved study, adults receiving standard-of-care liver biopsy for NAFLD were consented and underwent MRE at 3T within 180 days of biopsy. MRE was performed using three methods (2D at 60 Hz, 3D at 40 Hz, and 3D at 60 Hz), from which MRE-estimated liver stiffness values were calculated. Histologic features were scored based on NASH CRN criteria; subjects with histologically-determined fibrosis were excluded. Associations between liver stiffness and inflammation or ballooning were assessed using t-tests. The association between liver stiffness and steatosis was assessed using Spearman rank correlation analysis. Multivariate linear regression analysis was used to test MRE stiffness against histologic features adjusted for age, BMI, and ALT.

RESULTS
Sixty-four adults (30 M; mean age 49.5 yrs, range 18.5 to 75.8 yrs) were enrolled in this study. Multivariate linear regression analysis showed a negative correlation of steatosis with log of 3D MRE-estimated liver stiffness at 40 Hz (-0.064, p = 0.043) and 60 Hz (-0.068, p = 0.018). Univariate analyses of MRE-estimated liver stiffnesses for all three methods showed no association with inflammation (p = 0.08 to 0.11), ballooning (p = 0.51 to 0.63), or steatosis (rho = 0.29 to 0.39).

CONCLUSION
Hepatic steatosis has an independent, statistically significant association with the MR elastographic estimation of liver stiffness when BMI, ALT, and age are controlled for. Inflammation and ballooning do not have a statistically significant association with liver stiffness.

CLINICAL RELEVANCE/APPLICATION
This association between steatosis and liver stiffness is a possible confound in the MRE estimation of liver stiffness, and should be accounted for when MRE is used to estimate fibrosis in adult patients.

SSJ09-03 Noninvasive Hepatic Fibrosis Staging Using Magnetic Resonance Elastography: The Usefulness of the Bayesian Prediction Method

Tuesday, Dec. 1 3:20PM - 3:30PM Location: E350

Participants
Shintaro Ichikawa, MD, Chuo-Shi, Japan (Presenter) Nothing to Disclose
Utaro Motosugi, MD, Yamanashi, Japan (Abstract Co-Author) Nothing to Disclose
Hiroyuki Morisaka, MD, Kofu, Japan (Abstract Co-Author) Nothing to Disclose
Katsuhiro Sano, MD, PhD, Chuo, Japan (Abstract Co-Author) Nothing to Disclose
Tomkai Ichikawa, MD, PhD, Yamanashi, Japan (Abstract Co-Author) Nothing to Disclose
Hiroshi Onishi, MD, Yamanashi, Japan (Abstract Co-Author) Nothing to Disclose

PURPOSE
To evaluate the usefulness of the Bayesian prediction method (BPM) for noninvasive hepatic fibrosis staging (HFS) using magnetic resonance elastography (MRE).

METHOD AND MATERIALS
Chronic liver disease patients (n = 309) were included and fibrosis staging and MRE was performed. Receiver operating characteristic analysis was used to determine the optimal cut-off stiffness value (cut-off method; COM) of MRE to distinguish between fibrosis stages. A uniform distribution was assumed for pre-MRE probability of stages using the BPM. The MRE stiffness value determined the post-MRE probability and confidence of HFS. The distinguishing ability of COM and BPM were compared in all patients (Bayesian-all) and in patients with strong confidence (≥ 90%) with BPM (Bayesian-strong).

RESULTS
The ability to distinguish between hepatic fibrosis stages was not significantly different between COM and Bayesian-all. In patients who had strong confidence with BPM, the sensitivity and negative predictive value (NPV) of Bayesian-strong for diagnosing ≥ F2, ≥ F3, and F4 were significantly higher than with COM (sensitivity: COM vs. Bayesian-all for ≥ F2, 94.5% vs. 99.1% (P = 0.0041); ≥ F3, 89.6% vs. 99.4% (P = 0.0001); F4, 89.3% vs. 100% (P = 0.0018); NPV: ≥ F2, 78.8% vs. 93.9% (P = 0.0059); ≥ F3, 85.0% vs. 98.7% (P < 0.0001); F4, 93.4% vs. 100% (P = 0.0009)). The specificity of Bayesian-strong for diagnosing F4 was significantly higher than that of COM (97.3% vs. 100% (P = 0.0428)).

CONCLUSION
BPM has better distinguishing ability than COM for HFS using MRE if the confidence is strong.

CLINICAL RELEVANCE/APPLICATION
A liver biopsy followed by histopathological assessment is a common approach for staging liver fibrosis. However, a biopsy can
cause several complications. Consequently, noninvasive methods have been developed for assessing hepatic fibrosis. Recent studies have indicated that MRE is a promising, highly reproducible tool with advanced diagnostic capacity for the non-invasive staging of hepatic fibrosis. Hepatic fibrosis can be assessed more correctly by using BPM.

**RESULTS**

Curves were calculated automatically and manually with a dedicated liver application. The relationship between the volume percentage of each area and stage prevalence was: F0: 23.4%, F1: 37.0%, F2: 19.3%, F3: 13.5%, F4: 6.8%. Failure of liver stiffness measurement (no valid measurement) occurred in 18 patients (9.4%) with FS, no patients with ARFI, and 3 patients (1.6%) with SSI (p=0.001 between FS and SSI). Results for the 3 devices were available in 171 patients. Obuchowski indexes were: FS: 0.854±0.018, ARFI: 0.761±0.027, SSI: 0.789±0.025. AUROC for significant fibrosis (Metavir F>=2) were: FS: 0.863±0.027, ARFI: 0.749±0.039, SSI: 0.781±0.036 (p=0.006; FS vs ARFI or SSI: p<=0.020). Diagnostic cut-offs for F>=2 were: FS: 8.0 kPa, ARFI: 1.29 m/s, SSI: 1.85 m/s. Using these cut-offs, diagnostic accuracy for F>=2 was: FS: 76.0%, ARFI: 70.2%, SSI: 77.2% (p=0.204). AUROC for cirrhosis were: FS: 0.941±0.027, ARFI: 0.895±0.048, SSI: 0.870±0.035 (p=0.011; FS vs SSI: p=0.010). Diagnostic cut-offs for cirrhosis were: FS: 16.6 kPa, ARFI: 1.87 m/s, SSI: 1.93 m/s. Using these cut-offs, diagnostic accuracy for cirrhosis was: FS: 90.6%, ARFI: 79.5%, SSI: 75.4% (p<0.001, FS vs other devices: p<0.001).

**CONCLUSION**

AFI and SSI have better feasibility and similar accuracy for the diagnosis of significant fibrosis than FS. However, FS has the best accuracy for the diagnosis of cirrhosis.

**CLINICAL RELEVANCE/APPLICATION**

Non-invasive diagnosis and evaluation of liver fibrosis in chronic liver diseases using acoustic based elastography.

**SSJ09-05 Fibrosis in Nonalcoholic Fatty Liver Disease: Noninvasive Assessment Using CT Volumetry**

**Tuesday, Dec. 1 3:40PM - 3:50PM Location: E350**

**Participants**

Nobuhiro Fujita, MD, PhD, Fukuoka, Japan (Presenter) Nothing to Disclose
Akhiro Nishie, MD, Fukuoka, Japan (Abstract Co-Author) Nothing to Disclose
Yoshih Ayayama, MD, Fukuoka, Japan (Abstract Co-Author) Nothing to Disclose
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Hiroshi Honda, MD, Fukuoka, Japan (Abstract Co-Author) Nothing to Disclose
Yukihisa Takayama, MD, Fukuoka, Japan (Abstract Co-Author) Research Grant, FUJIFILM Holdings Corporation
Dauike Okamoto, MD, Fukuoka City, Japan (Abstract Co-Author) Nothing to Disclose
Koio Morita, Fukuoka, Japan (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To elucidate the morphological change in nonalcoholic fatty liver disease (NAFLD) with fibrosis stage using CT volumetry and to evaluate its diagnostic performance of CT volumetry for discriminating fibrosis stage in patients with NAFLD.

**METHOD AND MATERIALS**

A total of 38 patients with NAFLD (F0, 11; F1, 5; F2, 1; F3, 9; and F4, 12) who underwent contrast-enhanced CT were enrolled. On the basis of CT imaging, the volumes of total, left lateral segment, left medial segment, caudate lobe, and right lobe of the liver were calculated automatically and manually with a dedicated liver application. The relationship between the volume percentage of each area and fibrosis stage was analyzed using Spearman's rank correlation coefficient. Receiver operating characteristic (ROC) curve analysis was performed to determine the accuracy of CT volumetry for discriminating fibrosis stage.

**RESULTS**

The volume percentages of caudate lobe and left lateral segment significantly increased with fibrosis stage (r = 0.815, P < 0.001, and r = 0.465, P = 0.003, respectively). Contrarily, the volume percentage of the right lobe significantly decreased with fibrosis stage (r = -0.563, P < 0.001). The volume percentage of caudate lobe had the best diagnostic accuracy for staging fibrosis and
the area under the ROC curve values for discriminating fibrosis stage were as follows: ≥F1, 0.896; ≥F2, 0.929; ≥F3, 0.955; and ≥F4, 0.923. The best cut-off for advanced fibrosis (F3-F4) was 4.789% with sensitivity of 85.7% and specificity of 94.1%.

CONCLUSION

The volumes of caudate lobe and left lateral segment increase, and that of right lobe volume decreases with fibrosis stage in NAFLD. The volume percentage of caudate lobe calculated by CT volumetry is a useful diagnostic parameter for staging fibrosis in patients with NAFLD.

CLINICAL RELEVANCE/APPLICATION

CT volumetry is a powerful clinical tool to help diagnose fibrosis stage in NAFLD noninvasively. It may be useful in monitoring and making treatment decisions in patients with NAFLD.

PURPOSE

To determine the ability of ultrasound texture analysis to predict varying degrees of hepatic fibrosis in patients with known chronic liver disease.

METHOD AND MATERIALS

Following IRB approval, a retrospective chart review was performed on patients who underwent non-targeted ultrasound guided liver biopsies to include 29 patients with chronic liver disease (20 males, 9 females, mean age of 52 years old, range of 19 to 81 years old). For each patient, a single region of interest (ROI) was selected on two to three separate sonographic images that were obtained from the ultrasound guided liver biopsy examinations and the results were averaged. The ROIs were selected from the right lobe of the liver and excluded vessels and bile ducts. Texture analysis was performed on the ROIs using an in-house MATLAB-based program that extracted 45 texture features. Pearson product-moment correlation coefficients were calculated comparing texture features and degrees of hepatic fibrosis.

RESULTS

Of the 29 patients with chronic liver disease, the following Ishak fibrosis stages were represented, based on liver biopsy: Ishak 0, n=4; Ishak 1, n=4; Ishak 2, n=4; Ishak 3, n=4; Ishak 4, n=4; Ishak 5, n=4; Ishak 6, n=5. Comparisons of the texture features with the degrees of hepatic fibrosis demonstrate strong correlations between Ishak fibrosis stage and Histogram texture features (r-values ranging up to -0.89), GLRL features (r-values ranging up to 0.80), Laws' features (r-values ranging up to 0.93), and GLGM features (r-values ranging up to -0.80). Weak correlation between texture features and degrees of fibrosis were demonstrated with 2-D features (r-values ranging up to 0.36) and GLCM features (r-values ranging up to -0.47).

CONCLUSION

Sonographic texture features demonstrate strong correlation with Ishak liver fibrosis scores. This suggests that texture analysis of ultrasound images has the potential to non-invasively predict varying degrees of hepatic fibrosis.

CLINICAL RELEVANCE/APPLICATION

Texture analysis can potentially be applied to ultrasound as a non-invasive method to diagnose and monitor progression of liver fibrosis.

Honored Educators

Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Jorge A. Soto, MD - 2013 Honored Educator
Jorge A. Soto, MD - 2014 Honored Educator
Jorge A. Soto, MD - 2015 Honored Educator
Breast Imaging (Nuclear Medicine/Molecular Imaging)

Tuesday, Dec. 1 3:00PM - 4:00PM Location: E450A

SSJ02-01 Multiparametric Evaluation of Breast Lesions with 18-Fluorodeoxyglucose Positron Emission Tomography Magnetic Resonance Imaging

Participants
Priscilla J. Slanetz, MD, MPH, Belmont, MA (Moderator) Nothing to Disclose
Donna M. Plecha, MD, Strongsville, OH (Moderator) Advisory Board, Hologic, Inc;

Sub-Events

PARTICIPANTS
Priscilla J. Slanetz, MD, MPH, Belmont, MA (Moderator) Nothing to Disclose
Donna M. Plecha, MD, Strongsville, OH (Moderator) Advisory Board, Hologic, Inc;

PURPOSE
To assess the performance of multiparametric 18-Fluorodeoxyglucose positron emission tomography magnetic resonance imaging (MP PET-MRI) using dynamic contrast-enhanced MRI (DCE-MRI), diffusion weighted imaging (DWI) and FDG-PET in differentiating between benign and malignant abnormalities identified on DCE-MRI.

METHOD AND MATERIALS
28 newly diagnosed breast cancer patients were prospectively enrolled in this Institutional Review Board (IRB) approved study. 25 patients underwent FDG PET-MRI imaging. Breast abnormalities identified in these patients on DCE-MRI were assessed for their likelihood of malignancy for each individual parameter (DCE-MRI, DWI and PET) as well as for combinations of the parameters. Malignancy vs. benignity of each lesion was then determined by histopathology or, in some cases where final pathologic diagnosis was not available, by pre- and post-chemotherapy imaging. If an abnormality showed a response to chemotherapy, it was presumed malignant. Sensitivity, Specificity, PPV and NPV were then measured.

RESULTS
60 lesions were identified, of which 6 had no pathology or imaging follow-up, 11 were deemed benign and 43 malignant (6 presumed malignant). MP PET-MRI significantly improved specificity over DCE-MRI (100% vs 45%, p=0.012) and DCE-MRI combined with PET (100% vs 36%, p=0.004) or DWI (100% vs 44%, p=0.011). There was a trend toward increased PPV with MP PET-MRI vs DCE-MRI (100% vs 88%), but was not statistically significant. Further, there was no statistically significant differences in sensitivity or NPV (p>0.05).

CONCLUSION
Multiparameter 18FDG PET-MRI increases specificity and decreases false positives of DCE-MRI without significant loss of sensitivity.

CLINICAL RELEVANCE/APPLICATION
MP PET-MRI improves specificity of DCE-MRI which may lead to more accurate staging, decreasing false positives and unnecessary biopsies.

SSJ02-02 Visualization of Primary Breast Cancer Lesions with a Dedicated PET for Hanging Breast Imaging in Comparison to PET/CT

Participants
Suzana Teixeira, MD, Amsterdam, Netherlands (Presenter) Nothing to Disclose
Jose Ferrer Rebolloeda, MD, Valencia, Spain (Abstract Co-Author) Nothing to Disclose
Bastiaan Koolen, MD, Amsterdam, Netherlands (Abstract Co-Author) Nothing to Disclose
Jelle Wesseling, Amsterdam, Netherlands (Abstract Co-Author) Nothing to Disclose
Raul Sanchez Jurado, Valencia, Spain (Abstract Co-Author) Nothing to Disclose
M P. Stokkel, MD,PHD, Leiden, Netherlands (Abstract Co-Author) Nothing to Disclose
Maria Del Puig Cozar Santiago, MD, Valencia, Spain (Abstract Co-Author) Nothing to Disclose
Vincent van der Noort, PhD, Amsterdam, Netherlands (Abstract Co-Author) Nothing to Disclose
Emiel Rutgers, Amsterdam, Netherlands (Abstract Co-Author) Nothing to Disclose
Renato Valdes Olmos, Amsterdam, Netherlands (Abstract Co-Author) Nothing to Disclose

PURPOSE
Evaluate the performance of a dedicated PET for hanging breast imaging (MAMMI-PET) for the visualization of breast cancer lesions.
METHOD AND MATERIALS

After institutional review board approval we prospectively included 230 female patients (age: mean 52 y, range 24-82y) with >= 1 histologically confirmed primary breast cancer lesion (=index lesion) between March 2011 and March 2014. All patients that gave written informed consent were scanned with the MAMMI-PET (Oncovision, Valencia, Spain) after injection of 180-240 MBq and following standard whole body PET/CT. All index lesions on the MAMMI-PET scored 0, 1 or 2 for quantity of FDG uptake, which was tested in relation to histological (ductal, lobular) and molecular (ER/PR/Her2) breast cancer subtype, tumor grade, breast length, maximal tumor diameter and affected breast quadrants. We also compared the visibility score of the primary tumor between MAMMI-PET with standard PET/CT.

RESULTS

Totally 234 affected breasts were scanned with proven primary breast cancer lesions (diameter 5-170 mm). The MAMMI-PET sensitivity was 98.6% for lesions located within the device scanning range. Twenty-three lesions (9.8%) near the pectoral muscle did not reach the scanning range and where therefore not visualised by MAMMI-PET. Of 11 index lesions smaller than 1 cm 9 where visualised by MAMMI-PET. Lesion visibility was not influenced by tumor grade (p=0.21) or cancer subtype (p=0.8345). In comparison to PET/CT MAMMI missed 19 lesions of which 18 were outside its scanning range. However PET/CT was not able to detect 15 index lesions visualized by MAMMI (p=0.61). MAMMI-PET detected 41 additional lesions of which 16 where proven malignant (39%), 15 (36.6%) seen on other modalities, and 14 (34.2%) only visible on MAMMI-PET.

CONCLUSION

Without limitations due to tumor size, grade or histological subtype the MAMMI-PET is able to detect almost all breast cancer index lesions located within its scanning range and is for this lesion category more sensitive than PET/CT.

CLINICAL RELEVANCE/APPLICATION

With the dedicated MAMMI-PET it is possible to visualise primary breast cancer lesions in prone position without compression without the limitation known for PET/CT of tumor size and histological subtype.
Clinical Comparison of MBI and BSGI for Low Dose Breast Imaging

Participants
Zaiyang Long, PhD, Rochester, MN (Presenter) Nothing to Disclose
Carrie B. Hruska, PhD, Rochester, MN (Abstract Co-Author) Institutional license agreement, Gamma Medica, Inc
Michael K. O’Connor, PhD, Rochester, MN (Abstract Co-Author) Royalties, Gamma Medica, Inc

PURPOSE
Breast specific gamma imaging (BSGI) and molecular breast imaging (MBI) are promising techniques for supplemental imaging in women with dense breast tissue. This study compares the performance of such systems at administered doses of Tc-99m sestamibi that are acceptable for low dose imaging.

METHOD AND MATERIALS
The BSGI system comprised a single-head multi-crystal NaI system (pixel size 3.2×3.2 mm) equipped with a hexagonal-hole lead collimator. The MBI system comprised a dual-head cadmium zinc telluride detector system (pixel size 1.6×1.6 mm) equipped with registered tungsten collimators. System sensitivity, uniformity, energy and spatial resolution were measured using NEMA methods. A 6-cm thick contrast detail (CD) phantom with 48 hot spots (3-10 mm diameter) was used to assess contrast-noise-ratio (CNR) using average background count densities observed in clinical studies at 4mCi dose. 25 patients receiving 4-8mCi doses were imaged on both systems under IRB approval.

RESULTS
The BSGI and MBI systems had integral uniformities of 6.1% and 3.8%, and energy resolution (at 140 keV) of 13.1% and 4.3%, respectively. System sensitivity was 403 cpm/µCi (BSGI) and 790 cpm/µCi (MBI) using a standard +/-10% energy window. In clinical use, MBI employs an energy window of 110-154 keV, yielding a sensitivity of 1042 cpm/µCi. At distances of 1, 3 and 5 cm from the collimator, spatial resolution was 4.1, 5.1 and 6.2 mm on BSGI, and 2.0, 4.7 and 7.3 mm on MBI, respectively. However, with the dual head configuration of MBI, spatial resolution at 5 cm distance from one detector is equivalent to 1 cm from the opposing detector for the most frequently observed compressed breast thickness of 6 cm. Application of the Rose criterion for lesion detection (CNR>3) to images of the CD phantom showed that for BSGI, 9 hot spots at 4mCi were undetectable. For MBI, 5 hot spots at 4mCi were undetectable. In the 25 patient studies, 5 lesions (CNR>3) were identified on MBI whereas 3 were identified on BSGI.

CONCLUSION
Over the clinical range 0-6 cm, the MBI system demonstrated better spatial resolution than the BSGI system while yielding a 2.6-
fold greater sensitivity. This resulted in improved lesion detection and allows MBI to be utilized at lower doses than BSGI.

**CLINICAL RELEVANCE/APPLICATION**

Molecular breast imaging (MBI) system demonstrated better performance characteristics than BSGI system. MBI is more suitable for low dose breast imaging.

**SSJ02-06 Correlation of Semi-Quantitative Breast-Specific Gamma Imaging Findings with Dynamic Contrast-Enhanced MRI Parameters assessed by a Computer-Aided Evaluation Program and Prognostic Factors of Breast Cancers**

Tuesday, Dec. 1 3:50PM - 4:00PM Location: E450A

Participants
Saemee Ahn, MD, PhD, Seoul, Korea, Republic Of (Presenter) Nothing to Disclose
Hye Ryoung Koo, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Jeong Seon Park, MD, Seoul, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose
Soo-Yeon Kim, MD, Guri, Korea, Republic Of (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To investigate whether a correlation exists between the semi-quantitative breast-specific gamma imaging (BSGI) findings and dynamic contrast-enhanced (DCE) MRI parameters assessed by a computer-aided evaluation program or prognostic factors of breast cancers

**METHOD AND MATERIALS**

Semi-quantitative index of lesion to non-lesion ratio (L/N) in BSGI and DCE-MRI parameters assessed by a computer-aided evaluation program and histopathologic prognostic factors of 47 invasive breast cancers were obtained. Correlation between L/N ratio and DCE-MRI parameters assessed by a computer-aided evaluation program, including tumor size (cm), angio-volume (cc), degree of initial peak enhancement (%), persistent enhancement proportion (%), washout enhancement proportion (%), or prognostic factors, including axillary nodal status, histologic grade, expression of estrogen receptor (ER), progesterone receptor (PR), human epidermal growth factor receptor 2 (HER2) and Ki-67 were analyzed.

**RESULTS**

The mean L/N ratio of 47 tumors was 3.63 ± 2.19 (range: 1-13.1). The L/N ratio was higher in tumors with larger tumor size (P<0.001), increased angio-volume (P<0.001), higher degree of initial peak enhancement (P<0.001), increased washout enhancement proportion (P=0.003), high histologic grade (P=0.013), and higher Ki-67 (P=0.002). The calculated multiple correlation coefficient was 0.80 (P<0.001).

