



# SBI NEWS

The Member Newsletter of the Society of Breast Imaging

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- SBI Mentorship Platform: Coming soon!
- The ReMissions: Musical Advocacy for Cancer Awareness
- RadArt and Art as Medicine in Breast Imaging Community Building
- IDEA Insights and Intersociety Summer Conference 2023 Update



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### MEMBERS IN TRAINING:

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Amy Patel

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# President's Column



Dr. Mimi Newell,

MD, FACR, FSBI

President, Society of Breast Imaging

## OUR SBI MISSION:

To save lives and minimize the impact of breast cancer

## OUR SBI VALUES:

Patient-centered and evidence-based care

Excellence in education

Scientific integrity

Collaboration and collegiality

Respect for diversity and inclusiveness

Autumn always evokes feelings of rejuvenation and reenergizing in me. Maybe it's the cooling weather or perhaps long-held memories of starting a new school year afresh. These old stirrings have been magnified this fall as I have witnessed the inspirational activity taking place within the SBI. What a hive! Committees and task forces are hard at work tackling big and small initiatives, all aimed at improving our society's outreach and beneficial impact. The SBI webinar series has already featured fresh and talented speakers as well as compelling topics, to be continued into the fall. Planning for the 2024 SBI symposium continues, with innovative features in the works (make sure your passport is up to date; here we come, Montreal!). Foundational to all of these activities is the very intentional effort to increase inclusivity in the SBI. We want to make the table so big that everyone has a comfortable seat at it.

Micro-volunteerism is one way to extend the table. Our SBI committees are looking at small projects that people who may not have time to pledge to full committee obligations can participate in. One small but sometimes overlooked and very impactful way to make a difference is to take those surveys that hit your inbox. Carefully constructed by our colleagues, the results of these may end up informing patient care issues, help redefine how we work, or give insight into the stressors we all face. Your voice is vital.

I hope that your autumn is full of delight mixed with a perfect dose of industriousness, culminating in joyful end-of-year feasts and celebrations with family and friends.

A handwritten signature in blue ink that reads "Mary S. Newell". The signature is fluid and cursive, with a large loop at the end.

Mary S. (Mimi) Newell, MD, FACR, FSBI  
President, Society of Breast Imaging

# Editor's Note

By Nidhi Sharma, MD

**As the leaves begin to transform into a stunning symphony of colors** and the crisp autumn breeze sweeps through, we are delighted to welcome you to the fall edition of our SBI newsletter. It is with great pleasure that I extend warmest greetings to our dedicated readers, authors, and contributors who have made this publication a great collaborative ground for various committees and innovators in our field globally. We remain steadfast in our mission to disseminate current news and latest advancements in the field, foster collaboration, and promote greater member participation.



Nidhi Sharma, MD

We owe our continued success to the tireless efforts of our esteemed authors and editorial team, whose commitment to excellence ensures the high quality and integrity of the content we publish.

This season, we have curated a selection of articles that delve deep into the latest advancements, serving as a valuable resource for our membership. Keeping in theme with our president's note on micro-volunteering, we are excited to introduce a new theme for articles in each upcoming edition. October being Breast Cancer Awareness Month, in this *SBI News* edition we focus on "Art in Radiology" as an innovative way to increase breast cancer awareness. We present three exciting invited articles that focus on ideas to incorporate art in our radiology practices. Dr. Cooke, director of arts and diagnostic radiology at Vanderbilt University, shares the importance of using arts for community building and to support radiology education. Dr. D'Alessandro, from Massachusetts General Hospital, discusses using art as medicine to create and curate healing breast imaging spaces. Finally, Dr. Ataya, from Moffitt Cancer Center and lead singer for their band The ReMissions, highlights the role of music in raising breast cancer awareness.

Moving forward, we also embark on a new collaboration with the Inclusion Diversity Equity Alliance Committee and are elated to bring forth relevant diversity content to help shape our practices to be more equitable and inclusive. Dr. Monticciolo shares the great strides made by the Fellowship Review Committee and

provides pointers for those interested in applying for it. The SBI Mentorship Platform is all set to be launched and plans to host roundtable meetings at the next annual symposium in Montreal. The Wellness Column by Dr. Cotes focuses on healing from within. We also get an insight into the functioning of the European Society of Breast Imaging Young Club and RAD-AID's strong work in Guyana. In addition, we learn about invigorating and impactful experiences of a technologist training program in the Middle East and the Intersociety Summer Conference.

We invite you to explore the diverse array of articles in this fall issue of *SBI News* and engage with us through our digital platforms, where we encourage open discourse and knowledge sharing. Your feedback, suggestions, and contributions are vital to our newsletter's ongoing success. Sharing one's narrative can offer unique insights into the challenges and triumphs you face in your daily radiology practice, and we encourage you to contribute your own stories or share topics of interest for future editions. If you have any questions, ideas, or breast imaging-related personal passion projects, I invite you to write to me: [nidhisharma31@gmail.com](mailto:nidhisharma31@gmail.com). Thank you for your unwavering support, and we wish you a fruitful and inspiring autumn season filled with new ideas, collaborations, and discoveries in the world of breast radiology!