**CONCLUSION**

There was a strong multiple correlation between the semi-quantitative L/N ratio in BSGI with DCE-MRI parameters assessed by a computer-aided evaluation program and prognostic factors of breast cancers.

**CLINICAL RELEVANCE/APPLICATION**

The relationship between the radiotracer uptake in molecular imaging and DCE-MRI parameters may offer an in-depth understanding into the characterization of breast cancer.
**SSJ16**

**Musculoskeletal (Bone Strength, Fragility and Stress Fractures)**

Tuesday, Dec. 1 3:00PM - 4:00PM Location: E450B

**Participants**

Bruce B. Forster, MD, Vancouver, BC *(Moderator)* Travel support, Siemens AG; Travel support, Toshiba Corporation; Leon Lenchik, MD, Winston-Salem, NC *(Moderator)* Nothing to Disclose

**Sub-Events**

**SSJ16-01 3 T MRI-based Metrics of Proximal Femur Microarchitecture and Strength Can Discriminate between Subjects with and without Fragility Fractures When BMD Cannot**

Tuesday, Dec. 1 3:00PM - 3:10PM Location: E450B

**Participants**

Hamza Alizai, MD, New York, NY *(Presenter)* Nothing to Disclose
Chamith Rajapakse, PhD, Philadelphia, PA *(Abstract Co-Author)* Nothing to Disclose
Stephen Honig, MD, New York, NY *(Abstract Co-Author)* Nothing to Disclose
Cheng Chen, Iowa City, IA *(Abstract Co-Author)* Nothing to Disclose
Punam K. Saha, PhD, Iowa City, IA *(Abstract Co-Author)* Nothing to Disclose
Gregory Chang, MD, New York, NY *(Abstract Co-Author)* Speaker, Siemens AG

**PURPOSE**

Dual-energy x-ray absorptiometry (DXA) measurement of areal bone mineral density (BMD) poorly discriminates between subjects with and without fragility fractures. We investigated whether magnetic resonance imaging (MRI)-derived proximal femur microarchitectural parameters can discriminate between these two groups.

**METHOD AND MATERIALS**

This study had institutional review board approval. We recruited 22 females with fragility fractures (mean age=67.1±6.1 years) and 22 healthy female controls without fracture (mean age=64.1±6.5 years). All subjects underwent high-resolution 3T MRI of the non-dominant hip. We performed digital topological and finite element analyses within 10x10x10 mm³ femoral neck volumes-of-interest to assess: trabecular number, thickness, plate-to-rod ratio, connectivity; and elastic modulus (metric of bone strength). All subjects underwent DXA of the same hip. We performed receiver operating characteristics (ROC) analyses to assess discriminatory performance.

**RESULTS**

For MRI, femoral neck elastic modulus, trabecular plate-to-rod ratio, and connectivity could discriminate between subjects with and without fractures (area under the curve (AUC)=0.75-0.87, p<0.05), but trabecular thickness and number could not (AUC=0.46-0.53, p>0.78). For DXA, femoral neck and total hip BMD T-scores could not discriminate between the two groups (AUC=0.47-0.49, p>0.80).

**CONCLUSION**

Metrics of proximal femur microarchitecture and strength may be able to detect high fracture risk individuals even when BMD cannot.

**CLINICAL RELEVANCE/APPLICATION**

MRI based analysis of bone microarchitecture and strength may provide better measures of bone quality than Dual-Energy x-ray absorptiometry (DXA)

**SSJ16-02 Long-term Radiographic Follow-up of Bisphosphonate-related Femur Fractures**

Tuesday, Dec. 1 3:10PM - 3:20PM Location: E450B

**Participants**

Jennifer L. Favinger, MD, Seattle, WA *(Presenter)* Nothing to Disclose
Daniel S. Hippe, MS, Seattle, WA *(Abstract Co-Author)* Research Grant, Koninklijke Philips NV; Research Grant, General Electric Company
Alice S. Ha, MD, Seattle, WA *(Abstract Co-Author)* Grant, General Electric Company

**PURPOSE**

Although the initial appearance of atypical femur fractures associated with bisphosphonate use has been well documented, there are no prior studies evaluating long-term radiographic follow up of how these fractures change over time. It has been shown that bisphosphonates remain in bone for years after drug discontinuation, suggesting these fractures might not heal with the same pattern as normal bone.

**METHOD AND MATERIALS**

In this retrospective study, bisphosphonate-related fracture radiographs and CTs were reviewed by two radiologists for presence of a fracture line, callus, and the characteristic cortical beak. Indications of healing were defined as the fracture line or cortical beak appearing distinctly less conspicuous, though not necessary absent, compared to the prior study. Kaplan-Meier (KM) curves were used to analyze the time to first indication of healing. KM curves were compared between groups using the logrank test.
RESULTS

47 femurs with a bisphosphonate-related femur fracture were identified in 28 women, average age 65 years. 85% took a bisphosphonate for greater than 5 years, 59% for greater than 10 years. Median follow up time was 1.7 years with a median of 6 exams per femur. Median time to beak healing was 265 weeks. Median time to fracture line healing was 56 weeks in the 31 femurs with a baseline fracture. Healing rates of the beak (p = 0.03) and fracture line (p = 0.07) tended to be higher in those who discontinued bisphosphonate by 1 week after the initial exam compared to those who discontinued later. However, even in this group that discontinued earlier, only 53% demonstrated fracture line healing and 24% demonstrated beak healing at 6 months follow up.

CONCLUSION

Despite drug discontinuation, bisphosphonate-related fractures fail to show normal radiographic healing patterns in long-term follow-up, in keeping with recent pathology studies that showed persistent intraosseous drug presence years after drug discontinuation. These fractures demonstrate abnormally long healing time with less than 5% of patients showing any form of fracture healing at 6 weeks, and less than 50% showing any healing at 26 weeks. Therefore, these patients remain at high risk for displaced fractures and non-union.

CLINICAL RELEVANCE/APPLICATION

Atypical femur fractures are associated with significant morbidity and demonstrate abnormal or incomplete healing even years after drug discontinuation.

SSJ16-03 Does Intravenous Contrast Administration Affect Bone Mineral Density Assessment Using Multi-detector Computed Tomography?

Tuesday, Dec. 1 3:20PM - 3:30PM Location: E450B

Participants
Sabarish Narayanansamy, MBBS, MD, Aligarh, India (Presenter) Nothing to Disclose
Sjitender Singh JR, MD, Aligarh, India (Abstract Co-Author) Nothing to Disclose
Saiullah Khalid, MD, Aligarh, India (Abstract Co-Author) Nothing to Disclose
Paul A. Sathiadoss, MBBS, Aligarh, India (Abstract Co-Author) Nothing to Disclose
Breethaa J. Selvamani, Aligarh, India (Abstract Co-Author) Nothing to Disclose
Mohd. Khalid, MBBS, MD, Aligarh, India (Abstract Co-Author) Nothing to Disclose

PURPOSE

The aim of our study was to evaluate whether contrast media administration has significant influence on Computed tomography (CT) derived bone density measurements by comparing the unenhanced and contrast enhanced CT examinations.

METHOD AND MATERIALS

89 patients (47 Males and 42 Females; Mean age ± SD, 53 ± 10.6) who underwent both unenhanced and contrast enhanced CT examinations in the same setting between January 2014 and January 2015 were retrospectively selected. The only exclusion criterion was patients less than 40 years of age. CT attenuation values in Hounsfield units were measured in the first lumbar (L1) vertebra (using simple non-angled ROI) in both the unenhanced and contrast enhanced examinations. Comparisons were made between the measurements using appropriate statistical methods.

RESULTS

The mean CT attenuation value in the contrast enhanced phase (Mean ± SD, 186.7 ± 49.7) was significantly higher as compared to the unenhanced phase (170.1 ± 52.2, p = 0.000). The mean CT attenuation values were higher in males as compared to females in both unenhanced (Males vs Females; 180.8 ± 52.1 vs 158.2 ± 50.1, p=0.04) and contrast enhanced phases (192.2 ± 50.9 vs 180.5 ± 48.1, p = 0.27). When a threshold of 160HU or less is used to define osteoporosis, measurements in the contrast enhanced phase resulted in 8% false negatives.

CONCLUSION

Our study demonstrates that intravenous contrast administration significantly affects the Bone Mineral density assessment using CT. This must be factored in, when CT is used as a screening tool for osteoporosis.

CLINICAL RELEVANCE/APPLICATION

There are significant differences in CT attenuation values depending on the phase of image acquisition and therefore standardized image acquisition protocols must be used for bone density assessment.

SSJ16-04 Multi-modality Imaging for Tumor Localization in Patients with Tumor-induced Osteomalacia: A Retrospective Analysis of Five Cases

Tuesday, Dec. 1 3:30PM - 3:40PM Location: E450B

Participants
Kersten Peldschus, MD, Hamburg, Germany (Presenter) Nothing to Disclose
Thomas Brunskor, Hannover, Germany (Abstract Co-Author) Nothing to Disclose
Christian Wisotzki, Hamburg, Germany (Abstract Co-Author) Nothing to Disclose
Thorsten Derlin, MD, Hannover, Germany (Abstract Co-Author) Nothing to Disclose
Gerhard B. Adam, MD, Hamburg, Germany (Abstract Co-Author) Nothing to Disclose
Michael Arning, Hamburg, Germany (Abstract Co-Author) Nothing to Disclose
Stefan Breer, Hamburg, Germany (Abstract Co-Author) Nothing to Disclose

PURPOSE

The purpose of this retrospective study was to evaluate imaging findings of patients with tumor-induced osteomalacia who underwent multi-modality imaging to localize the underlying tumor.
METHOD AND MATERIALS

Five patients who were successfully treated after suffering up to several years from tumor-induced osteomalacia and who underwent multi-modality imaging to localize the tumor were included in the analysis. All patients underwent 111In-octreotide scintigraphy and 68Ga DOTATATE PET/CT for somatostatin receptor imaging as well as MRI and additional CT (only 3 patients) of suspicious lesions from radionuclide imaging to further characterize the tumors for surgical treatment planning. Tumors were evaluated regarding tracer accumulation, size and contrast enhancement. Data sets were analyzed in consensus by experienced radiologists and nuclear medicine specialists.

RESULTS

Out of the five patients (50.4±7.3 y/o, 3 female, 2 male) 111In-octreotide scintigraphy revealed a suspicious lesion in 2 patients, whereas 68Ga DOTATATE PET/CT demonstrated tumor suspicious tracer enhancement in all 5 patients (mean SUVmax 14.9±10.0). Contrast-enhanced MRI could confirm tumorous lesions (mean diameter 2.5±1.6 cm) in all cases. After surgical removal histopathological analysis revealed three mesenchymal tumors of mixed connective tissue variant and two odontogenic fibroma, endothelium rich type. On MRI the mean size of tumors identifiable with 111In-octreotide scintigraphy was 4.5±0.6 cm versus 1.2±0.1 cm for tumors detectable only with 68Ga DOTATATE PET/CT. Complete surgical removal was achieved in all patients, no recurrence was observed during 1-year follow-up.

CONCLUSION

In patients with tumor-induced osteomalacia 68Ga DOTATATE PET/CT was able to detect significantly smaller tumors than 111In-octreotide scintigraphy. Subsequent MRI (and CT) were required to further characterize the tumors for surgical treatment planning.

CLINICAL RELEVANCE/APPLICATION

In patients with suspected tumor-induced osteomalacia 68Ga DOTATATE PET/CT may allow the detection of small tumors that are negative on 111In-octreotide scintigraphy.

METHOD AND MATERIALS

After ethics committee approval, we retrospectively reviewed the last 197 DXA examinations performed at our institution. For each patient, data on TBS, BMI, and BMD were registered. An experienced reader evaluated all examinations. TBS and BMD were automatically averaged from L1 to L4. T-score diagnosis was normal in 54 patients (27.4%), osteopenia in 95 (48.2%), and osteoporosis in 48 (24.4%). Overall, BMI was 26±5 kg/m2; BMD 0.877±0.153 g/cm2; TBS 1.224±0.117 mm-1. Osteoarthrosis was evident in 55 (28%) patients. Bivariate correlation analysis between TBS and BMI was significant (r= -0.396, P<.001); this correlation was higher in patients with BMI≥30 kg/m2 (r= -0.501, P=.015) than in those with BMI<30 kg/m2 (r= -0.207, P=.006). The correlation between TBS and BMD was: r=0.313 (P<.001), overall; r=0.431 (P=.004), in patients with BMI<30 kg/m2; r=0.408 (P<.001), in patients with BMI<30 kg/m2. Multivariate regression analysis confirmed that BMI and BMD are independently associated to TBS (P<.001), both overall and only in patients without osteoarthrosis.

CONCLUSION

The higher the BMI the lower the TBS. BMI and BMD were independent predictors of TBS.

CLINICAL RELEVANCE/APPLICATION

TBS evaluation may be impaired in patients with high BMI, especially when BMI≥30 kg/m2.
PURPOSE
To determine if the diagnosis of stress fracture on conventional radiographs (CR) and MRI is influenced by fracture location, age of patient, and time between CR and MRI.

METHOD AND MATERIALS
Imaging studies of patients with suspected stress fractures over a five year period were evaluated. Only patients with CR and MRI studies less than 3 months apart were included. Stress fractures were categorized into three anatomic regions: 1) foot/ankle, 2) tibia/distal femur, 3) pelvis/proximal femur. Sensitivity and specificity of CR was determined by region. Odds ratios (95% CI) between patient age and positive CR and MRI diagnosis were determined. Also, odds ratio between days between CR and MRI and positive diagnosis of fracture was determined.

RESULTS
285 patients (mean age, 41 years; age range, 4-91 years) with clinical suspicion of stress fracture were evaluated with both CR and MRI. Based on CR, stress fractures were diagnosed (or highly suspected) in 61/295 (20.7%) of patients, including 25/144 (17.4%) in foot/ankle, 19/49 (38.8%) in tibia/distal femur, and 17/91 (18.7%) in pelvis/proximal femur. Based on MRI, stress fracture or stress reaction was diagnosed in 133/295 (45.1%) of patients, including 82/144 (56.9%) in foot/ankle, 26/49 (53.1%) in tibia/distal femur, and 25/91 (27.5%) in proximal femur/pelvis. Sensitivity of CR was 23% in foot/ankle, 31% in tibia/distal femur, and 12% in pelvis/proximal femur. Specificity of CR was 90% in foot/ankle, 52% in tibia/distal femur, and 79% in pelvis/proximal femur. For each decade of life, the odds of a positive CR diagnosis increased by 21% (OR: 1.21; 95% CI: 1.04,1.40], whereas the odds of a positive MRI diagnosis decreased by 14% (OR: 0.86; 95% CI: 0.76,0.97). There was no significant relationship between days between CR and MRI and positive diagnosis of fracture.

CONCLUSION
The diagnosis of stress fracture varies by fracture location and age of patient.

CLINICAL RELEVANCE/APPLICATION
Approach to imaging of stress fractures should take into account fracture location and age of patient.
SS10-01 MR-guided In-bore versus MRI/Ultrasound Fusion Plus TRUS-guided Prostate Biopsy: A Prospective Randomized Trial in Patients with Prior Negative Biopsies

Tuesday, Dec. 1 3:00PM - 3:10PM Location: E353C

Participants
Aytekin Oto, MD, Chicago, IL (Moderator) Research Grant, Koninklijke Philips NV; 
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Sub-Events

Awards
Trainee Research Prize - Resident

Participants
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Peter Albers, MD, PhD, Duesseldorf, Germany (Abstract Co-Author) Nothing to Disclose

PURPOSE
This study prospectively compares the PCa detection rate (PCa-DR) of MR-guided in-bore biopsy (IB-GB) alone and MRI/ultrasound fusion-guided biopsy combined with a systematic TRUS-GB (FUS+TRUS-GB) in patients with at least one negative TRUS-GB and PSA level ≥4ng/ml.

METHOD AND MATERIALS
253 patients were included in this study. After multiparametric prostate MRI (T2WI, DWI, DCE-MRI) at 3T patients with any PI-RADS sum score ≥10 were prospectively randomized to IB-GB or FUS+TRUS-GB. Analysis of detection rates for PCa and significant PCa (Gleason score ≥7), highest Gleason score, number of biopsy cores to detect one (significant) PCa, positivity rate of biopsy cores, and tumor involvement per biopsy core were performed.

RESULTS
210 patients met all study requirements and were prospectively randomized, 106 patients receiving IB-GB and 104 patients FUS+TRUS-GB (age 65.3±7.1 vs. 66.7±6.8 years; median PSA 10.0 vs. 10.8 ng/ml, IQR 7.8-14.9 vs. 7.4-15.5 ng/ml). Mean number of cores was 5.61±0.80 vs. 17.38±1.17; p<0.001. PCa-DR for IB-GB was 36.8% (29.2% for significant PCa) and for FUS+TRUS-GB 39.4% (31.7%); p=0.776 and p=0.765. Mean highest Gleason score of 7.24±0.96 vs. 7.46±1.01; p=0.233. Positivity rate per biopsy core was 20.7% (123/595) vs. 11.6% (210/1,808); p<0.001. Number of biopsy cores needed to detect one PCa or one significant PCa was 15.3 vs. 44.1 and 19.2 vs. 54.8.

CONCLUSION
The combined biopsy approach did not significantly improve the overall PCa-DR compared to targeted IB-GB alone, but required significantly more cores. A prospective comparison of MR-targeted biopsy alone to systematic TRUS-GB is justified.

CLINICAL RELEVANCE/APPLICATION
We did not observe a difference between IB-GB and FUS+TRUS-GB to detect PCa.

SS10-02 Accuracy of Targeted Prostate Biopsy Using MR-ultrasound Fusion to Guide Biopsies Directed to Focal Lesions Suspicous for Malignancy: A Retrospective Study of 286 Patients

Tuesday, Dec. 1 3:10PM - 3:20PM Location: E353C

Participants
Guilherme C. Mariotti, MD, Jundiai, Brazil (Presenter) Nothing to Disclose
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Marcos R. Queiroz, MD, Sao Paulo, Brazil (Abstract Co-Author) Nothing to Disclose
Thais Mussi, MD, Sao Paulo, Brazil (Abstract Co-Author) Nothing to Disclose
Rodrigo Gobbo, Sao Paulo, Brazil (Abstract Co-Author) Nothing to Disclose
Ronaldo H. Baroni, MD, Sao Paulo, Brazil (Abstract Co-Author) Nothing to Disclose

PURPOSE
Demonstrate an increase in the accuracy of targeted prostate biopsy using MR-ultrasound fusion to guide biopsies directed to focal...
TARGETED MR-GUIDED PROSTATE BIOPSY: ARE TWO BIOPSY CORES PER MRI LESION REQUIRED?

Tuesday, Dec. 1 3:20PM - 3:30PM Location: E353C

Participants
Lars Schimmoeller, MD, Duesseldorf, Germany (Presenter) Nothing to Disclose
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Peter Albers, MD, PhD, Duesseldorf, Germany (Abstract Co-Author) Nothing to Disclose

METHOD AND MATERIALS

A single-institutional, IRB approved retrospective analysis of 286 patients in our database, which underwent targeted prostate biopsies using MR-ultrasound fusion from August 2013 to January 2015. We included all patients with suspected prostatic cancer based on clinical or laboratory findings (positive digital rectal examination or high PSA) submitted to multiparametric MRI and US-MRI fusion prostate biopsy. We excluded 7 patients with MRI-biopsy interval > = 6 months, 17 patients that underwent biopsy for staging of known cancer or active surveillance and 1 patient for whom clinical data was unavailable.

RESULTS

A total of 261 patients were included. Of these, 45 patients (17%) underwent previous negative transrectal US-guided biopsies. Table 1 summarizes demographic data of our casustic. Pre-procedure MRI followed a Likert scale for suspicion: Likert 1: 1 patient (0.4%); Likert 2: 18 patients (6.9%); Likert 3: 100 patients (38.3%); Likert 4: 75 patients (28.7%); Likert 5: 67 patients (25.7%). Overall positivity of the biopsies for tumors was 59% (154 cases), with 79% (123 cases) significant cancer (Gleason>=7), 19% (30 cases) non-significant cancer (Gleason 6) and 1 case of STUMP. Analyzing only the Likert 4 and 5 cases, in a total of 142 cases, the overall positivity was 76% (108 cases), with 90% (96 cases) significant cancer (Gleason>=7), 10% (11 cases) non-significant cancer (Gleason 6) and 1 leiomyoma. In our institution, the positivity of US-guided random biopsies, in a large sample of other patients in the same period (331 patients), was around 52%.

CONCLUSION

Our study demonstrates a significant improvement in the performance of prostate biopsy with US- MRI fusion compared to random US-guided biopsies, with potential clinical impact.

CLINICAL RELEVANCE/APPLICATION

Random prostate biopsies performed on a sextant-basis have a high incidence of false-negative results, and often diagnose microfocal lesions with low clinical significance. Targeted prostate biopsies using MR-ultrasound fusion have shown to detect clinically significant lesions and increase the accuracy of the procedure, with better clinical outcomes.

TARGETED MR-GUIDED PROSTATE BIOPSY: ARE TWO BIOPSY CORES PER MRI LESION REQUIRED?

Tuesday, Dec. 1 3:20PM - 3:30PM Location: E353C

Participants
Lars Schimmoeller, MD, Duesseldorf, Germany (Presenter) Nothing to Disclose
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Peter Albers, MD, PhD, Duesseldorf, Germany (Abstract Co-Author) Nothing to Disclose

METHOD AND MATERIALS

1545 biopsy cores of 774 intraprostatic lesions (two cores per lesion) in 290 patients (66.2±7.8 years; median PSA 8.2 ng/ml; IQR 6.0-12.0 ng/ml) were retrospectively evaluated regarding PCa detection, Gleason score, and tumor infiltration of the first (FBC) compared to the second biopsy core (SBC). All patients received previously a multiparametric (mp)-MRI (T2WI, DWI, DCE) of the prostate at 3T and all lesions were histologically verified by MR-guided in-bore biopsy.

RESULTS

491 biopsy cores were prostate cancer (PCa) positive, 239 of 774 (30.9%) FBC and 252 of 771 (32.7%) SBC (p=0.446). 61 FBC vs. 78 SBC detected significant PCa with a Gleason score ≥4+3=7 (25.5% vs. 31.0%; p=0.125). 687 SBC (89.1%) showed no histologic difference to the FBC. 4 SBC resulted in a Gleason upgrade (5.6%). 20 SBC showed a Gleason upgrade from a Gleason score 3+3=6 to ≥3+4=7 (2.6%) and 4 SBC to a Gleason score ≥4+3=7 (0.5%). 14 SBC showed a Gleason upgrade from 3+4=7 to ≥4+3=7 (1.8%).

CONCLUSION

The benefit of a second targeted biopsy core per suspicious MRI lesion is likely minor, especially regarding a significant Gleason upgrade. Therefore a further reduction of biopsy cores is feasible when performing a targeted MR-guided in-bore prostate biopsy.

CLINICAL RELEVANCE/APPLICATION

Provided a correct biopsy position was documented a second biopsy core per MRI lesion may be omitted for targeted MR-guided in-bore biopsy.

Prostate Cancer Aggressiveness: Correlation Between Multiparametric MRI and Molecular Staging Using the CCP Score (Prolaris™ test)

Tuesday, Dec. 1 3:30PM - 3:40PM Location: E353C

Participants
Raphaele M. Renard-Penna, Paris, France (Presenter) Nothing to Disclose
Geraldine Cancel-Tassin, Paris, France (Abstract Co-Author) Nothing to Disclose
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Justine Varinot, Paris, France (Abstract Co-Author) Nothing to Disclose
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Marc O. Béker, Paris, France (Abstract Co-Author) Nothing to Disclose
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Olivier Cussenot, Paris, France (Abstract Co-Author) Nothing to Disclose

PURPOSE
To correlate the ESUR-PI-RADS components as diagnostic imaging biomarkers in localized prostate cancer to the Gleason score and the molecular CCP score (Prolaris™).

METHOD AND MATERIALS
107 patients who had a multiparametric (mp) MRI before (RP) were selected. The largest lesion (index lesion) was measured on T2-MRI (Fig 1A) and ADC map and was classified with the ESUR-PI-RADS scoring system. A region of interest (ROI) was drawn in the center of each target, on the ADC map. A single ADC ROI was correlated to histologically index proven lesions. The index lesions pointed out by mp MRI were matched on RP specimens and were run in Myriad’s Research Laboratory in accordance with the Prolaris™ protocol in order to perform CCP score.

RESULTS
For each index lesion the Pearson’s correlations between, pretherapeutic CAPRA score, components of the ESUR-PI-RADS score, including the maximal diameter (Tmax) and the topography of the index tumour were compared with the histopathological observations on the RP specimen, ESUR-PI RADS score and its components were tested with logistic regression model in order to assess their predictive value for Gleason’s grade 4, CCP score value on the index lesion. On one hand, significant negative correlation was found between mean ADCs and diameter of the index lesion with Gleason’s grade 4 (p<0.0078). The logistic regression model including Tmax (over 10mm) and ADC (under 800) predict with confidence Gleason grade 4 in the index lesion (Fig 3). On the other hand, The Tmax or ADC size of the index lesion, remains unable to point out the aggressiveness of 7 tumours defined by CCP score. Among those, six were Gleason 6 (3+3) with a median Tmax of 8mm, and one of 8 mm was Gleason 7 (3+4).

CONCLUSION
By mapping image features to gene expression data we were able to show that diffusion imaging and tumor size offer a potential for in vivo non invasive assessment of prognostic cancer aggressiveness. However CCP score related to high risk of lethal cancer did not, completely match with the mpMRI tumour map and Gleason score in 7% of patients. These results previously suggested by large scale genomic analysis suggest that the further management of early stages PCa could strongly benefited of targeted biopsy with molecular analysis.

CLINICAL RELEVANCE/APPLICATION
This radio genomic correlation suggest that management of PCa could strongly benefit from both MRI targeted biopsy and subsequent molecular analysis.

SS110-05 Multi-parametric MRI (MpMRI) Findings after Focal Laser Ablation for Prostate Cancer (Pca)

Tuesday, Dec. 1 3:40PM - 3:50PM Location: E353C

Participants
Aytekin Oto, MD, Chicago, IL (Presenter) Research Grant, Koninklijke Philips NV; ;
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Scott Eggener, Chicago, IL (Abstract Co-Author) Research Grant, Visualase, Inc Speakers Bureau, Johnson & Johnson

PURPOSE
To describe the quantitative and qualitative MpMRI findings following focal laser ablation of Pca

METHOD AND MATERIALS
27 patients with 36 cancer foci on baseline MRI, underwent MRI guided focal laser ablation were prospectively followed with, immediate (36/36 sites), 3-month (36/36 sites) and 12-month (24/36 sites) post-procedure 3T MpMRI and TRUS guided biopsy at 12 months. Qualitative and quantitative MpMRI findings including size and appearance of ablation defect, ADC, K(trans) and Ve were recorded and compared between the follow-up studies and between patients with and without residual disease.

RESULTS
36 cancer foci were ablated in 27 patients. Ablation defect was clearly visible on 36/36, 11/36 and 0/24 sites on the immediate, 3-month and 12-month post-contrast DCE-MR images respectively, with a gradual decrease in size on 3 month MRI even in visible cases. Focal atrophy/scarring was noted at the site of ablation in 10/36 and 20/24 sites on 3-month and 12-month MRI. Mean K(trans) values were significantly lower on post-procedure MRI’s compared to baseline values (p<0.05). Mean ADC values on 3-month MRI were significantly higher than the baseline ADC values (p<0.05). There was not significant change in Ve (p>0.05). In 2/4 cases with residual cancer, focal early enhancement was noted on 12-month DCE-MR Images. Other than 1 case with residual cancer, no focal lesion (other than diffuse and ill-defined changes secondary to ablation) was noted at the ablation site on 12-month T2 and ADC images.

CONCLUSION
Immediate post-contrast MR images are helpful for identification of the ablation defect. Quantitative MR parameters such as ADC and K (trans) change significantly following ablation. Early focal enhancement on DCE-MR Images at the ablation zone at 12-month
MRI is a suspicious finding for residual tumor.

**CLINICAL RELEVANCE/APPLICATION**

Follow-up MR images can be obtained at 12 months after laser ablation and early focal enhancement at the ablation zone can be considered suspicious for residual cancer.

**Honored Educators**

Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Aytekin Oto, MD - 2013 Honored Educator

**SSJ10-06 Primary and Secondary Prostate Biopsy Settings: Differences When Performing Targeted MR-guided Biopsies**

**Participants**

Frederic Dietzel, Dusseldorf, Germany (Presenter) Nothing to Disclose
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Michael Quentin, MD, Dusseldorf, Germany (Abstract Co-Author) Nothing to Disclose
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Peter Albers, MD, PhD, Duesseldorf, Germany (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

This study evaluates the MR-guided in-bore biopsy (IB-GB) in patients, who were either biopsy naive (primary biopsy) or who had undergone at least one previous negative trans-rectal ultrasound-guided biopsy (secondary biopsy) with regard to cancer detection rate, tumor localization and lesion size.

**METHOD AND MATERIALS**

In total, 1,602 biopsy cores from 297 patients (66.1±7.8y; median PSA 8.2ng/ml; prostate volume 58±30ml) in primary (n=160) and secondary (n=137) prostate biopsy settings were evaluated in this retrospective study. All patients received diagnostic prostate MRI (T2WI, DWI, DCE) at 3T. All lesions described on MRI were biopsied with IB-GB and examined histologically.

**RESULTS**

In 148 patients 511 cores were positive for prostate cancer (PCa). Clinically significant PCa was found in 82.4% (any Gleason pattern ≥4). PCa detection rate for patients with primary biopsies was 55.6% and 43.1% for secondary biopsies. In patients with primary vs. secondary biopsies, PCa was located peripherally in 62.5% vs. 49.5% (p=0.04), in the transition zone in 27.3% vs. 27.5% (p=0.53), and in the anterior stroma in 10.2% vs. 22.9% (p<0.01). Higher grade PCa (Gleason score ≥4+3=7) occurred apically in 38.5% (p=0.01). PCa detection rates for patients with smaller prostate volumes (<30ml vs. 30-50ml vs. >50ml; p<0.01) or larger lesion sizes (>0.5cm3 vs. 0.5-0.25cm3 vs. <0.25cm3; p<0.01) were significantly higher.

**CONCLUSION**

In primary and secondary prostate biopsies PCa detection rates were significantly higher for larger lesions and smaller prostate glands. In secondary biopsies, PCa was anteriorly located at a significantly more frequent rate. Higher grade PCa was detected in both settings in an apical location more often.

**CLINICAL RELEVANCE/APPLICATION**

MRI-guided in-bore biopsy led to high detection rates, especially of clinically significant PCa, in primary and secondary prostate biopsies.
**SSJ15**

**Musculoskeletal (Quantitative MR Applications)**

Tuesday, Dec. 1 3:00PM - 4:00PM Location: E451A

**Participants**
Martin Torriani, MD, Boston, MA (Moderator) Nothing to Disclose
Gregory Chang, MD, New York, NY (Moderator) Speaker, Siemens AG

**Sub-Events**

**SSJ15-01**  
Quantitative MRI Perfusion Analysis of Osteoid Osteomas Pre- and Post Microwave Ablation using an Open Source Software Tool (UMMPerfusion)

Tuesday, Dec. 1 3:00PM - 3:10PM Location: E451A

**Participants**
Michael Kostrzewa, MD, Mannheim, Germany (Presenter) Nothing to Disclose
Patrick Diezler, MD, Mannheim, Germany (Abstract Co-Author) Nothing to Disclose
Thomas Henzler, MD, Mannheim, Germany (Abstract Co-Author) Nothing to Disclose
Nils Rathmann, MD, Mannheim, Germany (Abstract Co-Author) Nothing to Disclose
Stefan O. Schoenberg, MD, PhD, Mannheim, Germany (Abstract Co-Author) Institutional research agreement, Siemens AG
Steffen J. Diehl, MD, Mannheim, Germany (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

To quantitatively evaluate blood perfusion of osteoid osteomas prior and after percutaneous microwave (MW) ablation in time-resolved imaging with stochastic trajectories (TWIST) MRI sequences using an open source software tool.

**METHOD AND MATERIALS**

In 17 patients (11 males, 6 females, mean age 26y) with osteoid osteomas percutaneous, CT guided, MW ablation was performed (Medwaves, San Diego, California, USA). Lesions measured on average 5 ± 2mm in diameter. Lesion diameter dependent MW ablation parameters were: 16 Watts, 915MHz, 80°C for 45 to 160 seconds. Prior to and after MW ablation 3D dynamic contrast enhanced MRI imaging was performed with 3D TWIST gradient echo sequences (Siemens Healthcare). Mean plasma flow (PF, ml/100ml/min), mean volume of distribution (VD, ml/100ml) and mean transit time (MTT, sec) were measured within the lesion in the pre and post MW ablation MRI TWIST data using an open source software tool for quantitative MRI perfusion analysis (UMMPerfusion, OpossUMM, Germany).

**RESULTS**

16 patients were free of symptoms within one week after treatment, one patient had decreased but persisting symptoms after MW ablation. No minor or major adverse events were observed according to SIR criteria. Mean PF, VD and MTT were 253 ± 226ml/100ml/min, 63 ± 60ml/100ml and 17 ± 7sec prior to ablation and 55 ± 64ml/100ml/min, 23 ± 39ml/100ml and 17 ± 12sec after ablation respectively. In a paired t-test there was no statistically significant change in MTT prior to and after ablation (p>0.05), whereas PF (p=0.002) and VD (p=0.02) decreased significantly. In the patient with persisting symptoms continuously high values for PF (229ml/100ml/min) and VD (118ml/100ml) were found in the MRI after MW ablation in a small portion of the lesion, this was attributed to imprecise needle placement and to too short ablation time.

**CONCLUSION**

Treatment success of percutaneous MW ablation of osteoid osteomas can be reliably quantified by MRI perfusion analysis, especially by evaluating pre and post procedural PF and VD within the lesion. MRI perfusion analysis helps to identify small remnants of perfused osteoid osteoma tissue after MW ablation.

**CLINICAL RELEVANCE/APPLICATION**

Quantitative MRI perfusion analysis is clinically valuable in the evaluation of treatment success of percutaneous MW ablation for osteoid osteomas.

**SSJ15-02**  
A Phase I Study to Assess the Feasibility of Quantitative Molecular Imaging of ACL Grafts

Tuesday, Dec. 1 3:10PM - 3:20PM Location: E451A

**Participants**
Katherine Binzel, PhD, Columbus, OH (Presenter) Nothing to Disclose
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Wenbo Wei, Columbus, OH (Abstract Co-Author) Nothing to Disclose
Melanie U. Knopp, Malibu, CA (Abstract Co-Author) Nothing to Disclose
David Flanigan, MD, Columbus, OH (Abstract Co-Author) Consultant, Vericel; Consultant, Smith & Nephew plc
Michael V. Knopp, MD, PhD, Columbus, OH (Abstract Co-Author) Nothing to Disclose
Christopher C. Kaeding, MD, Columbus, OH (Abstract Co-Author) Consultant, Biomet, Inc

**PURPOSE**

Injury to the anterior cruciate ligament (ACL) commonly requires reconstruction with a graft to restore stability and function. The rate at which graft ligamentization occurs is not well delineated by magnetic resonance imaging (MRI). This initial study aims to
demonstrate the feasibility of combined MRI with dynamic positron emission tomography (PET) in order to evaluate the graft healing process following reconstructive surgery.

METHOD AND MATERIALS

MRI was performed on a 3T Achieva on 20 patients post-ACL reconstruction. Dynamic PET/CT was acquired on a Gemini TF 64 and/or new digital detector PET/CT system, Vereos TF (all Philips Healthcare, Cleveland, OH). An in-house fabricated cushion was used to match positioning during PET acquisitions to that of the dedicated MRI knee coil. A single bed position centered on the knees was acquired continuously for 75 minutes using an ultra-low dose 3 mCi 18F-fluorodeoxyglucose (FDG) protocol. Patients were grouped according to time since surgery, 0-6 months, 6-12 months, 12-24 months, and 24 months or greater. Standardized uptake values (SUVmax) were measured for regions of interest placed over the proximal, middle, and distal portions of the graft, the femoral and tibial tunnels, the posterior cruciate ligament (PCL), and quadriceps muscle for reference. Matched ROIs were drawn in the contralateral knee.

RESULTS

Dynamic PET images were readily co-registered to MRI for all patients. In the 0-6 month group, the average slope of the metabolic uptake curve was 0.20 in the distal graft, 0.21 in the mid graft, 0.27 in the proximal graft, and 0.28 in the femoral tunnel. In the 24+ month group the averages were 0.06, 0.05, 0.07, and 0.03, respectively. In addition to decreasing slopes of the uptake curves over time, patients with longer recovery times were seen to have SUVs more comparable to those in healthy knees than those who more recently had ACL repair.

CONCLUSION

We demonstrated that the quantitative evaluation of ACL graft ligamentization and healing is feasible by molecular imaging co-registered to MRI. Digital PET appears to enable further FDG dose reduction making a combined molecular imaging PET/MRI approach to assess ACL graft viability clinically feasible.

CLINICAL RELEVANCE/APPLICATION

A first-in-human study evaluating ACL graft healing with quantitative molecular imaging using combined PET/MRI

SS115-03  MRI Defined Ecologic Habitats in Extremity Soft Tissue Sarcomas: Characterization and Quantification of Tumor Heterogeneity and Potential Implications on Patient Outcomes-Early Experience

Tuesday, Dec. 1 3:20PM - 3:30PM Location: E451A

Participants
Meera Raghavan, MD, Tampa, FL (Presenter) Nothing to Disclose
Hamidreza Farhidzadeh, Tampa, FL (Abstract Co-Author) Nothing to Disclose
Lawrence O. Hall, PhD, Tampa, FL (Abstract Co-Author) Nothing to Disclose
Dmitry Goldgof, PhD, Tampa, FL (Abstract Co-Author) Nothing to Disclose
Robert J. Gillies, PhD, Tampa, FL (Abstract Co-Author) Nothing to Disclose
Robert A. Gatenby, MD, Tucson, AZ (Abstract Co-Author) Nothing to Disclose

PURPOSE

We propose a novel computer-aided, spatially-explicit image analysis of magnetic resonance (MR) examinations to classify extremity STS based on radiologically defined spatial sub-regions, or “habitats.” The identification of spatially distinct habitats can quantify and characterize the ecologic basis of intratumoral heterogeneity and may be helpful to guide targeted biopsy, tailor therapeutic options and offer prognostic information.

METHOD AND MATERIALS

T1-w gadolinium enhanced and fluid-sensitive MR images were assessed from pretreatment scans of 36 patients with extremity STS. There were three main steps: tumor segmentation based on pixel signal intensity; pixel and texture analysis within each distinctive habitat; and prediction of metastatic disease and histologic therapy response. Patient outcomes such as progression free survival (PFS), overall survival (OS), and presence of metastases were also assessed.

RESULTS

Habitat color maps (HCM) demonstrated spatially distinct intratumoral subregions (Fig. 1). Metastatic disease was classified correctly with 86.11% accuracy based on five texture features, and histologic necrosis with 75.75% accuracy based on four features. Specific subregions were also predictive for metastatic disease and histologic response to therapy. The post contrast T1 high/T2 low subregion was prognostic for overall survival (p = 0.036).

CONCLUSION

This technique can define distinct habitats within each STS based on MR imaging features and allows spatial variations to be assessed and quantified. We demonstrate the role of advanced clinical image analysis in providing critical insight into the evolutionary and ecologic landscape of STS. The preliminary results presented here show that distinct intratumoral subregions or habitats within STS can be identified and quantified and give useful clinical and prognostic information which can shape personalized and adaptive therapeutic regimens.

CLINICAL RELEVANCE/APPLICATION

Change in size alone does not accurately not reflect response to therapy and tumor biology of STS. We have developed an image analysis technique to non-invasively characterize and quantify tumor subregions on MR imaging. The identification of these radiologically defined habitats can give insight into the evolutionary and ecologic dynamics which are the basis of heterogeneity in STS. This can in turn offer more tailored personalized treatments to patients.

SS115-04  Quantitative Magnetic Resonance Imaging of Meniscal Pathology

Tuesday, Dec. 1 3:30PM - 3:40PM Location: E451A

Participants
Clinical multidetector computed tomography (MDCT) has been used to evaluate bone quality. The purpose of this study was to evaluate bone quality using MDCT.

PURPOSE
To determine the capability of conventional and UTE quantitative MR values to detect meniscal pathology in cadaveric meniscal samples.

CLINICAL RELEVANCE/APPLICATION
Quantitative MR values may correlate with structural and biochemical meniscal alterations, complementing currently limited techniques in early diagnosis and postoperative evaluation of the meniscus.

SSJ15-05 Correlation of Age Dependent Whole Body Fat and Whole Body Skeletal Muscle Volume on DIXON MR Sequences in a Healthy Population with Normal BMI

Tuesday, Dec. 1 3:40PM - 3:50PM Location: E451A

Participants
Erika J. Ulbrich, MD, Zurich, Switzerland (Presenter) Nothing to Disclose
Daniel Nanz, PhD, Zurich, Switzerland (Abstract Co-Author) Nothing to Disclose
Olof Dahlqvist Leinhard, PhD, Linkoping, Sweden (Abstract Co-Author) Consultant, AMRA AB
Magda Marcon, MD, Udine, Italy (Abstract Co-Author) Nothing to Disclose
Michael A. Fischer, MD, Stockholm, Sweden (Abstract Co-Author) Nothing to Disclose

PURPOSE
To test a correlation of age- and gender-dependent reference standards of MR normative values of total adipose tissue (TAT), abdominal subcutaneous adipose tissue (ASAT) with the corresponding lean muscle tissue (LMT).

METHOD AND MATERIALS
Fat and water MR whole body images were acquired with a 2-point mDIXON sequence (Repetition time/echo time, 4.2 msec/1.2 msec, 3.1 msec) at 3 Tesla (Ingenia, Philips) in 80 healthy volunteers with normal BMI (18.5 to 25.5 kg/m2) aged between 20 and 60 years (10 men/10 women per decade). Volumes were measured from TAT, ASAT and LMT by a semi-automatic segmentation algorithm allowing separate quantification of each compartment (Advanced MR Analytics, AMRA, Linköping, Sweden). Pearson and Spearman correlations between Volume and several body measures were calculated. ANOVA was used to test for Volume differences among age subgroups. Prospective IRB approved study with written informed consent.

RESULTS
Overall mean Volume (liter) ± standard deviation for women/men: 20.8±5.2/19.5±6.3 (TAT) and 15.7±2.2/23.2±2.3 (LMT).

TAT/height2 and LMT/height2 didn’t show any age dependency for women/men (p = 0.973/0.557 and p = 0.483/0.539, respectively) nor TAT/height2 and LMT/height2 differences among age subgroups for both gender. There was significant correlation between TAT/height2 and body mass index (BMI) for women/men (p < 0.001 both), but not between LMT/height2 and BMI (p = 0.276/0.634). LMT/height2 correlated with TAT/height2 (p = 0.038/0.005) and ASAT/height2 (p = 0.011/0.002), but not with VAT/height2 (p = 0.205/0.252).

CONCLUSION
Women had higher TAT and lower LMT than men, but without significant age dependence. LMT/height2 correlated with TAT/height2 and ASAT/height2, but not with BMI.

CLINICAL RELEVANCE/APPLICATION
Normative values of LMT allow to determine muscular trophic in patients and might help to diagnose myopathy. Side Note for reviewer only please: Volunteers of this abstract are identical to Abstract number 15013444, but as the topic of fat quantification is very complex, we decided to put the data in two abstracts with the first dealing with the age dependent different fat volumes and the second abstract dealing with the correlation of the skeletal muscle volumes and the different fat volumes.

SSJ15-06 Effect of Iterative Reconstruction Algorithms on Measurement of Trabecular Bone Microstructure with Clinical MDCT: A Cadaver Study Using Micro-CT as the Reference Standard

Tuesday, Dec. 1 3:50PM - 4:00PM Location: E451A

Participants
Miyouki Takasu, MD, Hiroshima, Japan (Presenter) Nothing to Disclose
Chikako Fujikawa, RT, Hiroshima, Japan (Abstract Co-Author) Nothing to Disclose
Masatoshi Kikuchi, RT, Hiroshima, Japan (Abstract Co-Author) Nothing to Disclose
Chihiro Tani, MD, Hiroshima, Japan (Abstract Co-Author) Nothing to Disclose
Yoko Kiuchi, Hiroshima, Japan (Abstract Co-Author) Nothing to Disclose
Kazuow Awai, MD, Hiroshima, Japan (Abstract Co-Author) Research Grant, Toshiba Corporation; Research Grant, Hitachi, Ltd; Research Grant, Bayer AG; Research Grant, DAIICHI SANKYO Group; Medical Advisor, DAIICHI SANKYO Group; Research Grant, Eisai Co, Ltd; Research Grant, Nemoto-Kyouindo.; ; ;
Norihito Nango, Tokyo, Japan (Abstract Co-Author) Nothing to Disclose
Masafumi Machida, Musashimurayama, Japan (Abstract Co-Author) Nothing to Disclose

PURPOSE
Effect of iterative reconstruction algorithms on MDCT image quality at different reconstruction times and different levels of noise. The impact of this study is limited.
Clinical multidetector computed tomography (MDCT) has been used to evaluate bone quality. The purpose of this study was to determine the efficacy of iterative reconstruction (IR) for measuring bone architecture through a comparison with micro-computed tomography (micro-CT) as the gold standard.

**METHOD AND MATERIALS**

L1 and L2 vertebrae of 10 fresh human cadavers were scanned by 64-section MDCT (LightSpeed VCT; reconstruction kernel, BONEPLUS; IR, ASiR; collimation, 64×0.625 mm), 80-section MDCT (Aquilion One Vision Edition; FC30, ADIR3D, 80×0.5 mm), and micro-CT (TOSCANER). Reconstructed voxel sizes were 0.2 × 0.2 × 0.16 mm for MDCT and 0.052 × 0.052 × 0.072 mm for micro-CT. Images were reconstructed using standard filtered back-projection and IR algorithms. Four patterns of CT images were reconstructed: without IR (IR (0%)), with 25-30% of IR (weak), with 50% of IR (mild), and with high-dose protocol without IR (120kV and 250mAs, HD). Trabecular parameters and tissue bone mineral density (tBMD) of the central 10-mm-thick portion of the vertebrae were calculated. Relationships between MDCT- and micro-CT-derived trabecular indices were compared using Pearson's correlation coefficient.

**RESULTS**

Metric parameters and tBMD measured by 64-section MDCT correlated better with micro-CT values with IR (mild) \((r=0.611-0.948)\) than with IR (0%) \((r=0.703-0.945)\). The correlation coefficients were significantly different \((p<0.05)\). Non-metric parameters showed better correlations with micro-CT values with IR (0%) \((r=0.712-0.883)\) than by IR (30% and 50%) \((r=0.694-0.871)\). For 80-section MDCT, five of seven morphological parameters and tBMD correlated better with micro-CT values with IR (0%) \((r=0.698-0.914)\) than with IR (25% and 50%) \((r=0.663-0.888, p<0.05)\). For three of eight parameters by 64-section MDCT and six out of eight parameters with 80-section MDCT, the correlation coefficients were lowest with the HD protocol.

**CONCLUSION**

IR improved the correlation between 64-section MDCT and micro-CT-derived metric parameters. In the assessment of trabecular microstructure, IR algorithms showed different strengths according to the vendor and category of trabecular parameters.

**CLINICAL RELEVANCE/APPLICATION**

To ensure the accurate measurement of trabecular bone microstructure by clinical MDCT, it is important to select the appropriate reconstruction algorithm and imaging protocol.
Molecular Imaging (Prostate/Neuroendocrine Tumors)

Tuesday, Dec. 1 3:00PM - 4:00PM Location: S504CD

Participants
Peter L. Choyke, MD, Rockville, MD (Moderator) Researcher, Koninklijke Philips NV Researcher, General Electric Company Researcher, Siemens AG Researcher, ICAD, Inc Researcher, Aspyrian Therapeutics, Inc Researcher, ImaginAb, Inc Researcher, Aura Biosciences, Inc
Vikas Kundra, MD, PhD, Houston, TX (Moderator) License agreement, Introgen Therapeutics, Inc

Sub-Events
SSJ14-01  Promising Role of Ga-68 PSMA PET/CT over Conventional Imaging in Staging and Restaging of Carcinoma Prostate

Participants
Venkatesh Rangarajan, MBBS, Mumbai, India (Presenter) Nothing to Disclose
Arch Agrawal, MBBS, Mumbai, India (Abstract Co-Author) Nothing to Disclose
Rasika Kabnurkar, MBBS, Mumbai, India (Abstract Co-Author) Nothing to Disclose
Nilendu C. Purandare, DMD, Mumbai, India (Abstract Co-Author) Nothing to Disclose
Sneha A. Shah, Mumbai, India (Abstract Co-Author) Nothing to Disclose

PURPOSE
1) To study the utility of Ga-68 Prostate Specific Membrane Antigen (PSMA) Positron Emission Tomography/Computed Tomography (PET/CT) for staging and restaging of Carcinoma Prostate (CaP).
2) To compare the efficacy of Ga-68 PSMA PET/CT with Contrast Enhanced Computed Tomography (CECT) and F18 Sodium Fluoride (NaF) PET/CT for lesion detection

METHOD AND MATERIALS
Retrospective audit of prospectively maintained data of 25 patients of CaP (3 for staging and 22 with biochemical failure for restaging) who underwent Ga-68 PSMA PET/CT, CECT and F18 NaF PET/CT scan. The imaging findings were analyzed on lesion-lesion and patient-patient basis for concordance and discordance.

RESULTS
All the 3 cases imaged for staging evaluation demonstrated Ga-68 PSMA uptake at the site of primary while CECT demonstrated lesion in only 1 patient. In cases with suspected biochemical failure, local recurrence was detected in 59% (13/22) patients on Ga-68 PSMA PET/CT as against 9% (2/22) detected on CECT. In 25 patients studied, Ga-68 PSMA PET/CT detected 43 metastatic nodes compared to 29 detected on CECT. Ga-68 PSMA detected additional metastases in sub cm sized nodes in 24% (6/25) patients. Ga-68 PSMA had incremental value in detecting occult extranodal metastases involving urinary bladder, pararectal nodule and peritoneal deposit in 8% (2/25) patients. In 25 patients, 109 skeletal lesions were detected on Ga-68 PSMA while F18 NaF PET/CT demonstrated147 lesions. Concordance in imaging findings of Ga-68 PSMA PET/CT and F 18 Fluoride PET/CT was noted in 68% (17/25) patients. Ga-68 PSMA PET/CT had an incremental value in staging of 1 patient where it detected lytic and marrow metastases. In restaging group, 7 patients showed additional lesions on F18 NaF PET/CT.

CONCLUSION
Ga-68 PSMA PET/CT is superior in detection of primary, nodal and soft tissue metastases as compared to conventional imaging techniques. However, F18 NaF PET/CT appears to detect more skeletal lesions in patients with biochemical failure in our study and further prospective trials are warranted to confirm these findings.

CLINICAL RELEVANCE/APPLICATION
Ga-68 PSMA PET/CT has an incremental value as a one stop shop in staging and restaging of carcinoma prostate

SSJ14-02  18F-fluoro-4-thia-palmitate (18F-FTP) PET Imaging for Evaluation of Exogenous Fatty Acid Metabolism in Prostate Cancer: Implications for Treatment Optimization

Participants
Pedram Heidari, MD, Boston, MA (Presenter) Nothing to Disclose
Shadi A. Esfahani, MD, MPH, Boston, MA (Abstract Co-Author) Nothing to Disclose
Giorgia Zadra, PhD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Michael S. Placzek, PhD, Charlestown, MA (Abstract Co-Author) Nothing to Disclose
Benjamin Larimer, PhD, Charlestown, MA (Abstract Co-Author) Nothing to Disclose
Jacob M. Hooker, PhD, Charlestown, MA (Abstract Co-Author) Nothing to Disclose
Massimo Loda, MD, Boston, MA (Abstract Co-Author) Nothing to Disclose
Umar Mahmood, MD, PhD, Charlestown, MA (Abstract Co-Author) Research Grant, Sabik Medical Inc; Advisory Board, Blue Earth Diagnostics Limited;

PURPOSE
Upregulation of de novo lipogenesis is a major metabolic change in PCa development, and correlates with tumor progression and
Upregulation of de novo lipogenesis is a major metabolic change in PCa development, and correlates with tumor progression and poor prognosis. Differentiation of diet-derived versus de novo fatty acid (FA) utilization in PCa is essential in designing anti-lipogenic therapeutics. We aim to evaluate the use of 18F-fluoro-4-thia-palmitate (18F-FTP) PET for assessment of exogenous FA utilization by PCa.

**METHOD AND MATERIALS**

14C incorporation into lipids of LNCaP cells by a glucose donor (marker of de novo lipogenesis) was measured by a beta-counter after treatment with vehicle, IPI-9119, or C75. Growth inhibition rescue of LNCaP cells was performed using Cell Titer Glo assay after incubation with IPI-9119 alone or in the presence of BSA or of BSA-conjugated palmitate. For in-vitro 18F-FTP uptake study LNCaP cells were incubated with IPI-9119, C75, Etomoxir, SSO, DMSO, and combination of IPI-9119 with Etomoxir or C75 for 24 hours. The cells were then incubated with 18F-FTP and harvested to measure retained activity corrected for cell count. IACUC approval was obtained. Mice with subcutaneous LNCaP xenografts were fasted. PET data was acquired in list mode after injection of 18F-FTP. The SUVmean and tracer influx constant were measured.

**RESULTS**

14C incorporation in lipids decreased to approximately 25% of control using both IPI-9119 and C75 indicating FASN inhibition. LNCaP growth inhibition was aborted by BSA-conjugated palmitate. 18F-FTP uptake significantly increased with IPI-9119 treatment, while C75, etomoxir, SSO treatment reduced 18F-FTP uptake. 18F-FTP PET demonstrated significantly decreased uptake in LNCaP tumors following treatment with C75 and etomoxir compared to control (SUVmean=0.20±0.01, 0.25±0.2, and 0.40±0.02, respectively).

**CONCLUSION**

We demonstrated that metabolic imaging using 18F-FTP can be used to assess the exogenous FA utilization by PCa. As expected, IPI-9119 (selective FASN inhibitor) increased the exogenous FA (18F-FTP) uptake while C75, which induces a host of metabolic modulations other than FASN inhibition paradoxically reduces 18F-FTP uptake. Etomoxir (FAO inhibitor) and SSO (FA transporter inhibitor) reduce 18F-FTP uptake as expected.

**CLINICAL RELEVANCE/APPLICATION**

Understanding the effect of exogenous lipid availability on therapeutic potential of targeting de novo lipogenesis is critical in prostate cancer treatment. This could lead to treatment strategies that result in maximal efficacy.

**SS314-03  Feasibility of Hyperpolarized 13C-Pyruvate Magnetic Resonance Spectroscopy for Pancreatic Cancer Diagnostic Imaging**

**Tuesday, Dec. 1 3:20PM - 3:30PM Location: S504CD**

**Participants**

Stephanie K. Carlson, MD, Rochester, MN (Presenter) Royalties, Medspira, LLC
Alan Penheiter, PhD, Rochester, MN (Abstract Co-Author) Nothing to Disclose
Prasanna K. Mishra, PhD, Rochester, MN (Abstract Co-Author) Nothing to Disclose
Fergus J. Couch, PhD, Rochester, MN (Abstract Co-Author) Nothing to Disclose
Slobodan I. Macura, PhD, Rochester, MN (Abstract Co-Author) Nothing to Disclose
John D. Port, MD, PhD, Rochester, MN (Abstract Co-Author) Nothing to Disclose
Malgorzata Marjanska, PhD, Minneapolis, MN (Abstract Co-Author) Nothing to Disclose
Claire E. Bender, MD, Rochester, MN (Abstract Co-Author) Nothing to Disclose

**PURPOSE**

Hyperpolarized (HP) 13C magnetic resonance spectroscopic imaging (MRSI) is a recently developed technique that allows the detection of injected 13C-labeled agents and their metabolites in real-time. The purpose of this study was to identify and explore potential metabolic pathways in pancreatic ductal adenocarcinoma (PDAC) that could be targeted with HP-13C MRSI to increase the diagnostic accuracy of pancreatic cancer imaging.

**METHOD AND MATERIALS**

We performed gene expression profiling using laser capture microdissection and RNAseq on histologically-confirmed primary PDAC tumors and normal pancreas tissue from 21 patients. A promising, highly upregulated and imageable metabolic pathway (the conversion of pyruvate to lactate) was identified. To further explore this pathway in vivo, mice bearing genetically-engineered PDAC tumors were injected with 200 microliters of 80 mM [1-13C]-pyruvate. Tumors were quench-frozen and excised 30 s post-injection. Spectroscopic data on tumor lysates was obtained using 1H and 13C nuclear magnetic resonance. Studies were approved by our IRB and IACUC.

**RESULTS**

Gene expression studies showed that transcripts encoding transporters and enzymes responsible for cellular import of pyruvate, export of lactate, and conversion of pyruvate to lactate are almost universally upregulated in PDAC compared to normal pancreas, while competing pathways of mitochondrial pyruvate metabolism and cytoplasmic pyruvate to alanine conversion are consistently low. NMR analysis of PDAC tumors showed a tumor metabolic signature consistent with a very high lactate concentration and high lactate-to-alanine ratio. Quantitative analysis after injection of [1-13C]-pyruvate showed a 4.8-fold enrichment of intratumoral [1-13C]-lactate over natural abundance, indicating that ~5% of the total lactate in the tumor at 30 s post-injection was derived from the injected [1-13C]-pyruvate.

**CONCLUSION**

PDAC tumors have a pyruvate-lactate metabolic signature that can be quantitated with 13C-pyruvate NMR. Further exploration of HP-13C-pyruvate MRSI for PDAC is warranted.

**CLINICAL RELEVANCE/APPLICATION**

A new molecular imaging strategy for PDAC used in conjunction with existing morphological imaging could transform patient management in clinically-challenging scenarios.
System for Patients with Neuroendocrine Tumours: Direct Comparison to Multiphase Contrast-enhanced PET/CT

Tuesday, Dec. 1 3:30PM - 3:40PM Location: S504CD

Participants
Ferdinand F. Seith, BSC, Tuebingen, Germany (Presenter) Nothing to Disclose
Christian la Fougere, Munich, Germany (Abstract Co-Author) Nothing to Disclose
Christina Pfannenberg, MD, Tuebingen, Germany (Abstract Co-Author) Nothing to Disclose
Konstantin Nikolaou, MD, Tuebingen, Germany (Abstract Co-Author) Speakers Bureau, Siemens AG Speakers Bureau, Bracco Group Speakers Bureau, Bayer AG
Nina Schwenzer, MD, Tuebingen, Germany (Abstract Co-Author) Nothing to Disclose
Cornelia Brendle, MD, Tubingen, Germany (Abstract Co-Author) Nothing to Disclose
Christina Schraml, MD, Tuebingen, Germany (Abstract Co-Author) Nothing to Disclose

PURPOSE
In patients with neuroendocrine tumours (NET), kidney failure is a common complication of radionuclide therapy. It is known that multiphase contrast-enhanced PET/CT is superior to non-enhanced PET/CT in diagnosing metastases with low or no tracer uptake as well as small lesions especially in the liver. However, due to the superior soft tissue contrast of MRI it is possible that non-enhanced PET/MR offers the same information as contrast-enhanced PET/CT. The aim of the study was therefore to evaluate a fast protocol in PET/MR without contrast agent in direct comparison to multiphase contrast-enhanced PET/CT as gold standard.

METHOD AND MATERIALS
We analysed the data of 38 NET patients. Cross over of both 68Ga-DOTATATE PET/CT and PET/MRI scans were performed. MR protocol was as follow: T1 MPR, pre and post gadolinium injection, T2 haste, DWI (b0, 500, 1000). Two observers for 68Ga-DOTATATE PET/MRI and one observer for 68Ga-DOTATATE PET/CT, independently, reviewed the images and inter observer and inter modality correlation was assessed by using interclass correlation.

RESULTS
Our initial data showed good inter modality correlation between 68Ga-PET/CT and PET/MRI. All lesions considered as malignant in PET/CT were equally depicted in PET/MRI in the compared regions. Both modalities, revealed liver metastases in the same number of patients (18 patients), and bone metastases in 7 patients. However, counting the number of liver lesions in each patient, 68Ga-DOTATATE PET/MRI was able to recognize more lesions in 3 patients. On the other hand, more lung lesions were detected in the lung in the CT component compared to MRI component (7 lesions versus 4). The contrast and DWI sequence of PET/MRI did not have a significant effect on final outcome, but in a selected number of cases these images confirmed and helped to further characterize and detect more lesions. Inter observer reliability was equally very good in both modalities.
CONCLUSION
This study demonstrates the potential of 68Ga-DOTATOC PET/MRI in patients with NET, with special advantages in the characterization of liver lesions.

CLINICAL RELEVANCE/APPLICATION
68Ga-DOTATOC PET/MRI can help in diagnosis and staging of patients with NET, with special advantages in the characterization of liver lesions.

SSJ14-06 68Ga-DOTATOC Uptake in Somatostatin Expressing Tumors is Directly Related to Specific Activity: Implications for Receptor Quantitation Imaging

Tuesday, Dec. 1 3:50PM - 4:00PM Location: S504CD

CONCLUSION
This study demonstrates the potential of 68Ga-DOTATOC PET/MRI in patients with NET, with special advantages in the characterization of liver lesions.

CLINICAL RELEVANCE/APPLICATION
68Ga-DOTATOC PET/MRI can help in diagnosis and staging of patients with NET, with special advantages in the characterization of liver lesions.

Participants
Pedram Heidari, MD, Boston, MA (Presenter) Nothing to Disclose
Dominik Berzaczy, MD, Vienna, Austria (Abstract Co-Author) Nothing to Disclose
Alicia Leece, Boston, MA (Abstract Co-Author) Nothing to Disclose
Shadi A. Esfahani, MD, MPH, Boston, MA (Abstract Co-Author) Nothing to Disclose
Umar Mahmood, MD, PhD, Charlestown, MA (Abstract Co-Author) Research Grant, Sabik Medical Inc; Advisory Board, Blue Earth Diagnostics Limited;

PURPOSE
The importance of specific activity (SA) has been previously shown in functional PET imaging studies. We hypothesized that tracer uptake, measured using semiquantitative (SUV) or quantitative (Patlak plot) parameters, would vary considerably according to SA in cancer receptor imaging. This study aims to evaluate the effect of SA on PET parameters used for quantitation of 68Ga-DOTATOC uptake in somatostatin receptor (SSTR) tumor models.

METHOD AND MATERIALS
In-vitro, SSTR2 expression level was assessed using Western blot across multiple cancer lines including IMR32, Capan1, A549 and AR42J, and was normalized for B-actin expression. The SSTR2/B-actin ratio was correlated to in-vitro 68Ga-DOTATOC uptake normalized for cell counts. AR42J and IMR32 normalized 68Ga-DOTATOC uptake was plotted against 68Ga-DOTATOC SA ranging from 0.2 to 20 Ci/g and correlation was assessed. The in-vitro studies were performed in triplicate. For in-vivo studies Institutional Animal Care and Use Committees approval was obtained. Subcutaneous AR42J xenografts were implanted in Nu/Nu mice. Dynamic PET scans in list mode were acquired following injection of 68Ga-DOTATOC with a wide range of SAs (0.3 - 50 Ci/g). Net tracer influx (Ki), SUVmax and SUVmean were plotted against the SA to establish the correlation between quantitative parameters and SA. Patlak-plot was used to calculate the tracer influx constant for the tumor ((Ki= (k1 × k3 / k2 + k3)).

RESULTS
We observed a consistent ratio between 68Ga-DOTATOC uptake per cell and SSTR2/B-actin level across the cell lines (R2=0.95, p<0.024). In-vitro we demonstrated a linear correlation between SA and 68Ga-DOTATOC uptake per cell in IMR32 (R2=0.98, P<0.015) and AR42J (R2=0.99, P<0.005). We found that Ki, SUVmax, and SUVmean decreased in a linear fashion with reduction in SA. Quantitative 68Ga-DOTATOC PET parameters had a direct linear correlation with SA (R2=0.89, p<0001 for Ki, R2=0.66, p<0.0001 for SUVmax and R2=0.82 and p<0.0001 for SUVmean).

CONCLUSION
68Ga-DOTATOC uptake is strongly correlated to SSTR2 expression for each given SA. However, 68Ga-DOTATOC uptake in SSTR-expressing tumors increases in a linear fashion with increase in SA, over the range studied.

CLINICAL RELEVANCE/APPLICATION
68Ga-DOTATOC uptake by tumors can vary widely with change in specific activity. Quantitation for radiotherapy dosimetry and response assessment is improved with correction for specific activity.
**Developing the Hybrid Technologist in US and Canada (Sponsored by the Associated Sciences Consortium)**

**An Interactive Session**

**Tuesday, Dec. 1 3:30PM - 5:00PM Location: S105AB**

**AMA PRA Category 1 Credits ™: 1.50**
ARRT Category A+ Credits: 1.50

**Participants**

Lynne Roy, MBA, MS, Los Angeles, CA (*Moderator*) Nothing to Disclose
Steven P. DeColle, Edmonton, AB (*Moderator*) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Attendees will learn the additional curriculum that is needed to formally educate technologists who operate hybrid equipment. 2) Attendees will be able to compare educational practices in the United States and in Canada. 3) Attendees will understand the opportunities and challenges that certified technologists face when cross training in different imaging disciplines and will be able to proactively mitigate some of these hurdles.

**ABSTRACT**

Imaging technology is evolving faster than we can develop technologists to competently perform molecular and cross sectional imaging. Both Canada and the United States have designed curriculum that address these essential learning modules. These two educational models will be compared, contrasted, and discussed in detail. In addition, the practicing technologist must be given an opportunity to learn this new technology and to safely and effectively operate it to deliver the necessary information so that the patient can reap the benefit of this technology. This path can be challenging but if undertaken in a planned fashion, and using lessons from the field to mitigate hurdles, on the job training can produce very competent, dual licensed and credentialed individuals.

**Sub-Events**

**MSAS34A  Educating the Technologist for Future Practice -The United States Perspective**

Participants
David Gilmore, MS, Boston, MA (*Presenter*) Nothing to Disclose

**LEARNING OBJECTIVES**

View learning objectives under main course title.

**MSAS34B  Lessons from the Field: Becoming a Hybrid Technologist**

Participants
Mark C. Hyun, ARRT, Los Angeles, CA, (mark.hyun@cshs.org) (*Presenter*) Technical Consultant, Astellas Group; Speakers Bureau, Astellas Group

**LEARNING OBJECTIVES**

View learning objectives under main course title.

**Active Handout:** Mark C. Hyun

Case-based Review of Nuclear Medicine: PET/CT Workshop-Lymphoma/Melanoma/Sarcoma (In Conjunction with SNMMI) (An Interactive Session)

Tuesday, Dec. 1 3:30PM - 5:00PM Location: S406A

Participants
Janis P. O’Malley, MD, Birmingham, AL (Director) Nothing to Disclose
Samuel E. Almodovar-Reteguis, MD, Birmingham, AL (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Discuss imaging presentation and special considerations when interpreting FDG PET/CT studies for lymphoma, melanoma and sarcoma. 2) Formulate a systematic approach to interpreting PET/CT studies for this patient population. 3) Discuss pertinent correlative findings on CT for each diagnosis on a case by case basis.

ABSTRACT
**Participants**

**Sub-Events**

**MSES34A  CMR Basics - Patterns of Enhancement**

Participants
Nikhil Goyal, MD, Staten Island, NY (*Presenter*) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Understand the basic components of a post contrast Cardiac MRI (CMRI) examination. 2) Understand the concept of myocardial nulling and its role in delayed enhancement CMRI. 3) Learn the patterns of delayed enhancement associated with ischemic and nonischemic cardiac disease.

**MSES34B  Congenital Anomalies of the Coronary Arteries with Pathologic Correlation**

Participants
Seth J. Kligerman, MD, Denver, CO (*Presenter*) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Recognize various congenital anomalies of the coronary arteries on cross-sectional imaging. 2) Learn which anomalies are benign and which can lead to adverse cardiac events. 3) Understand how anomalies in the origin, course, and termination of the coronary arteries can lead to abnormal perfusion of the myocardium.

**MSES34C  Cardiac CT and MRI: Seeing the Unseen**

Participants
Musturay Karcaaltincaba, MD, Ankara, Turkey, (musturayk@gmail.com) (*Presenter*) Speaker, General Electric Company; Speaker, Koninklijke Philips NV

**LEARNING OBJECTIVES**

1) To describe the cardiac CT and MRI findings that can not be seen or characterized by echocardiography and catheter angiography. 2) To depict imaging features of mild atherosclerosis, napkin ring sign, bypass grafts, interatrial septal and myocardial pathologies. 3) To elucidate our understanding of cardiac pathologies (such as fibrosis, iron overload and amyloidosis) that can be diagnosed without biopsy.
Nerve Ultrasound Based on a Regional Approach: Elbow to Hand (Hands-on)

Tuesday, Dec. 1 4:30PM - 6:00PM Location: E264

Participants
Carlo Martinoli, MD, Genova, Italy, (carlo.martinoli@unige.it) (Moderator) Nothing to Disclose
J. Antonio Bouffard, MD, Detroit, MI (Presenter) Nothing to Disclose
Catherine J. Brandon, MD, Ann Arbor, MI (Presenter) Stock options, VuCOMP, Inc
Mary M. Chiavaras, MD, PhD, Ancaster, ON (Presenter) Nothing to Disclose
Joseph G. Craig, MD, Detroit, MI (Presenter) Nothing to Disclose
Michael A. Dipietro, MD, Ann Arbor, MI (Presenter) Nothing to Disclose
David P. Fessell, MD, Ann Arbor, MI (Presenter) Nothing to Disclose
Ghiyath Habra, MD, Royal oak, MI (Presenter) Nothing to Disclose
Mary M. Chiavaras, MD, PhD, Ancaster, ON (Presenter) Nothing to Disclose
Joseph G. Craig, MD, Detroit, MI (Presenter) Nothing to Disclose
Marnix T. van Holsbeeck, MD, Detroit, MI, (marnix@rad.hfh.edu) (Presenter) Consultant, General Electric Company Consultant, Koninklijke Philips NV Stockholder, Koninklijke Philips NV Stockholder, General Electric Company Grant, Siemens AG Grant, General Electric Company
Rachel B. Hulen, MD, Novi, MI (Presenter) Nothing to Disclose
Marina Kislyakova, MD, Moscow, Russia, (m.kisliakova@yandex.ru) (Presenter) Nothing to Disclose
Joseph H. Introcaso, MD, Neenah, WI (Presenter) Nothing to Disclose
Jon A. Jacobson, MD, Ann Arbor, MI (Presenter) Consultant, BioClinica, Inc; Royalties, Reed Elsevier; ; ;
Kenneth S. Lee, MD, Madison, WI (Presenter) Research Consultant, SuperSonic Imagine; Consultant, Echometrix, LLC; Royalties, Reed Elsevier
Humberto G. Rosas, MD, Madison, WI (Presenter) Nothing to Disclose
Matthieu Rutten, MD, Hertogenbosch, Netherlands (Presenter) Nothing to Disclose
Courtney E. Scher, DO, Detroit, MI (Presenter) Nothing to Disclose
Alberto S. Tagliafico, MD, Genova, Italy (Presenter) Nothing to Disclose
Ximena L. Wortsman, MD, Santiago, Chile, (xworts@yahoo.com) (Presenter) Nothing to Disclose
Andrea Klauser, MD, Innsbruck, Austria (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Familiarize course participants with the ultrasound appearance of nerves and the scanning techniques used to image them in the distal upper extremity.
2) Emphasize the ultrasound anatomy of the median, ulnar, radial nerves and their divisional branches at the most common sites of entrapments, including the carpal tunnel and the cubital tunnel.
3) Learn the technique to image some minor nerves in their course throughout the distal upper extremity, such as the the lateral and the medial antebrachial cutaneous.
4) Outline the range of clinical conditions where ultrasound is appropriate as the primary imaging modality for nerve assessment.

ABSTRACT
In recent years, ultrasound of the musculoskeletal and peripheral nervous systems is becoming an increasingly imaging tool with an expanding evidence base to support its use. However, the operator dependent nature and level of technical expertise required to perform an adequate ultrasound assessment means that appropriate training is required. For this purpose, the present course will demonstrate the basic principles of musculoskeletal ultrasound with a special focus on nerves of the distal upper extremity (elbow to hand). The standardized techniques of performing an adequate ultrasound study of the median, ulnar, radial and their divisional branches, lateral cutaneous of the forearm and medial cutaneous of the arm and the forearm will be illustrated. The hands-on workshops will provide the opportunity to interactively discuss the role of ultrasound in this field with expert instructors. Participants will be encouraged to directly scan model patients. A careful ultrasound approach with thorough understanding of soft-tissue planes and extensive familiarity with anatomy are prerequisites for obtaining reliable information regarding the affected structure and the site and nature of the disease process affecting it.

Honored Educators
Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Jon A. Jacobson, MD - 2012 Honored Educator
Standardized Terminology in Radiology: Applications and New Developments using RadLex and Playbook

Tuesday, Dec. 1 4:30PM - 6:00PM Location: S102D

IN

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Kenneth C. Wang, MD, PhD, Ellicott City, MD, (kcwang@gmail.com) (Moderator) Co-founder, DexNote, LLC;

LEARNING OBJECTIVES
1) To recognize the need for standardized terminology for radiology imaging examinations. 2) To describe the RadLex Playbook, which provides standard names and codes for radiology orderables. 3) To demonstrate the value of RadLex Playbook for improving radiology practice.

Sub-Events

RCC35A  Terminology Standardization in CT: Progress and Challenges

Participants
Laurel Burk, Springfield, VA, (laurel.burk@fda.hhs.gov) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Identify challenges associated with non-standard CT terminologies. 2) Compare currently available standard CT lexicons. 3) Explain the role of consensus standards in FDA's regulation of radiological devices.

ABSTRACT
The inconsistency in names used for CT acquisition and reconstruction parameters across different scanner models can be confusing to operators, possibly leading to unnecessary radiation exposure or poor image quality. The AAPM Working Group on Standardization of CT Nomenclature and Protocols (WGCTNP) is working toward a set of consensus recommended CT parameter terms and definitions. Ongoing work includes: identifying relevant terms from existing standard lexicons; mapping generic terms to vendor-specific terminology (lexicon published on the AAPM 'CT Scan Protocols' website); and identifying preferred names based on use in the literature and clinical practice.

RCC35B  RadLex® Playbook: Standardized Terminology for Naming and Coding Imaging Procedures

Participants
Kenneth C. Wang, MD, PhD, Ellicott City, MD, (kcwang@gmail.com) (Presenter) Co-founder, DexNote, LLC;

LEARNING OBJECTIVES
1) To illustrate the motivations for RadLex Playbook. 2) To describe the Playbook semantic model. 3) To review Playbook implementation strategies. 4) To introduce the Playbook / LOINC harmonization project.

ABSTRACT
The historical lack of a standard naming scheme for imaging studies has limited exam interoperability. The RadLex Playbook provides a system for creating standard radiology procedure names and codes, enabling a variety of applications in dose tracking and optimization, enterprise integration, and quality improvement. This presentation will illustrate the motivations for Playbook adoption, and describe the semantic model used to create Playbook codes. We will also review strategies and technical considerations in Playbook implementation. Finally, we will describe work to harmonize Playbook with the LOINC system of codes.

RCC35C  Standard Terminology for Radiology Reporting

Participants
Charles E. Kahn JR, MD, MS, Philadelphia, PA, (charles.kahn@uphs.upenn.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Define the roles of standardized vocabularies in radiology reporting. 2) Describe how terms from standardized vocabularies are being incorporated to RSNA's radiology reporting templates. 3) Understand how standardized vocabularies allow reporting templates and radiology reports to be interoperable across a variety of languages, information systems, and applications.

ABSTRACT
Standardized terminologies can help radiologists communicate the results of imaging procedures more effectively. A well-defined terminology can eliminate ambiguity, and can guide radiologists to use appropriate descriptive terms. Standardized vocabularies can overcome language barriers and the limitations of proprietary systems. This presentation will explore the roles of standardized terminologies in the reporting templates being developed by the RSNA Reporting Initiative. Structured reporting gives radiologists the opportunity to incorporate controlled vocabularies, such as RadLex®, into their reports to enhance the reports' clinical usefulness, facilitate data extraction, and improve quality.

Honored Educators

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educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Charles E. Kahn JR, MD, MS - 2012 Honored Educator
Advanced Vascular Imaging Techniques and Applications

Tuesday, Dec. 1 4:30PM - 6:00PM Location: S504AB

VA CT MR

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants

Sub-Events

RC412A Cardiovascular 3D Printing

Participants
Frank J. Rybicki III, MD, PhD, Ottawa, ON (Presenter) Research Grant, Toshiba Corporation;

LEARNING OBJECTIVES
1) To understand the difference between 3D visualization and 3D printing as related to cardiovascular diagnoses. 2) To review the different 3D printing technologies that have impacted and will impact cardiovascular care. 3) To review the clinical impact of current 3D modelling in both cardiovascular diagnoses and intervention.

ABSTRACT
While advanced visualization in cardiovascular imaging is instrumental for diagnoses and communication with referring clinicians, there is an unmet need to render DICOM images as 3D printed models capable of providing both tactile feedback and tangible depth information of both anatomic and pathologic states. 3D printed models are being rapidly embraced in cardiovascular diagnoses. The purpose of this this lecture is to review and summarize the numerous studies to date that support such benefits from cardiovascular 3D printing, as it is expected that the number of 3D printed models generated from DICOM images for planning intervention and fabricating implants will grow exponentially. 3D printing has closed the gap on the unmet need for true 3D visualization in cardiovascular surgical planning. Source image data is primarily contrast-enhanced MRI and CT. Various approaches have been used to develop a hollow STL model, including segmenting the blood pool and printing vessels with a high-resolution technology to achieve a smooth lumen. Growing data supports the use of models to capture complex anatomy including congenital heart disease requiring surgery. Applications have included acquired cardiac abnormalities such as ventricular aneurysms and cardiac tumors. Models have been useful to plan high-risk valve cases and for intra-operative navigation. Electrocardiographic (ECG) gated CT studies for Trans-catheter Aortic Valve Replacement (TAVR) planning enable 3D printed models of the aortic annulus and surrounding structures for potentially safer valve deployment. Incorporation of patient-specific elasticity of the normal versus calcified aorta will likely be an important area of future research. Models of the aorta and other smaller vessels, including the coronary arteries, enable studies of blood flow dynamics that otherwise would not be possible in vivo.

RC412B Renal MRA and Functional MRI

Participants
Ulrike I. Attenberger, MD, Mannheim, Germany (Presenter) Research Consultant, Bayer AG

LEARNING OBJECTIVES
1) To describe the technical pre-requisites for successful contrast and non-contrast-enhanced renal MRA (i.e. signal-to-noise-ratio, scan time, spatial resolution, voxel size). 2) To review contrast-agent dose optimization strategies. 3) To understand the basics of functional renal MR imaging techniques and to illustrate their potential implications on patient care.

RC412C Functional CTA in Athletes

Participants
Richard L. Hallett II, MD, Stanford, CA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Identify anatomic and functional lesions that predispose to vascular entrapment and fibrotic syndromes in athletes. 2) Describe methods to assess vascular entrapment and fibrotic syndromes in athletes using dynamic, functionally challenged CTA and MRA. 3) Describe the imaging findings for diagnosis and follow-up of affected athletes.

ABSTRACT
While exercise is a mainstay in preventing and treating atherosclerotic peripheral vascular disease, some vascular disorders manifest primarily in athletes. Both recreational and competitive athletes are at risk for development of non-atherosclerotic vascular diseases. These disease entities range from iliac endofibrosis in cyclists, popliteal entrapment syndrome in running sports, and thoracic inlet / outlet syndromes in “overhead” athletes. Recently, computed tomography angiography (CTA) and magnetic resonance angiography (MRA) have become valuable diagnostic options for many vascular diseases that can occur in the athlete. Optimum imaging in these disorders requires the ability to tailor the exam protocol to the specific disease entity and vascular territory in question. By combining rapid CT image acquisition with functional, physiologic provocative maneuvers, diagnostic information can be maximized. Newer blood-pool MR contrast agents also allow functional assessment without ionizing radiation exposure. This session will review the pathophysiology, risk factors, diagnosis, and classification of vascular diseases seen in the athlete. Logical protocol development utilizing (when necessary) provocative maneuvers will be reviewed. Interpretation strategies for interacting with these resulting large, dynamic datasets will also be reviewed.

Active Handout:Richard Lee Hallett

Participants
Michael D. Hope, MD, San Francisco, CA, (michael.hope@ucsf.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Explain why imaging approaches beyond assessment of vessel diameter are needed for improved risk stratification of aortic disease. 2) List potential aortic imaging targets for improved evaluation of disease progression. 3) Appraise the merits of advanced aortic imaging techniques including the use of MRI and PET for the evaluation of aortic hemodynamics and vessel wall inflammation.
**Emerging Breast Imaging Strategies**

Tuesday, Dec. 1 4:30PM - 6:00PM Location: S505AB

BR  DM  MR

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

**Participants**

Catherine J. Moran, PhD, Stanford, CA (Moderator) Research support, General Electric Company

**Sub-Events**

**RC417A  Diffuse Optical Spectroscopy of Breast Cancer**

Participants

David R. Busch, PhD, Philadelphia, PA, (drbusch@sdf.org) (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Describe light transport through tissue. 2) Describe the current applications of diffuse optics in medicine and technological limitations. 3) Summarize applications of diffuse optics to breast cancer, including cutting edge work and implications for future clinical applications.

**ABSTRACT**

Diffuse optics utilizes near-infrared light to probe tissue without ionizing radiation. These tools permit rapid and pain-free assessment of endogenous cancer signatures, including oxygenated and deoxygenated hemoglobin, lipid, and water concentrations. Relatively inexpensive instrumentation can monitor the progress of neoadjuvant chemotherapy in a clinic, rather than an imaging suite, using convenient hand-held probes, even in radiologically dense breasts. Very recently, similar optical monitoring tools have been developed to measure microvascular blood flow. More elaborate diffuse optical imaging systems construct three dimensional tomograms of multiple tissue constituents, permitting multi-parameter computer aided detection and localization of tumors. In addition to endogenous chromophores, these optical measurements are exquisitely sensitive to contrast agents, holding significant promise for imaging of highly specific contrast agents at pico- or femto-molar concentrations. Diffuse optical instrumentation can readily be combined with other imaging techniques. These multi-modality data sets provide the opportunity to combine the advantageous aspects of both techniques. We will discuss recent advances in optical monitoring, imaging, and combinations with other modalities.

**URL**

www.sas.upenn.edu/~drbusch/rsnaHandout-DiffuseOptics-Breast.pdf

**RC417B  Contrast Enhanced Mammography and Tomosynthesis**

Participants

John M. Lewin, MD, Denver, CO (Presenter) Consultant, Hologic, Inc; Research Grant, Hologic, Inc; Consultant, Novian Health Inc

**LEARNING OBJECTIVES**

1) To discuss the indications and utility of contrast-enhanced mammography (CEM) and contrast-enhanced tomosynthesis (CET). 2) To understand the feasibility, limitations, and technical issues of CEM / CET. 3) To compare the utility of CEM and CET against non-contrast techniques and discuss future directions.

**Active Handout:** John Morton Lewin


**RC417C  High Resolution Dynamic Contrast Enhanced Breast MRI**

Participants

Catherine J. Moran, PhD, Stanford, CA (Presenter) Research support, General Electric Company

**LEARNING OBJECTIVES**

1) Be able to select appropriate spatial and temporal resolution parameters to run a dynamic contrast-enhanced (DCE) breast MRI sequence. 2) Explain to colleagues the difference between temporal resolution and temporal footprint for fast DCE scans. 3) List 3 different approaches to fat suppression, and be able to set up a scan protocol using at least one of these on the learner's scanner.

**ABSTRACT**

This talk will provide an overview of high-resolution breast MRI techniques. Initially, MRI concepts including parameter tradeoffs, contrast mechanisms, and parallel imaging will be reviewed. Fat suppression techniques are essential for high-quality breast MRI, and include further tradeoffs. Finally, techniques for high spatiotemporal resolution sampling to resolve rapid contrast kinetics while also offering sharp images will be described.

**URL**
Imaging of Tumor Syndromes (An Interactive Session)

Tuesday, Dec. 1 4:30PM - 6:00PM Location: S103CD

Participants

Sub-Events

RC418A Von Hippel Lindau and Other Hereditary Renal Cancer Syndromes

Participants
Peter L. Choyke, MD, Rockville, MD, (pchoyke@nih.gov) (Presenter) Researcher, Koninklijke Philips NV Researcher, General Electric Company Researcher, Siemens AG Researcher, iCAD, Inc Researcher, Aspyrian Therapeutics, Inc Researcher, ImaginAb, Inc Researcher, Aura Biosciences, Inc

LEARNING OBJECTIVES

1) To identify the key genetic aspects of von Hippel Lindau (VHL) disease and their relevance to treatment. 2) To distinguish radiologic features of VHL from other hereditary renal cancers. 3) To explain the implications of hereditary renal cancers for sporadic renal cancers.

ABSTRACT

Hereditary renal cancers include clear cell carcinomas associated with von Hippel Lindau Disease (VHL), chromophobe carcinomas associated with Birt Hogg Dube, papillary carcinomas associated with hereditary papillary cancer syndrome and type II papillary carcinomas associated with Hereditary Leiomyoma-Renal Carcinoma (HLRC) syndrome. Additional rare syndromes exist. This talk will focus on the distinguishing features of each entity from a radiologic perspective but also will describe the lexicon underlying the description of the genetics of these entities. This should enable the participant to understand the 'language' of genetics when describing hereditary entities in general, including terms such as tumor suppressor gene, oncogene, hypoxia inducible factor and metabolomics. The participant should come away with a fuller understanding of these hereditary entities and their implications for more common, sporadically occurring renal cancers.

RC418B Neurocutaneous Syndromes

Participants
Petra Vajtai, MD, Portland, OR (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) To identify the key distinguishing radiologic features of each of the most common phakomatoses: neurofibromatosis types I and II, tuberous sclerosis, and Sturge-Weber syndrome. 2) To provide guidance on the appropriate use of surveillance imaging in affected individuals.

ABSTRACT

The phakomatoses are a group of hereditary neuroectodermal diseases, each characterized by its unique cutaneous as well as radiologic manifestations. The most common phakomatoses are neurofibromatosis (types I and II), tuberous sclerosis, and Sturge-Weber syndrome, whose respective characteristic neuroradiological finding is the neurogenic tumor, the tuber and angiomatosis. The talk should enable the participant to distinguish the addressed phakomatoses based on radiologic characteristics, to describe the presentation, diagnosis and prognosis of each, and to provide guidance on the appropriate use of surveillance imaging in affected individuals.

RC418C Multiple Endocrine Neoplasia

Participants
Bryan R. Foster, MD, Portland, OR, (fosterbr@ohsu.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Distinguish between MEN 1, MEN 2A and MEN 2B syndromes. 2) Apply the appropriate modality for specific imaging indications. 3) Describe common and uncommon imaging findings for various tumors seen in MEN.

ABSTRACT

Multiple endocrine neoplasia (MEN) is a heterogenous group of inherited genetic disorders in which patients develop both endocrine and non-endocrine tumors. MEN 1 patients commonly develop pituitary adenomas, parathyroid adenomas and pancreatic neuroendocrine tumors. MEN 2 patients commonly develop medullary thyroid cancers and pheochromocytomas. Familial medullary thyroid cancer is also considered part of the MEN syndrome as these patients have mutations in genes similar to MEN 2 patients. Imaging plays an important role in the detection, staging and followup of tumors in these patients and often many different modalities are employed to optimally image these patients.

RC418D Lynch and Other Hereditary Colonic Cancer Syndromes

Participants
LEARNING OBJECTIVES

1) Describe the advances in genetics for Lynch and other hereditary colonic cancer syndromes. 2) Identify the gastrointestinal and non-GI malignancies of Lynch and other polyposis syndromes. 3) Examine the role of imaging for monitoring hereditary colonic cancer syndromes.

Active Handout: Richard Kinh Gian Do

**Overview of SBRT for Spinal Metastases - Spinal Imaging, Target Delineation and Post-SBRT Response Evaluation**

**Participants**
Simon S. Lo, MD, Cleveland, OH, (Simon.Lo@UHhospitals.org) (Moderator) Research support, Elekta AB;

**LEARNING OBJECTIVES**
1) To understand the basics of stereotactic body radiotherapy (SBRT) for spinal metastasis. 2) To know the basics of diagnostic imaging for spinal metastasis. 3) To learn the principles and methods of target delineation for SBRT for spinal metastasis. 4) To know the principles and methods of response evaluation after SBRT for spinal metastasis.

**ABSTRACT**
Stereotactic body radiotherapy (SBRT) has become an important treatment modality for spinal metastases in various settings. To facilitate safe and effective delivery of SBRT for spinal metastases, proper pre-SBRT evaluation including appropriate diagnostic imaging, and proper target delineation and contouring of organs-at-risk are necessary. The gold standard for post-SBRT response evaluation for spinal metastases is not well-defined and this is an emerging area of research interest. This refresher course will provide an overview of the spinal SBRT process, diagnostic imaging for spinal metastasis, target delineation for SBRT for spinal metastases, and post-SBRT response evaluation for spinal metastases.

**Sub-Events**

**RC420A  Overview of SBRT for Spinal Metastases**

**Participants**
Simon S. Lo, MD, Cleveland, OH (Presenter) Research support, Elekta AB;

**LEARNING OBJECTIVES**
1) To know the indications for stereotactic body radiotherapy (SBRT) for spinal metastasis. 2) To know the technical aspects of SBRT for spinal metastasis. 3) To know the expected outcomes of SBRT for spinal metastasis. 4) To know the potential toxicities of SBRT for spinal metastasis.

**ABSTRACT**
This subsection will provide an overview of the indications, technical aspects, expected outcomes, and toxicities of stereotactic body radiotherapy (SBRT) for spinal metastasis.

**RC420B  Pre-SBRT Imaging of Spinal Metastases**

**Participants**
Pejman Jabehdar Maralani, MD, FRCPC, Toronto, ON, (pejman.maralani@utoronto.ca) (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**
1) To understand the role of different imaging modalities in diagnosis of spinal metastasis. 2) To understand relevant imaging characteristics of spinal metastasis.

**ABSTRACT**
This section will provide an overview of multiple imaging modalities used for diagnosis and treatment planning of spinal metastasis.

**Active Handout:** Pejman Jabehdar Maralani

**RC420C  Target Delineation of Spinal Metastases**

**Participants**
Kristin J. Redmond, MD, MPH, Baltimore, MD (Presenter) Research support, Elekta AB

**LEARNING OBJECTIVES**
1) To understand target and normal tissue delineation for patients receiving SBRT for malignant spinal metastases.

**ABSTRACT**
The purpose of this section will be to review principles involved with target and normal tissue delineation in patients being treated with SBRT for malignant spinal metastasis. This will include review of both current consensus guidelines as well as areas of controversy.

**Active Handout:** Kristin Janson Redmond
Participants
Arjun Sahgal, Toronto, ON, (arjun.sahgal@sunnybrook.ca) (Presenter) Speaker, Medtronic, Inc; Speaker, Elekta AB; Medical Advisory Board, Varian Medical Systems, Inc; Speaker, Accuray Incorporated; Research Grant, Elekta AB

LEARNING OBJECTIVES
1) To understand the challenges of post-spine SBRT response assessment. 2) To understand the current state of response criteria consensus.

ABSTRACT
The aim of this presentation is to highlight the challenges of post spine SBRT response assessment, and current consensus work to standardize imaging and evaluation.
Proton therapy dose distributions are highly conformal and are often used to deliver therapeutic doses to tumors close to critical, radiosensitive normal anatomy. Precise daily reproduction and alignment of the patient anatomy is crucial, then, for successful outcome of proton radiotherapy. This course will describe modern approaches to pre- and intra-treatment imaging to align the patient for proton therapy as well as post-treatment modalities which can verify patient alignment and proton beam range. Pre-treatment image guidance for protons has evolved differently than many common approaches for standard external beam radiotherapy. One reason for this is the dissimilar impact of setup variations on the delivered proton dose distributions, while another is related to the expense of building a proton center and the need to maximize efficiency by moving as many complex processes out of the treatment room as possible. Additionally, the sensitivity of proton dose distributions to intra-fractional changes has led to the development of novel techniques to monitor patient anatomy throughout a treatment. Modest errors in patient positioning or in calculation of proton range could lead to tumor or healthy tissues receiving vastly different doses than were planned. This has led to the development of a number of approaches for post-treatment verification of proton beam placement and range. Proton dose verification via positron emission tomography, prompt gamma imaging, and magnetic resonance imaging will be presented.

LEARNING OBJECTIVES
1) Explain the impact of inter- and intra-fractional variations in patient anatomy on proton dose distributions. 2) Describe proton specific approaches to pre-treatment and intra-treatment imaging for patient alignment. 3) Compare various imaging modalities for post-treatment verification of a delivered proton dose distribution.
Service Excellence in Radiology (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)

Tuesday, Dec. 1 4:30PM - 6:00PM Location: S103AB

Participants
Kenneth A. Buckwalter, MD, Indianapolis, IN (Moderator) Research Grant, Siemens AG
Ella A. Kazerooni, MD, Ann Arbor, MI (Presenter) Nothing to Disclose
Brent J. Wagner, MD, Reading, PA (Presenter) Nothing to Disclose
Brandon P. Brown, MD, MA, Indianapolis, IN (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Understand who the customer is in Radiology and why customer satisfaction scores are important. 2) Review how Radiology can document the added value role it plays in the enterprise. 3) Discuss how to onboard new staff members successfully

ABSTRACT
Service Excellence in healthcare is used generally to refer to patient or customer satisfaction, and our ability to consistently meet if not exceed the expectations of patients, their families and visitors. It can be more widely expanded to include interactions among staff within a group, across groups or job descriptions or across departments. Inherently it is the concept that healthcare is more than just the technical act of delivering service, in radiology that would be the performance of a diagnostic test for example that hit high marks for classic quality metrics like image quality, radiation dose optimization and clarity and accuracy of the interpretation. Service excellence embraces the notion that healthcare must address the psyche, emotions and worries of those we care for, who come to us for service because they are ill and concerned about their health, the impact of disease on themselves and their families. It is about HOW we deliver the care too. From looking people in the eyes at check in, asking if there is anything else we can do for them, letting then know how they will get their test results, acknowledging when we can do better without blame, and knowing when and how to say thank you. On a more tangible level, high marks for Service Excellence also translates into higher employee engagement, retention of staff and a drop in time and resources spent doing service recovery. Hiring for Service Excellence is important to having the right people in your organization, and sometimes letting those go who cannot live up to those expectations may be necessary to move forward. In the end, a commitment to Service Excellence is not about an expensive program delivered by others to you to train to, it is about treating everyone with respect and both setting and often exceeding expectations. With higher patient satisfaction scores comes retention of patients/customers, and word of mouth marketing that your program is THE destination for care now and in future.

Active Handout: Brent Joseph Wagner

Honored Educators

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Ella A. Kazerooni, MD - 2014 Honored Educator
Strategies for Developing Business Leadership Skills in the Midst of Healthcare Reform Challenges

Tuesday, Dec. 1 4:30PM - 6:00PM Location: S404CD

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Richard Duszak JR, MD, Atlanta, GA (Moderator) Nothing to Disclose

LEARNING OBJECTIVES
1) To develop programs to cultivate trainee and practicing radiologist non-clinical interests in practice management, economics, and health policy, and apply newly acquired knowledge and insights into current and future practice. 2) To help radiologists at all levels in both private practice and academic medical centers understand the complex environment in which health care services are delivered and the roles and relationships of various stakeholders including professional societies, private and academic practices, hospitals and health systems, payers, governmental bodies and private sector industry. 3) To guide radiology residency programs in fulfilling new formal residency training requirements in non-interpretative skills as they pertain to healthcare economics and practice management.

ABSTRACT
As healthcare delivery systems undergo rapid and dramatic changes, the need for dynamic physician leadership in both academic and private practice settings has increased. Traditional graduate medical education curricula have often left young radiologists ill-equipped to address complex issues related to practice management, health policy and economics. Given the many leadership opportunities available for practicing radiologists, additional education and training in these areas should enhance their effectiveness as clinical and non-clinical leaders to positively impact healthcare systems through appropriate use and integration of medical imaging. This course is intended to introduce such educational opportunities at the resident, fellow, and practicing radiologist level and share the early experience of several academic and private medical centers in these pursuits.

Sub-Events

RC402A Residency Training Perspective

Participants
Falgun H. Chokshi, MD, Atlanta, GA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
View learning objectives under main course title.

RC402B Fellowship Training Perspective

Participants
Raymond W. Sze, MD, Washington, DC (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
View learning objectives under main course title.

RC402C Faculty Perspective

Participants
Frank J. Lexa, MD, Philadelphia, PA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
View learning objectives under main course title.

RC402D Private Practice Perspective

Participants
Scott M. Truhlar, MD, MBA, Coralville, IA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
View learning objectives under main course title.
**Medical Physics 2.0: Ultrasonography**

**Tuesday, Dec. 1 4:30PM - 6:00PM Location: S404AB**

**AMA PRA Category 1 Credits ™:** 1.50

**ARRT Category A+ Credits:** 1.50

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**Participants**

Ehsan Samei, PhD, Durham, NC *(Director)* Nothing to Disclose

Douglas E. Pfeiffer, MS, Boulder, CO *(Director)* Nothing to Disclose

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**Sub-Events**

**RC421A Ultrasonography Perspective**

Participants

Paul L. Carson, PhD, Ann Arbor, MI *(Presenter)* Research collaboration, General Electric Company; Research collaboration, Light Age, Inc

**LEARNING OBJECTIVES**

1) Understand the roles of medical physicists and other providers of ultrasound system QC, performance evaluation and user education.

2) Gain an understanding of the longer term potential of medical ultrasound to aid in medical physics planning and training.

**ABSTRACT**

A very brief overview is given of the innovations that have led to current medical ultrasound systems and QC thereof. A clear connection to clinical performance/cost effectiveness has not been established, but the ratio is improving. To aid in medical physics planning and training, more distant (beyond 10 years) and less robust predictions are ventured than in Dr. Hangiandreous' talk. The reduction in artifacts and improvement in resolution will be surprisingly large. It is posed that ultrasound will be headed toward almost ubiquitous use in personal hands as well as those of medical personnel, for monitoring and control of chronic conditions, for direct treatment and for precisely localized drug delivery and enhancement of radiation therapy. Medical physicists who can help keep the computer controls integrated, the systems properly calibrated and the users properly trained will find a substantial role in society.

**Active Handout:** Paul L. Carson


**RC421B Ultrasonography 1.0**

Participants

Zheng Feng Lu, PhD, Chicago, IL *(Presenter)* Nothing to Disclose

**LEARNING OBJECTIVES**

1) Describe the current role of ultrasound medical physics in clinical practice.

2) Explain the ultrasound image quality metrics utilized in current ultrasound QA/QC testing.

3) Outline the methods and tools available for ultrasound system QA/QC in current clinical practices.

4) Survey the available standards and voluntary accreditation guidelines for medical ultrasound imaging systems.

5) Understand the need for QC at different levels of time and financial investment.

**ABSTRACT**

This talk will focus on the present role of ultrasound medical physics in clinical practices. It will review the ultrasound image quality metrics currently utilized in ultrasound QA/QC testing. It will describe testing procedures required and/or recommended by accreditation programs and advisory organizations. General guidelines and available standards will be discussed regarding tolerances for acceptance testing and commissioning of these devices, as well as periodic quality control tests, as applicable to diagnostic B-mode imagers. A brief review of ultrasound phantoms used in these testing procedures will be presented.

**Active Handout:** Zheng Feng Lu


**Active Handout:** Zheng Feng Lu


**RC421C Ultrasonography 2.0**

Participants

Nicholas J. Hangiandreou, PhD, Rochester, MN *(Presenter)* Nothing to Disclose

**LEARNING OBJECTIVES**

1) Identify the roles expected for medical physics to play in future clinical ultrasound practices.

2) Demonstrate understanding of emerging ultrasound imaging performance metrics that are expected to be in routine practice in the future.

3) Demonstrate understanding of emerging ultrasound imaging technologies that are expected to be in routine practice in the future.

4) Identify approaches for implementing comprehensive medical physics services in future clinical ultrasound practices.
ABSTRACT

Ultrasound imaging is evolving at a rapid pace, adding new imaging functions and modes that continue to enhance its clinical utility and benefits to patients. This talk will look ahead 10-15 years and consider how medical physicists can bring maximal value to the clinical ultrasound practices of the future. The roles of physics in accreditation and regulatory compliance, image quality and exam optimization, clinical innovation, and education of staff and trainees will all be considered. A detailed examination of expected technology evolution and impact on image quality metrics will be presented. Clinical implementation of comprehensive physics services will also be discussed.

Active Handout: Nicholas James Hangiandreou

Radio-Genomic Research: Accessing Clinical Imaging-Genomics-Pathology Data from Public Archives-The Cancer Imaging Archive (Hands-on)

Tuesday, Dec. 1 4:30PM - 6:00PM Location: S401CD

AMA PRA Category 1 Credits™: 1.50
ARRT Category A+ Credits: 1.50

Participants
C. Carl Jaffe, MD, Boston, MA, (carljaffe@gmail.com) (Presenter) Nothing to Disclose
John B. Freymann, BS, Rockville, MD (Presenter) Nothing to Disclose
Justin Kirby, Bethesda, MD (Presenter) Stockholder, Myriad Genetics, Inc
Fred W. Prior, PhD, Little Rock, AR (Presenter) Stockholder, Siemens AG
Lawrence R. Tarbox, PhD, Saint Louis, MO (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Learn how to propose new data sets for hosting in The Cancer Imaging Archive (TCIA). 2) Identify and download existing TCIA data sets which match your research interests. 3) Collaborate with other researchers using Shared Lists and Digital Object Identifiers. 4) Identify support resources including the TCIA helpdesk, FAQs, and system documentation.

ABSTRACT
Access to large-scale genomic-clinical-pathology databases are essential for researchers to understand disease and devise precision medicine pathways, especially in cancer. But HIPAA compliant collections of network downloadable diagnostic clinical images, particularly accessible that link to comprehensive molecular physiologic and clinical data has been limited till now. This hands-on session will teach the basic skills needed to navigate the "Big Data" Cancer Imaging Archive open-access database of diagnostic radiology and pathology images that are cross-linked to clinical disease cases analyzed and archived in the NIH Cancer Genome Atlas. With this knowledge radiologists and imaging scientists can undertake cutting-edge research capable of linking clinical imaging to discover new genomic-based disease signatures.

URL
Targeted Treatment and Imaging of Liver Cancers: Basic to Advanced Techniques in Minimally-Invasive Therapies and Imaging

Tuesday, Dec. 1 4:30PM - 6:00PM Location: S403A

LEARNING OBJECTIVES

1) Discuss the role of the interventional radiologist in the treatment and management of patients with primary and metastatic liver cancer as part of the multidisciplinary team. 2) Learn best practice techniques in the treatment of liver cancers, with emphasis on both locoregional and focal therapeutic approaches, and indications for treatment. 3) Explore various tips and tricks for each treatment modality and learn how to avoid complications through good patient selection, choosing the appropriate techniques, and knowing what common mistakes to avoid. 4) Learn about newer and developing techniques and devices, their potential roles and indications, and potential pitfalls. 5) Explore advanced imaging modalities in the detection of tumors and for monitoring treatment response.

ABSTRACT
**A Practical Approach for Beginning Radio-genomic Research**

Tuesday, Dec. 1 4:30PM - 6:00PM Location: S501ABC

**Participants**
Maryellen L. Giger, PhD, Chicago, IL (*Presenter*) Stockholder, Hologic, Inc; Shareholder, Quantitative Insights, Inc; Royalties, Hologic, Inc; Royalties, General Electric Company; Royalties, MEDIAN Technologies; Royalties, Riverain Technologies, LLC; Royalties, Mitsubishi Corporation; Royalties, Toshiba Corporation; Researcher, Koninklijke Philips NV; Researcher, U-Systems, Inc
Hui Li, MD, PhD, Chicago, IL (*Presenter*) Nothing to Disclose
Karen Drukker, PhD, Chicago, IL, (kdrukker@uchicago.edu) (*Presenter*) Nothing to Disclose
Elizabeth S. Burmside, MD, MPH, Madison, WI (*Presenter*) Stockholder, NeuWave Medical Inc
Yuan Ji, Chicago, IL (*Presenter*) Nothing to Disclose
Alexandra V. Edwards, Chicago, IL (*Presenter*) Nothing to Disclose
John Papaioannou, MSc, Chicago, IL (*Presenter*) Nothing to Disclose
Chun-Wai Chan, MS, Chicago, IL (*Presenter*) Nothing to Disclose
Yitan Zhu, PhD, Evanston, IL (*Presenter*) Nothing to Disclose
Robert Tomek, MSc, Darien, IL (*Presenter*) Employee, Quantitative Insights, Inc
Michael R. Chinander, Chicago, IL (*Presenter*) Researcher, Quantitative Insights, Inc

**LEARNING OBJECTIVES**
1) Understand what planning and online resources are needed to create a successful cross-disciplinary radio-genomic research team that can efficiently meet hypothesis-generated imaging/genomic science objectives. 2) Comprehend what skill set distinctions are needed for a hypothesis-resolving radio-genomic research team and how those essential components can be assembled to investigate and/or discover a given disease signature. 3) Learn how to grasp a radio-genomic conceptual research framework that may at first seem unfamiliar to imaging scientists.

**ABSTRACT**
Interventional (An Interactive Session)

Tuesday, Dec. 1 4:30PM - 6:00PM Location: S502AB

IR

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Steven M. Zangan, MD, Chicago, IL (Presenter) Nothing to Disclose
Rakesh C. Navuluri, MD, Chicago, IL (Presenter) Nothing to Disclose
Jeffrey A. Leef, MD, Chicago, IL (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Recognize vascular and non-vascular conditions and their image-guided treatment in the chest, abdomen and pelvis. Please bring your charged mobile wireless device (phone, tablet or laptop) to participate.
Ultrasound Elastography

Tuesday, Dec. 1 4:30PM - 6:00PM Location: S406B

GI  GU  HN  NR  US

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants

Sub-Events

**RC410A  Thyroid Elastography**

Participants
Richard G. Barr, MD, PhD, Campbell, OH (Presenter) Consultant, Siemens AG; Consultant, Koninklijke Philips NV; Research Grant, Siemens AG; Research Grant, SuperSonic Imagine; Speakers Bureau, Koninklijke Philips NV; Research Grant, Bracco Group; Speakers Bureau, Siemens AG; Consultant, Toshiba Corporation; Research Grant, Esaote SpA

**LEARNING OBJECTIVES**

1) Explain the difference between strain and shear wave elastography. 2) Understand the techniques to be able to perform thyroid ultrasound elastography. 3) Apply ultrasound elastography into routine clinical practice of thyroid nodules.

**ABSTRACT**

Thyroid nodules are very common and work-up of these nodules remains challenging. Fine needle aspiration has been the method of choice for diagnosing suspicious lesions with a sensitivity of 54%-90% and specificity of 60-96% for detection of malignant lesions. Malignant thyroid lesions are statistically stiffer than benign lesions. Ultrasound elastography can assess the stiffness of thyroid lesions. Several studies have been performed evaluating strain and shear wave elastography to characterize thyroid nodules. Strain elastography is qualitative while shear wave elastography is quantitative. These studies suggest that ultrasound elastography may improve sensitivity and specificity of characterizing thyroid lesions over B-mode imaging alone. There is a learning curve for performing adequate thyroid ultrasound elastography. Both cystic lesions and calcified lesions are difficult to evaluate with elastography. There is some overlap of stiffness values between benign and malignant thyroid nodules and elastography should not eliminate biopsy of suspicious lesions based on B-mode imaging. Stiff lesions on elastography should increase the suspicion for malignancy. This presentation will discuss the differences between strain and shear wave elastography, discuss technique and pitfalls in performing the examination, review the literature, and discuss published guidelines.

**RC410B  Renal Elastography: Where Are We?**

Participants
Nicolas Grenier, MD, Bordeaux CEDEX, France, (nicolas.grenier@chu-bordeaux.fr) (Presenter) Advisory Board, Supersonic Imagine; Travel support, Guerbet SA

**LEARNING OBJECTIVES**

1) To become familiar with the advantages and limits of the different elastography technologies applied to kidney. 2) To understand the factors affecting reliability and reproducibility of elasticity measurement within the kidney. 3) To learn about the intrarenal changes responsible for elasticity changes. 4) To learn about the clinical impact of elasticity measurement in renal parenchymal diseases. 5) To learn about the clinical impact of elasticity measurement in renal tumors.

**ABSTRACT**

Ultrasound elastography is a new imaging technique under development that provides information about renal stiffness. Kidney elasticity quantification with ultrasound should be better performed with a quantitative technique, based on shear wave velocity measurements (ARFI or SSI methods). Kidney stiffness changes can be affected by mechanical factors such as external pressure induced by the probe and intrarenal characteristics such as tissue anisotropy, which is high in renal medulla, vascularization, which is high within the cortex, and hydropnephrosis. Chronic kidney disease (CKD) incidence and prevalence are increasing in Western countries, due particularly to diabetes mellitus and hypertension-related nephropathies. During progression of such renal parenchymal diseases, cellular density may increase, mainly during acute inflammatory phases, and the interstitial matrix may be invaded by fibrosis. All components of these tissue changes may induce an increase of renal elasticity which is not specifically related to fibrosis. Tubular, glomerular, interstitial and vascular changes may also be responsible for an increase of stiffness. This is why, further studies are now necessary before to understand the real impact of elastography measurement in clinical nephrology. Considering characterization of renal tumors with elastography, clinical experience is still limited. Preliminary results show that benign tumors seem to have lower values of elasticity than malignant ones, but, here too, more experience is also necessary.

**RC410C  Liver Elastography**

Participants
Paul S. Sidhu, MRCP, FRCP, London, United Kingdom, (paulsidhu@nhs.net) (Presenter) Speaker, Bracco Group; Speaker, General Electric Company

**LEARNING OBJECTIVES**

1) To understand the concept of liver fibrosis grading and the implications for healthcare management. 2) To review the basis for the assessment of liver fibrosis using elastography, with emphasis on the different techniques. 3) To understand the differences in the techniques and the variability in measurement assessment. 4) To achieve an overview of the need and position of this technique in clinical care.
Liver fibrosis and cirrhosis from many causes is an important cause of long term morbidity and mortality. Most cases are a consequence of chronic viral disease (Hepatitis B and C) with alcoholic liver disease an important etiological factor. The degree of liver fibrosis, and the presence of established cirrhosis confer different management strategies, with imaging playing an important role in the non-invasive assessment of patients with chronic liver disease. Fibrosis grading traditionally performed using the Metavir or Ishak scoring system is essentially a histological grading system. Ultimately the possibility to avoid a liver biopsy is the aim, if a non-invasive technique can stage the grade of fibrosis, establishing correct patient management. Liver ultrasound elastography is a developing technique that offers this possibility, with varying methods of assessment ranging from strain methods and shear wave methods. These techniques will be explained, the status of the current standing of the techniques will be summarised, and the level of technology offered by different machines will be reviewed. An overall summary of the current status and the implications for clinical practice will be discussed.
Practical Issues in Chest Imaging (An Interactive Session)

Tuesday, Dec. 1 4:30PM - 6:00PM Location: E353C

CH
AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Sub-Events
RC401A  A Pattern Based Approach to Acute Parenchymal Opacities

Participants
Amita Sharma, MBBS, Boston, MA, (asharma2@mgh.harvard.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) At the conclusion of the session the attendee will be able to identify patterns of acute parenchymal opacities in a patient presenting with acute dyspnea. The attendee will learn to classify the distribution of disease according to the craniocaudal, axial distribution and distribution relative to the secondary pulmonary lobe. They will understand how to describe radiologic abnormalities as air-space opacities, including ground glass and consolidation, nodular opacities, linear opacities and areas of decreased attenuation. This knowledge will enable the attendee to apply a pattern based approach to differential diagnosis of acute parenchymal opacities in their clinical practice. This will enable a more focused differential diagnosis that can be used to direct further evaluation and management.

ABSTRACT
Patients often present to the emergency room with acute dyspnea. The chest radiograph or chest CT scan may show diffuse parenchymal opacities that may be due to a number of etiologies, such as infection, pulmonary edema, or malignancy. By analyzing the distribution of disease, characterizing the most pronounced radiologic abnormalities and incorporating the presence of ancillary findings, it is possible for the radiologist to offer a limited differential diagnosis to direct further evaluation or management. This talk will illustrate the common diseases that present with acute dyspnea and provide practical tips on the approach to diffuse parenchymal abnormalities detected on imaging.

RC401B  Unravelling Pulmonary Lymphoproliferative Disorders

Participants
Sam S. Hare, MBBS, MA, London, United Kingdom (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Describe native pulmonary lymphoid tissue with emphasis on MDCT appearances of intrapulmonary lymph nodes. 2) Provide a simple classification system for the pulmonary lymphoproliferative disorder spectrum. 3) Identify the breadth of MDCT patterns associated with pulmonary lymphoproliferative disease. 4) Contrast the imaging manifestations of LIP versus pulmonary lymphoma. 5) Detect key MDCT patterns in secondary pulmonary lymphoma.

ABSTRACT
Pulmonary lymphoproliferative disorders (LPD) comprise a complex group of focal or diffuse abnormalities: benign LPD and primary pulmonary lymphoma are relatively rare whereas secondary pulmonary lymphoma is far more common. Understanding the spectrum of LPD, coupled with the diversity of potential imaging findings, is crucial because the radiologist is often the first to suggest the diagnosis and is therefore pivotal in differentiating these entities. This presentation will discuss practical LPD concepts relevant to everyday chest imaging by reviewing the more commonly encountered CT patterns in this disorder spectrum.

RC401C  ICU Radiology

Participants
Matthew D. Gilman, MD, Boston, MA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Understand the anatomic considerations of the more common ICU tubes and lines. 2) Recognize the proper positioning and malpositions of the more common ICU tubes and lines. 3) Understand the techniques of VA and VV ECMO and the implications for imaging.

ABSTRACT
Critical care patients often require invasive support and monitoring devices to support life and direct clinical management decisions. These tubes and lines are among the most common urgent findings in the imaging of the ICU patient. This presentation will illustrate the anatomy, proper positioning, and malpositions of the more common tubes and lines with illustrations and examples. Newer support devices (ECMO) and the potential pitfalls in imaging these patients will also be illustrated.

RC401D  Infections in Immunocompromised Hosts: Keeping Pace with the Changing Landscape

Participants
Rachna Madan, MD, Boston, MA, (rmadan@partners.org) (Presenter) Nothing to Disclose
LEARNING OBJECTIVES

1) Discuss spectrum of immunocompromised hosts and infections associated with specific immune deficits. 2) To review clinical presentation, and imaging findings of pulmonary infections with emphasis on immunocompromised hosts. 3) Review imaging signs in infections. 4) Review the role of percutaneous sampling especially in tissue invasive infections where bronchoscopy and bronchial lavage may have low yield. 5) Discuss revised EORTC/MSG criteria for diagnosis of invasive fungal infections. 6) Emphasize diagnostic conundrums such as presence of multiple infectious processes, mimics of infection and immune reconstitution inflammatory syndrome (IRIS). 7) Use case scenarios to illustrate formulation of differential diagnosis by combining clinical, serological data with imaging findings.

ABSTRACT

Infections are the most common pulmonary complications in immunocompromised patients and lung is the most frequently affected site of tissue invasive infection. It is imperative to adopt an aggressive approach to getting specific microbiologic diagnosis. Early cross sectional imaging with CT allows narrowing of differential diagnosis using radiological features and gives clues about the mechanism of spread, possible organism, burden of disease and guides subsequent invasive procedures such as lung biopsy. Imaging signs must be applied with caution and it is important to consider non-infectious etiologies. Pursuit of a unifying diagnosis is not always possible. Multiple infections may co-exist in a single organ. The radiologist must take on the role of an image guided clinician and combine clinical, serological and microbiological data with imaging features in making a diagnosis.
Head and Neck College Bowl! (An Interactive Session)

Tuesday, Dec. 1 4:30PM - 6:00PM Location: E450B

AMA PRA Category 1 Credits™: 1.50
ARRT Category A+ Credits: 1.50

Participants
C. Douglas Phillips, MD, New York, NY (Presenter) Stockholder, MedSolutions, Inc Consultant, Guerbet SA
Richard H. Wiggins III, MD, Salt Lake City, UT (Presenter) Nothing to Disclose
Lawrence E. Ginsberg, MD, Houston, TX (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Review important head and neck imaging differentials. 2) Recognize imaging appearances of common head and neck pathologies. 3) Understand important head and neck pathologies relationships to normal anatomy. Please bring your charged mobile wireless device (phone, tablet or laptop) to participate.

ABSTRACT
A fun and light-hearted review of important head and neck imaging anatomy and pathology important differentials. This interactive session will use RSNA Diagnosis Live™. Please bring your charged mobile wireless device (phone, tablet or laptop) to participate.

Honored Educators
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Richard H. Wiggins III, MD - 2012 Honored Educator
Quality and Safety in GU Radiology: Update on Best Practices, Contrast Material, and Radiation Dose

Tuesday, Dec. 1 4:30PM - 6:00PM Location: E350

Gu SQ

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Giles W. Boland, MD, Boston, MA (Coordinator) Principal, Radiology Consulting Group; Royalties, Reed Elsevier
Richard H. Cohan, MD, Ann Arbor, MI, (rcohan@umich.edu) (Presenter) Consultant, General Electric Company;
James A. Brink, MD, Boston, MA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Understand the background and current status of best practice clinical and workflow management and its imperative for improving patient outcomes. 2) To review indications for premedication prior to contrast material administration. To summarize the current understanding of iodinated contrast media nephrotoxicity. To describe common errors made in treating contrast reactions. 3) To understand the requirement to match radiation dose according to the individual patient, clinical question and modality used. To outline meaningful radiation metrics including organ dosages and the overall radiation absorbed to estimate patient risk.

ABSTRACT
BEST PRACTICES: Increasingly medicine is being defined and evaluated based on patient outcomes rather than procedural events. While best practices are evolving and sometimes incomplete, many do exist, yet there is marked departmental variation from one organization to another. This session will outline why and how best practice implementation, particularly as it relates to IV contrast use and radiation dose, is essential to achieve better patient outcomes. This will require evaluation of current practices and comparison to nationally driven guidelines, with subsequent compliance to guidelines where they exist.

CONTRAST SAFETY: Some patients have contrast reactions despite premedication. Patients who have repeated reactions in this setting tend to have reactions of similar severity. Studies performed with control groups suggest that there is minimal to no increased risk of contrast-induced renal failure in patients who receive iodinated contrast material; however, the control groups likely included patients at increased risk of acute kidney injury. Some errors treating contrast reactions relate to failure to administer epinephrine or using the wrong dose / wrong route. The act of administering this drug can also be problematic.

RADIATION DOSE: In all radiological examinations that utilize x-rays, there are always three important issues that must be taken into consideration. The first relates to the appropriate amount of radiation to be used, which must always explicitly take into account the imaging task at hand as well as the physical characteristics of the patient undergoing the CT examination. The second issue is how to transform the radiation incident on the patient into the organ doses received which are essential to understanding (any) patient risks. The final consideration is to understand the radiological significance of the radiation absorbed by the patient, and to estimate (any) radiological risks, as well as the corresponding uncertainties.
Breast MR Imaging (An Interactive Session)
Tuesday, Dec. 1 4:30PM - 6:00PM Location: E450A

Participants

RC415A  Image Quality and Interpretation

Participants
Debra M. Ikeda, MD, Stanford, CA (Presenter) Consultant, F. Hoffmann-La Roche Ltd; Consultant, Bracco Group

LEARNING OBJECTIVES
1) To review standard MRI acquisition parameters recommended by ACR Breast MRI BI-RADS. 2) To review MRI Interpretation according to ACR Breast MRI BIRADS terminology.

RC415B  MR BI-RADS 3

Participants
Debra L. Monticciolo, MD, Temple, TX (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) To review the current literature for BIRADS 3 in the MR setting. 2) To understand interpretations for which BIRADS 3 would or would not be appropriate.

ABSTRACT
Discussion will include the current literature on use of BIRADS 3, with attention to the MR setting. Cases where BIRADS 3 would be considered as well as cases not appropriate for BIRADS3 at MR will be shown.

RC415C  Challenging Cases

Participants
Sujata V. Ghate, MD, Durham, NC (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Identify challenging cases on breast MRI. 2) Recognize MR imaging findings of unusual breast lesions. 3) Review do's and don't of the breast MRI report. 4) Recommend appropriate management for difficult or esoteric lesions seen on MRI.

ABSTRACT
This lecture will review challenging cases on breast MRI. Participants will learn to identify MR imaging features of common breast diseases, recognize unusual and esoteric lesions, understand the importance of a clear and concise MRI report, and manage difficult cases seen on breast MRI. A total of 12 cases will be reviewed and imaging findings and appropriate management for each case will be discussed. At the conclusion of the case conference, audience participants will have the opportunity to ask questions and discuss unusual cases.
Participants

Sub-Events

**RC408A Imaging of Non-traumatic Intracranial Hemorrhage**

Participants
Diego B. Nunez JR, MD, MPH, New Haven, CT, (diego.nunez@yale.edu) (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Differentiate the imaging patterns of non-traumatic intracranial hemorrhage on initial presentation. 2) Recognize opportunities for providing a more precise diagnosis based on the initial CT findings. 3) Define and recommend the best additional imaging approach for appropriate patient management.

**RC408B Imaging of Spine Infection**

Participants
Wayne S. Kubal, MD, Tucson, AZ (Presenter) Stockholder, Stryker Corporation; Stockholder, Sarepta Therapeutics Inc; Stockholder, CVS Health Corporation

**LEARNING OBJECTIVES**

1) Understand how pathophysiology and anatomy determine the imaging appearance of spine infection. 2) Critically assess which imaging options offer the greatest sensitivity for both initial diagnosis and post treatment assessment of spine infection. 3) Be able to differentiate spine infection from common mimics most notably degenerative disease.

**RC408C Imaging of Cervical Spine Trauma**

Participants
Stuart E. Mirvis, MD, Baltimore, MD (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Recognize circumstances in which MRI is indicated for blunt cervical spine trauma. 2) Be familiar with the spectrum of radiologic findings associated with atlanto-occipital dissociation injuries. 3) Understand similarity in appearance and methods to distinguish stable from unstable hyperflexion injuries. 4) Know association of cervical spine injury patterns with vertebral artery injury.

**ABSTRACT**

Honored Educators

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Stuart E. Mirvis, MD - 2015 Honored Educator
Clinical Decision Support: Impact and Lessons from Large Scale Implementations

Tuesday, Dec. 1 4:30PM - 6:00PM Location: E353A

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Emanuele Neri, MD, Pisa, Italy (Moderator) Nothing to Disclose

Sub-Events

RC453A Results and Lesson from the Medicare Imaging Demonstration

Participants
Keith D. Hentel, MD, MS, New York, NY, (keh9003@med.cornell.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) To understand the lessons learned in the Weill Cornell Implementation of CDS for the MID. 2) Apply lessons learned in the MID to guide future CDS implementations.

RC453B Mass General Hospital

Participants
Jeffrey B. Weilburg, MD, Boston, MA (Presenter) Nothing to Disclose

RC453C Virginia Mason

Participants
C. Craig Blackmore, MD, MPH, Seattle, WA, (craig.blackmore@vmmc.org) (Presenter) Royalties, Springer Science+Business Media Deutschland GmbH

LEARNING OBJECTIVES
1) To understand the implementation of clinical decision support at Virginia Mason. 2) To apply lessons learned from successful implementation of clinical decision support. 3) To analyze factors contributing to the success or failure of clinical decision support in decreasing inappropriate imaging.

ABSTRACT
At Virginia Mason, we published one of the earliest clinical decision support programs for advanced imaging. That program differed in many important ways from other programs, including the Medical Imaging Demonstration project, by deploying a targeted intervention directed at a limited number of high cost/high utilization studies. Our clinical decision support system achieved 25% decreases in imaging across the included studies through use of a "hard stop" barrier whereby inappropriate imaging was not permitted to proceed.

RC453D Brigham and Women’s Hospital

Participants
Ramin Khorasani, MD, Roxbury Crossing, MA (Presenter) Consultant, Medicalis Corp

ABSTRACT
Clinical Decision Support (CDS) has been recognized as an important tool in helping reduce inappropriate use of medical imaging to improve the quality of care and reduce waste by providing evidence-based recommendation to ordering providers at the time of order entry. Three federal regulations aimed to assess the impact of imaging CDS on use of high cost imaging, and promote and accelerate its use. 1. (Medicare Improvements for Patients and Providers Act or MIPPA) required CMS to perform a large scale demonstration project (Medicare Imaging Demonstration or MID; 2011-2014) to assess the impact of imaging CDS based on predetermined professional society guidelines on utilization of ambulatory targeted high cost imaging procedures for medicare fee for service patients. 2. Stage two of Meaningful Use of health IT federal regulations provide modest financial incentives for adoption of CDS, including for imaging, and 3. Promoting Evidence-Based care section of the Protecting Access to Medicare Act (PAMA) of 2014 mandates use of imaging CDS for specified ambulatory high cost imaging services as a requirement for payment for such services beginning January 2017. Despite these ongoing federal initiatives, adoption of imaging CDS has been limited in part because of ongoing debate on best practices for implementation and use of imaging CDS. In this session, speakers with experience in use of imaging CDS, including large scale implementation, will share their experience on impact of CDS, and lessons learnt from implementation of imaging CDS to help inform best practices for imaging CDS.
Molecular Imaging Mini-Course: Clinical Applications of Molecular Imaging - Oncology

Tuesday, Dec. 1 4:30PM - 6:00PM Location: E352

AM A P R A C a t e g o r y 1 C r e d i t s ™: 1.50
A R R T C a t e g o r y A + C r e d i t s: 1.50
FDA Discussions may include off-label uses.

Participants

Sub-Events

RC423A  Diagnosis

Participants
Terence Z. Wong, MD, PhD, Chapel Hill, NC (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Discuss the potential roles and limitations of PET imaging for amyloid and tau protein in evaluating patients with dementia. 2) Describe anatomic and functional MRI techniques for evaluating Alzheimer's disease. 3) Understand the clinical challenges of diagnosing and managing patients with dementia.

RC423B  Staging

Participants
Dominique Delbeke, MD, PhD, Nashville, TN (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) The potential clinical indications of PET and PET/CT in the evaluation of patients with malignancies. 2) The impact on patient care. 3) Recommendations for PET/CT in the NCCN guidelines.

RC423C  Evaluation of Treatment

Participants
David A. Mankoff, MD, PhD, Philadelphia, PA, (david.mankoff@uphs.upenn.edu) (Presenter) Speaker, Koninklijke Philips NV; Consultant, General Electric Company

LEARNING OBJECTIVES

1) List applications of quantitative imaging for clinical trials. 2) Describe the approach to the design of cancer imaging trials. 3) Discuss biomarkers applications for cancer imaging.

Honored Educators

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David A. Mankoff, MD, PhD - 2013 Honored Educator
**Abdominal Dual Energy CT in Practice**

Tuesday, Dec. 1 4:30PM - 6:00PM Location: E351

**Participants**
Desiree E. Morgan, MD, Birmingham, AL (*Presenter*) Research support, General Electric Company
Alec J. Megibow, MD, MPH, New York, NY (*Presenter*) Consultant, Bracco Group
Eric P. Tamm, MD, Houston, TX (*Presenter*) Nothing to Disclose
Daniel T. Boll, MD, Durham, NC (*Presenter*) Research Grant, Siemens AG; Research Grant, Koninklijke Philips NV; Research Grant, Bracco Group

**LEARNING OBJECTIVES**
1) Understand the principles of image acquisition and post processing of dual energy CT technologies currently commercially available in the US. 2) Assess the technological innovations made possible with dual energy CT and the potential advances to enhance clinical practice and problem-solving in abdominal imaging. 3) Contrast the workflow issues and limitations of the various dual energy approaches as applicable to imaging of patients with abdominal disease.

**ABSTRACT**
After a brief overview of basic physics principles that distinguish the currently available dual energy CT scanner technologies, a variety of topics regarding dual source dual energy CT, single source dual energy CT, and sandwich detector dual energy CT will be covered by three experts using the technology in clinical practice. This will include image acquisition and patient experience, development of specific abdominal imaging protocols, workflow considerations, such as automated generation of blended images, virtual monoenergetic energy images, iodine/water material density images or iodine maps at the scanner level versus radiologist image manipulation, and will focus on real experience approaches to image interpretation. Strengths and limitations of dual source, single source, and sandwich detector dual energy CT will be demonstrated and discussed.
Predicting Outcome with Cardiac CT - Which Is Best?

Tuesday, Dec. 1 4:30PM - 6:00PM Location: N226

Participants
Sub-Events

RC403A Calcium Scoring

Participants
John J. Carr, MD, MS, Nashville, TN (Presenter) Nothing to Disclose

ABSTRACT
Coronary artery calcifications document the presence of advance atheroma in the coronary arteries. Calcified plaque is the "sclerosis" of atherosclerosis and thus is an established imaging biomarker of coronary artery disease. In this presentation we will review the evidence of CAC supporting application of CT measured CAC as a risk marker of coronary artery disease and evidence-based application for clinical practice and prevention in 2015 and beyond.

RC403B Coronary CT Angiography (CCTA)

Participants
John R. Lesser, MD, Minneapolis, MN, (jrlesser1@gmail.com) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Review the data predicting cardiac events from information obtained on cardiac CT angiography. 2) Understand the predictive value of coronary CT angiography in the setting of acute chest pain in the emergency room. 3) Understand the predictive value of CT angiographic findings in the setting of chronic chest pain. 4) Review the additional predictive value of coronary CT angiography relative to calcium scoring in symptomatic vs asymptomatic populations.

ABSTRACT
Active Handout: John Raymond Lesser
Active Handout: John Raymond Lesser

RC403C Myocardial Perfusion

Participants
Ricardo C. Cury, MD, Miami, FL (Presenter) Research Grant, General Electric Company; Research Consultant, General Electric Company; Research Consultant, Novartis AG; Research Consultant, Heartflow, Inc

LEARNING OBJECTIVES
1) To review the available literature supporting the growing evidence of myocardial perfusion to predict outcomes. 2) To discuss new imaging modalities, such as myocardial CT perfusion, and their current role. 3) To describe the current limitations and challenges of combined CTA/CTP evaluation and its future role.

ABSTRACT
Myocardial perfusion imaging (MPI) is an integral component for the diagnosis and management of patients with coronary artery disease. Single photon emission computed tomography (SPECT) is the most frequently requested and widely available non-invasive MPI modality. Importantly, it provides an accurate assessment of the presence or absence of a myocardial perfusion abnormality, yields incremental prognostic information, and contributes to therapeutic decision making. Coronary CT angiography (CTA) is a non-invasive procedure with high diagnostic performance for the detection and exclusion of obstructive coronary stenosis. While CTA offers high sensitivity and negative predictive value, its specificity and positive predictive value are less robust and indicate a systematic over-estimation of stenosis severity. Further, even for high-grade stenoses correctly identified by CTA, comparison with a fractional flow reserve or SPECT reference standard indicates that more than half do not cause ischemia. These findings have evoked concerns that CTA without adjunctive physiologic data may promote excess referral to invasive angiography and/or revascularization. Stress myocardial CT perfusion (CTP) has been shown to provide a combined assessment of both cardiac anatomy and physiology. Multiple single-center studies have established its feasibility using stress agents such as adenosine, dipyridamole and regadenoson, with similar diagnostic accuracy compared with other techniques, including SPECT, fractional flow reserve, cardiac magnetic resonance imaging, and invasive coronary angiography (ICA). Recent multi-center trials also demonstrated promising results of using combined CTA and Stress myocardial CT perfusion (CTP) for a comprehensive cardiac evaluation.
Preoperative Brain Tumor Imaging

Tuesday, Dec. 1 4:30PM - 6:00PM Location: N227

AMA PRA Category 1 Credits™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Jay J. Pillai, MD, Baltimore, MD (Moderator) Medical Advisory Board, Prism Clinical Imaging, Inc; Author with royalties, Springer Science+Business Media Deutschland GmbH; Author with royalties, Reed Elsevier
Haris I. Sair, MD, Baltimore, MD (Moderator) Research support, Carestream Health, Inc

LEARNING OBJECTIVES
1) To understand, based on anatomic considerations, how to localize lesions along the brain surface. 2) To become familiar with DTI techniques, their limitations and their applications to neurosurgical planning. 3) To understand the value of BOLD fMRI in presurgical mapping of brain functional systems and appreciate the types of paradigms that are in clinical use.

ABSTRACT
State-of-the-art preoperative brain tumor imaging will be described from the standpoint of neurosurgical planning. The lectures included in this course will cover gyral and other anatomic considerations for lesion localization, as well as the role that both diffusion tensor imaging (DTI) and blood oxygen level dependent (BOLD) functional MRI (fMRI) play in the delineation of eloquent cortex and white matter tracts. The importance of both DTI and BOLD fMRI in the accurate assessment of brain functional networks will be stressed in the context of presurgical mapping. The value, as well as limitations, of each of these approaches will be discussed.

Sub-Events

Localization of Lesions Along the Brain Surface

Participants
Thomas P. Naidich, MD, New York, NY (Presenter) Nothing to Disclose

Preoperative Diffusion Tensor Imaging: Toward Improving Neurosurgical Outcomes

Participants
John L. Ulmer, MD, Milwaukee, WI, (julmer@mcw.edu) (Presenter) Stockholder, Prism Clinical Imaging, Inc Medical Advisory Board, General Electric Company

LEARNING OBJECTIVES
1) To become familiar with DTI technique, visualization strategies, and limitations, as well as to identify strategies for defining spatial relationships between lesion borders and functional brain networks in order to guide Neurosurgical decision making.

ABSTRACT
Presurgical mapping has revolutionized the neurosurgical care of brain tumor patients. Maximizing resections more safely can improve the accuracy diagnosis, optimized treatment algorithms, and most importantly, decrease the incidence of devastating postoperative deficits associated with injury to functional brain networks. Presurgical mapping in tumor and epilepsy patients is clearly a multi-parameter process, but diffusion tensor imaging (DTI) has had the most significant impact in reducing postoperative neurological complications and warrants focus. At the same time, the technique is among the available, easy to acquire, and easily translatable to clinical practice. By understanding the DTI technique, data visualization methods, effects of pathological processes, and technical limitations, and combining the DTI data with expertise in functional white matter anatomy, physicians can create patient-specific neurosurgical plans that define spatial relationships between lesion borders and functional brain networks. This, in turn, can impact surgical decision making, guide intraoperative assessments, and improve post-operative outcomes. Through case illustrations, this presentation provides strategies to translate DTI and fiber tracking, with all of their limitations, to clinical presurgical brain mapping. The presentation emphasizes the emerging and powerful clinical application of pre-surgical DTI.

Identification of Eloquent Cortex Using BOLD fMRI

Participants
Jay J. Pillai, MD, Baltimore, MD (Presenter) Medical Advisory Board, Prism Clinical Imaging, Inc; Author with royalties, Springer Science+Business Media Deutschland GmbH; Author with royalties, Reed Elsevier

LEARNING OBJECTIVES
1) Understand the value of Blood Oxygen Level Dependent functional magnetic resonance imaging (BOLD fMRI) in presurgical mapping in patients with resectable brain lesions. 2) Describe the functional systems that can be reliably activated using BOLD fMRI in the clinical setting. 3) Appreciate the types of BOLD fMRI paradigms that are typically utilized for presurgical mapping.

ABSTRACT
This lecture will provide a basic overview of Blood Oxygen Level Dependent functional magnetic resonance imaging (BOLD fMRI) and how it can be used to effectively map eloquent cortex in various functional systems. Specifically, applications of BOLD fMRI to sensorimotor mapping, vision mapping as well as mapping of the language network will be described. The value that clinical BOLD fMRI has added to current state-of-the-art presurgical planning will be emphasized. In particular, the specific value that BOLD fMRI can add to standard structural brain MRI in the setting of resectable brain lesions such as brain tumors that distort classical
functional anatomic landmarks will be discussed.
Participants

Sub-Events

RC409A  Colorectal Cancer Screening and CT Colonography

Participants
Kevin J. Chang, MD, Sharon, MA, (kchang@lifespan.org) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Review the epidemiology and pathophysiology of colorectal cancer and justifications for colorectal screening. 2) Identify the targets of colorectal screening and provide the rationale for selective polypectomy. 3) Compare and contrast CT Colonography with other screening options.

ABSTRACT

RC409B  Optimizing CTC-based CRC Screening - Programmatic Approach and QA Metrics

Participants
Elizabeth G. McFarland, MD, Saint Charles, MO (Presenter) Consultant, Toshiba Corporation

LEARNING OBJECTIVES
1) To review why CTC for screening is valuable for radiology practices. 2) To review the key elements of ACR Practice Parameters for patient preparation and CTC technique. 3) To review current insurance coverage issues and coding for CTC for screening and diagnostic uses. 4) To understand the ACR quality metrics for CT colonography currently in practice.

RC409C  Technical Pitfalls at CTC and Problem Solving

Participants
Jessica B. Robbins, MD, Madison, WI, (jrobbins@uwhealth.org) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Identify potential technical challenges encountered with CTC. 2) Describe techniques which may optimize colonic preparation. 3) Employ modifications to improve colonic distention in challenging situations.

RC409D  Interpretative Pitfalls at CTC

Participants
Judy Yee, MD, Clayton, CA, (judy.yee@ucsf.edu) (Presenter) Research Grant, EchoPixel, Inc

LEARNING OBJECTIVES
1) To understand the causes of errors of CT colonography interpretation on both 2D and 3D images. 2) To learn the morphologic appearance of pitfalls on CT colonography and their differential diagnosis. 3) To apply strategies to avoid common and uncommon interpretive errors. 4) To apply appropriate techniques to avoid polyp measurement errors on untagged and tagged cases.

ABSTRACT
This presentation will provide a discussion of the causes of errors of interpretation on CT colonography. The appearances of common and common pitfalls will be demonstrated. The differential diagnosis of morphologic types of lesions will be presented. Accurate lesion measurement is essential for CT colonography since this directly impacts management recommendations. Causes of inaccurate measurements will be reviewed along with strategies as to how to improve measurement accuracy.
Muscle-Tendon-Entheseal Unit: Form, Function, and Dysfunction with Emphasis on MR

Tuesday, Dec. 1 4:30PM - 6:00PM Location: E451B

Participants
Donald L. Resnick, MD, San Diego, CA (Director) Nothing to Disclose
Donald L. Resnick, MD, San Diego, CA (Presenter) Nothing to Disclose
Mini N. Pathria, MD, San Diego, CA (Presenter) Nothing to Disclose
Christine B. Chung, MD, San Diego, CA (Presenter) Nothing to Disclose
Brady K. Huang, MD, San Diego, CA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Understand how variations in the macroscopic architecture of muscle relate to its physiological function, affect its risk of injury, and determine the pathoanatomy and imaging appearance following muscle strain. 2) Understand anatomy and histology of tendon, its normal and abnormal imaging appearances, and common patterns of tendon pathology based on anatomic location. 3) Review the anatomy of the tendon-enthesal unit with emphasis on the types of lesion that affect the region of the footprint, with emphasis on MR imaging.
Participants
Sub-Events

RC432A  Business Intelligence and Analytics in Radiology: Scorecards, Dashboards, Big Data, and Beyond

Participants
Paul J. Chang, MD, Chicago, IL (pchang@radiology.bsd.uchicago.edu) (Presenter) Co-founder, Stentor/Koninklijke Philips NV; Researcher, Koninklijke Philips NV; Medical Advisory Board, lifeIMAGE Inc.; Medical Advisory Board, Merge Healthcare Incorporated

LEARNING OBJECTIVES
1) The technical steps required to develop and implement dashboards and scorecards (including data/state aggregation, semantic normalization, modeling, data mining, and presentation) will be discussed. 2) Specific strategies and technologies that can be used to create dashboards and scorecards (including HL7, DICOM, ETL, web services, and SOA) will be illustrated. 3) Strategies to create a sustainable and agile architecture to support advanced business intelligence and analytics (BIA) tools will be explored. (This course is part of the Leadership Track)

ABSTRACT
Current and near future requirements and constraints will require radiology practices to continuously improve and demonstrate the value they add to the enterprise. Merely "managing the practice" will not be sufficient; groups will be required to compete in an environment where the goal will be measurable improvements in efficiency, productivity, quality, and safety. Although the phrase "one cannot improve a process unless one can measure it" is a familiar platitude, it is an increasingly important and relevant concept. The proper leveraging of formal Business Intelligence and Analytics (BIA) is a critical, absolutely essential strategy for any radiology group. Although currently underutilized, concepts such as Key Performance Indicators (KPIs), tactical dashboards, and strategic scorecards, should be familiar tools for radiology groups attempting to "navigate disruption."

RC432B  Quality: Going Beyond the Metrics

Participants
Jonathan W. Berlin, MD, Evanston, IL (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Define population health and articulate the essential role of quality in this new health care paradigm. 2) Consider the key role of patient experience in the concept of radiology quality. 3) Explore the concepts of quality and value in radiology. (This course is part of the Leadership Track)

ABSTRACT
Quality has become an essential component of radiology practices. But what is quality and how is it measured? The course will attempt to answer these questions from three perspectives. First, the perspective of quantitative radiology quality metrics and ways of measuring them will be explored, and methods of data analytics will be considered. Second, the concept of quality as it applies to a new health care delivery paradigm of population health will be analyzed. Population health is a framework in which health care entities and providers are tasked with keeping an entire defined population healthy, rather than the current healthcare delivery system that focuses largely on individual sick patients. The third speaker will address the essential role of patient satisfaction and positive patient experience in the concept of quality in radiology. These areas are increasingly prevalent in on line rating sites, a domain that is not typically assessed with current standardized quality metrics.

RC432C  Demonstrating Quality to CMS and the Other Payors

Participants
William T. Thorwarth JR, MD, Reston, VA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Define population health and articulate the essential role of quality in this new health care paradigm. 2) Consider the key role of patient experience in the concept of radiology quality. 3) Explore the concepts of quality and value in radiology. (This course is part of the Leadership Track)

ABSTRACT
Quality has become an essential component of radiology practices. But what is quality and how is it measured? The course will attempt to answer these questions from three perspectives. First, the perspective of quantitative radiology quality metrics and ways of measuring them will be explored, and methods of data analytics will be considered. Second, the concept of quality as it applies to a new health care delivery paradigm of population health will be analyzed. Population health is a framework in which health care entities and providers are tasked with keeping an entire defined population healthy, rather than the current healthcare delivery system that focuses largely on individual sick patients. The third speaker will address the essential role of patient satisfaction and positive patient experience in the concept of quality in radiology. These areas are increasingly prevalent in on line rating sites, a domain that is not typically assessed with current standardized quality metrics.
Histiocytosis from Head to Toe (In Conjunction with the American Institute for Radiologic Pathology)

Tuesday, Dec. 1 4:30PM - 6:00PM Location: N229

AMA PRA Category 1 Credits™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Mark D. Murphey, MD, Reston, VA, (mmurphey@acr.org) (Moderator) Nothing to Disclose
Mark D. Murphey, MD, Reston, VA, (mmurphey@acr.org) (Presenter) Nothing to Disclose
Jeffrey R. Galvin, MD, Baltimore, MD (Presenter) Nothing to Disclose
Kelly K. Koeller, MD, Rochester, MN (Presenter) Nothing to Disclose
Darcy J. Wolfman, MD, Bethesda, MD (Presenter) Nothing to Disclose
Ellen M. Chung, MD, Bethesda, MD (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Describe the typical clinical and pathological features of Langerhans cell histiocytosis. 2) Define the characteristic imaging patterns of Langerhans cell histiocytosis. 3) Understand the pathological basis for the imaging patterns of Langerhans cell histiocytosis.

Honored Educators

Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Mark D. Murphey, MD - 2015 Honored Educator
Lung Cancer Screening: Getting Paid to Do Good

Tuesday, Dec. 1 4:30PM - 6:00PM Location: N228

Lung Cancer Screening: Getting Paid to Do Good

Participants
Pamela Kassing, Reston, VA (Coordinator) Nothing to Disclose
Pamela Kassing, Reston, VA (Moderator) Nothing to Disclose
Geraldine B. McGinty, MD,MBA, New York, NY (Presenter) Nothing to Disclose
Ezequiel Silva III, MD, San Antonio, TX, (zekesilva3@gmail.com) (Presenter) Nothing to Disclose
Mark O. Bernardy, MD, Conyers, GA (Presenter) Nothing to Disclose
Robert K. Zeman, MD, Washington, DC (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Understand the current process of how reimbursement for new procedures and technology is obtained from CPT code development, valuation and coverage. 2) Using Lung Cancer Screening as an example, the participants will become familiar with the specific processes for obtaining coverage for new screening programs in the public and private sectors and how a myriad of governmental agencies and other policymaking groups are involved in determining which new procedures are covered. 3) Understand how obtaining coverage will bring this new technology to the mainstream. 4) Interactive techniques will be used to engage the audience in the consideration of strategic partnerships between industry, clinical research, governmental agencies and third party payors.

URL
Handout:Pamela Kassing
Handout:Ezequiel Silva
http://abstract.rsna.org/uploads/2015/14000570/Lung Cancer Screening_speaker notes.docx
Hepatocellular Carcinoma in the Cirrhotic Liver and LI-RADS (An Interactive Session)

Tuesday, Dec. 1 4:30PM - 6:00PM Location: S402AB

Participants

Sub-Events

RC429A  LI-RADS Overview, Current Status, and Future Directions

Participants
Cynthia S. Santillan, MD, San Diego, CA, (csantillan@mail.ucsd.edu) (Presenter) Consultant, Robarts Clinical Trials Research Group

LEARNING OBJECTIVES

1) To teach participants how to apply the Liver Imaging Reporting and Data System (LI-RADS) to their interpretation of imaging studies for the evaluation of hepatocellular carcinoma in at-risk patients. 2) To inform radiologists about the various online resources available via the ACR LI-RADS website, including an atlas, lexicon, reporting templates, and flashcards. 3) To update radiologists about future content in LI-RADS, including ultrasound and treatment response assessment guidelines.

ABSTRACT

RC429B  LI-RADS Imaging Features: What’s the Evidence?

Participants
An Tang, MD, Montreal, QC (Presenter) Speaker, Boehringer Ingelheim GmbH; Speaker, Siemens AG, ; Advisory Board, Imagia

LEARNING OBJECTIVES

1) To review the major and ancillary CT and MRI features used in LI-RADS categorization for assessment of hepatocellular carcinoma (HCC). 2) To highlight the scientific literature supporting the major imaging features and criteria. 3) To summarize the evidence supporting ancillary features.

ABSTRACT

The Liver Imaging Reporting and Data System (LI-RADS) relies on major and ancillary CT and MRI features to categorize observations for assessment of hepatocellular carcinoma (HCC). The major features include arterial phase enhancement, diameter, “washout” appearance, “capsule” appearance and threshold growth. In this course, we will discuss the scientific literature supporting the major imaging features. This will include estimates of diagnostic performance, and intra- and inter-reader agreement. LI-RADS also includes ancillary imaging features that modify the likelihood of HCC. We will provide a brief overview of the evidence supporting these ancillary features.

RC429C  LI-RADS and Hepatobiliary Agents

Participants
Kathryn J. Fowler, MD, Chesterfield, MO (Presenter) Research support, Bracco Group

LEARNING OBJECTIVES

1) To provide an overview of LI-RADS content that refers to hepatobiliary contrast agents. 2) To review the ancillary features that are described with hepatobiliary contrast agents. 3) To present case examples to illustrate the role of hepatobiliary contrast agents in the diagnosis of hepatocellular carcinoma.

ABSTRACT

Hepatobiliary contrast agents are routinely used in practice for diagnosing and staging HCC. Despite the potential diagnostic benefits, the role of hepatobiliary phase imaging has not been well defined in diagnostic algorithms. LI-RADS provides information on the use of these agents, their role in diagnosis, and potential pitfalls. The aim of this presentation is to provide an overview of hepatobiliary content included in the current version of LI-RADS.

RC429D  LI-RADS LR-5 versus LR-M

Participants
Thomas A. Hope, MD, San Francisco, CA, (thomas.hope@ucsf.edu) (Presenter) Advisory Committee, Guerbet SA; Research Grant, General Electric Company

LEARNING OBJECTIVES

1) Understand the LR-M categorization and its role in LI-RADS. 2) Review imaging features that suggest LR-M. 3) Apply LI-RADS categorizations in cases of LR-5 and LR-M.

ABSTRACT

In at patients at risk for hepatocellular carcinoma (HCC), the diagnosis of malignancies other than HCC can be difficult. LI-RADS provides a categorization (LR-M), which should be used to indicate lesions that may represent malignancies other than HCC. In this
course, we will review the LI-RADS categorization LR-M and its relationship to LR-5. We will discuss findings that suggest LR-M and provide case examples where the diagnosis of LR-M and LR-5 should be made. We will also discuss how a LR-M categorization may affect clinical decision making.
Creating, Storing, and Sharing Teaching Files Using RSNA's MIRC® (Hands-on)

Tuesday, Dec. 1 4:30PM - 6:00PM Location: S401AB

AMA PRA Category 1 Credits™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Krishna Juluru, MD, New York, NY (Moderator) Nothing to Disclose
Omer A. Awan, MD, Baltimore, MD (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Learn how easy it is to install the new and improved RSNA teaching file software with the one-click installer. 2) Learn how to create, organize, and share teaching files, create conference documents and save interesting cases for yourself, your group or your department.
Quantitative Imaging Mini-Course: Statistical Analysis/Metrology Issue

Tuesday, Dec. 1 4:30PM - 6:00PM Location: S403B

**Participants**

Michael F. McNitt-Gray, PhD, Los Angeles, CA (**Director**) Institutional research agreement, Siemens AG; Research support, Siemens AG; 

Sub-Events

**RC425A** The Role of Metrology in Quantitative Imaging

**Participants**

Hyung J. Kim, PhD, Los Angeles, CA, (gracekim@mednet.ucla.edu) (**Presenter**) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Understand the role of QI and its intended application. 2) Understand how to apply a study design for developing, evaluating, and validating a measurement of QI in a targeted population.

**ABSTRACT**

Many applications of using quantitative imaging biomarkers (QIB) have been reported in numerous scientific domains. Challenges are to obtain a universally consistent terminology or methods in reporting measurement variation of QIB under the various circumstances of scanners, readers, and software. Understanding variation of "measureland" (The quantity intended to be measured (VIM clause 2.3)) in radiological imaging is critical to set a clinically meaningful benchmark of a QI. To estimate a variation of measureland, the study design is a critical basis for developing, evaluating, and validating a QIB using a standard variation metric. Reporting an estimated measurement universally is an initialized step for combining the knowledge across studies and centers as part of evaluation and validation by an independent party. We will discuss the procedure starting from research question, study design, and the corresponding statistical methods toward development, evaluation, and validation of a measurement of QIB in a targeted population.

**RC425B** Methods for Technical Performance Assessment: What to Assess and How

**Participants**

Nicholas Petrick, PhD, Silver Spring, MD (**Presenter**) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Understand how to apply bias/linearity, repeatability and reproducibility analyses in characterizing the technical performance of a quantitative imaging metric. 2) Understand how technical performance can affect the utility of a quantitative imaging biomarker or Radiomic signature.

**ABSTRACT**

Developments in extracting biological information from medical images have given rise to a number of proposed quantitative imaging biomarkers (QIBs) and the field of Radiomics. Critical to these research areas is the establishment of accurate and reproducible quantitative imaging (QI) metrics and the establishment of appropriate and widely accepted assessment methods. In this section of the refresher course, we will update the audience on the latest recommendations for assessing the technical performance of individual QI metrics. We will also present an example case in which we assess the technical performance of a lung nodule volume estimation tool.

**RC425C** Statistical Methods and Principles for Algorithm Comparison Assessment

**Participants**

Gene Pennello, PhD, Silver Spring, MD (**Presenter**) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Understand objectives of algorithm comparison studies and study design principles. 2) Understand methods for testing hypotheses, estimating performance, and producing descriptive summaries for algorithm comparison. 3) Observe illustrations of how the methods are applied to real data.

**Handout:** Gene Pennello

Update on Radionuclide Therapies

Tuesday, Dec. 1 4:30PM - 6:00PM Location: S504CD

Participants

Sub-Events

RC411A  **New Guidelines for I-131 Therapy of Thyroid Cancer**

Participants

Don C. Yoo, MD, Providence, RI (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Describe why thyroid cancer is increasing. 2) Review guidelines for the use of I-131 in the treatment of thyroid cancer. 3) Review the controversies in thyroid cancer treatment.

**ABSTRACT**

The purpose of this educational activity is to review the reasons why the incidence of thyroid cancer has risen so rapidly over the last 40 years and discuss the role of radioiodine ablation in patients with thyroid cancer. Issues that will be discussed include controversies in the extent of thyroid surgery and the appropriate use of radioiodine ablation in patients with thyroid cancer which is controversial in low risk and intermediate risk patients. The incidence of thyroid cancer in the United States has almost tripled since the early 1970s with unchanged mortality principally due to overdiagnosis. The extent of surgery performed for thyroid cancer is controversial especially in small cancers but only patients with complete thyroidectomy are candidates for radioiodine ablation. Recently lower doses of I-131 have been shown to be effective for radioiodine ablation of remnant thyroid tissue after thyroidectomy. High risk patients will benefit from radioiodine ablation with decreased recurrence and improved mortality. Radioiodine ablation in low risk patients is very controversial and has not been shown to improve mortality.

RC411B  **Ra-223 Therapy for Bone Metastases**

Participants

Eric M. Rohren, MD, PhD, Houston, TX (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Review the chemistry and mechanism of action of Ra-223. 2) Understand the approved indications for Ra-223. 3) Illustrate the techniques and procedures for radium administration using a case-based approach.

**ABSTRACT**

Radium-223 is an alpha-emitting radiopharmaceutical approved for use in men with castration-resistant prostate carcinoma. The use of radium in a clinical setting will be discussed, including the rationale, patient eligibility, administration, and follow-up, as well as radiation safety precautions and handling. Illustrative cases will be presented.

Honored Educators

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Eric M. Rohren, MD, PhD - 2015 Honored Educator

RC411C  **Hepatic Artery Infusion Therapy with Y90 Microspheres**

Participants

Charles Y. Kim, MD, Durham, NC, (charles.kim@duke.edu) (Presenter) Research Grant, Galil Medical Ltd; Consultant, Kimberly-Clark Corporation; Consultant, Cryolife, Inc

**LEARNING OBJECTIVES**

1) Review range of malignancies treated with Y90 microsphere infusion. 2) Discuss the types of Y90 therapy and dosimetric considerations. 3) Describe the procedures and technical steps involved in Y90 therapy. 4) Recognize pertinent scintigraphic findings associated with Y90 therapy.

**ABSTRACT**

Intra-arterial Yttrium-90 (Y90) therapy is an important treatment modality for a variety of hepatic tumors. While numerous types of embolotherapies are employed by interventional radiologists for treatment of cancer, Y90 therapy is unique in its multimodality and multi-procedural nature. Not only does this treatment effect rely on deposited ionizing radiation therapy, but scintigraphic imaging is also an integral component of treatment. Two types of Y90 therapies are available, made by two different manufacturers. The
differences between the two types are subtle, but there are differences in administration and manufacturer-recommended dosimetric calculation. These various differences will be highlighted. Y90 therapy is comprised of several steps and is frequently subclassified into a "planning" phase and "treatment" phase. In the planning phase, detailed angiographic imaging is performed to delineate arterial anatomy, determine tumoral distributions, and redistribute vascular flow if indicated. Scintigraphic imaging is an integral component of this planning phase, in order to help identify angiographically occult arterial anomalies, confirm appropriate infusion site, and to quantify the hepatopulmonary shunt fraction. From this information, as well as other factors, the appropriate treatment doses can be determined. In the treatment phase(s), the Y90 dose is administered to the appropriate portions of the liver with subsequent scintigraphic imaging for confirmation.
Participants
Jonathan P. Knisely, MD, Lake Success, NY (Presenter) Travel support, Elekta AB; Travel support, BrainLAB AG; Speaker, BrainLAB AG; Travel support, Cyber Medical Corporation Limited
Jesty R. Abraham, DO, Philadelphia, PA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Define normal anatomy in the CNS. 2) Define and contour the GTV/CTV for Glioma. 3) Define and contour the GTV/CTV for CNS tumors.

ABSTRACT
The safe and successful treatment of brain tumors is depending upon accurately and reliably being able to identify normal CNS anatomy, and regions of gross tumor and regions at risk. This course will teach participants to identify normal anatomy and define the GTV and CTV for brain tumors.