Warm regards,

Nidhi



# SBI Fellowship: How to Apply for This Distinct Honor

By Debra Monticciolo, MD, FACR, FSBI

**Fellowship in the SBI is a distinct honor** conferred on those who have shown sustained leadership in our field. To be recognized as fellows in the society, candidates must demonstrate success in several areas. Candidates should have a minimum of five continuous years of membership in the SBI, extending up to the time of application without interruptions. In addition, two letters of support must be obtained from active SBI fellows. One of these individuals, the primary supporting fellow, will be required to verify the applicant's qualifications.



Debra Monticciolo,  
MD, FACR, FSBI

Areas of expertise can vary among candidates but should include excellence in at least three of four categories. The first category is scientific accomplishments, as evidenced by breast imaging-related publications in recognized journals, abstracts presented at scientific meetings, and grant-funded research in breast imaging. The second category is contributions to medical education in breast imaging. These contributions can include but are not limited to teaching students, residents, fellows, and technologists; setting standards or establishing curricula or certifications of qualifications to practice; and developing teaching materials at all levels. The third category is administrative contributions to the field. Examples include societal work, elected or appointed positions to local/state/national boards or panels involved with advancing breast imaging and breast care, or legislative advocacy. The fourth category is service to patients or to the SBI through committee participation, national meeting attendance and contributions, and sustained involvement in global issues.

The application process begins with completion of the SBI Nomination Form, which can be found on the SBI website. The applicant must obtain or exceed 100 points, as outlined on the form. A minimum of 40 points in the category of publications is necessary. Publications must be specifically focused on breast imaging. Three first-author scientific publications in a peer-reviewed journal are needed. Points are assigned according to author status (first author, second or last author, or third or subsequent author). Applicants must submit PDF copies of a minimum of 10 publications that highlight their best work. All first-author publications should be submitted. A waiver of a portion of the publication points can be requested but is not guaranteed; this is primarily for senior candidates who are very strong in all other categories.

Points are also awarded for teaching and other clinical and service contributions. A total of 100 or more points is needed to be considered for fellowship.

All application materials, including the nomination form, the article PDFs, the applicant's curriculum vitae, and the applicant's personal statement (required for submission), should be sent first to the primary supporting fellow for review. The primary supporting fellow, one of the two required to write on behalf of the candidate, is responsible for reviewing the applicant's materials and confirming that the point total is accurate and correct. This supporting fellow should be able to advise the candidate on their application and help optimize the nomination. All current fellows should be able to support a nominee. Applicants should keep in mind that two letters of support from active SBI fellows are needed and only one can be from a fellow at the same institution or practice as the applicant. Merged or combined institutions are considered the same institution.

After approval from the primary supporting fellow is received, the applicant's materials should be submitted to the SBI Fellowship Committee for review. It is the responsibility of the applicant to ensure that the application is complete by the deadline. Incomplete applications cannot be considered. Deadlines are listed either on the website or by notification from the SBI. Successful candidates are inducted at one of two ceremonies: fall/winter inductions take place at the Radiological Society of North America meeting and spring/summer inductions occur at the SBI national meeting in April or May. In-person induction is preferred.

SBI fellowship is a high honor meant to recognize sustained contributions to the field of breast imaging. Our fellowship is a vibrant representation of the best of our subspecialty. We encourage suitable candidates to apply for SBI fellowship at their earliest opportunity.

# Inclusion Diversity Equity Alliance Insights

By Tanya Moseley, MD, DBA; Rifat Wahab, DO

**It is an honor for us to take on our new role** as cochairs of the Inclusion Diversity Equity Alliance, and we wish to take this opportunity to thank the outgoing cochairs for their dedication and hard work in advancing the goals of our committee. Building upon their efforts, we are committed to continuing the momentum and addressing diversity, equity, and inclusion, emphasizing the crucial element of belonging.



Tanya Moseley, MD, DBA



Rifat Wahab, DO

We believe true inclusivity is achieved when everyone feels a deep sense of belonging and acceptance within the SBI community. We want to create an environment where everyone at SBI feels appreciated, welcomed, respected, and empowered to contribute their best.

Allow us to suggest some ways that breast imaging and art contribute to a sense of belonging.

## Improved Outcomes

A sense of belonging among breast imaging radiologists promotes cooperation, effective teamwork, collaboration, and communication. When imaging professionals feel valued, respected, and included, they have a greater propensity to collaborate on patient care by sharing information, exchanging ideas, and collaboratively finding solutions to problems, ultimately improving patient outcomes. Similarly, in the art world, a sense of belonging encourages artists to express themselves authentically, which leads to the creation of unique, innovative, and meaningful artwork that resonates with audiences.

## Patient/Viewer Satisfaction

In breast imaging, patients are more likely to have positive experiences and feel at ease when they receive care from professionals who understand or make an effort to comprehend their specific needs and backgrounds. Similarly, when artists and curators construct inclusive spaces and diverse representations in the art world, viewers from diverse backgrounds can identify with the art on a deeper level, resulting in greater satisfaction and engagement.

## Representation and Empowerment

Diversity, equity, inclusion, and belonging all promote representation and empowerment in art and breast imaging. In breast imaging, diverse health care providers can serve as role models for patients and trainees from various backgrounds, inspiring confidence and trust. In art, diverse representation allows underrepresented artists to tell their stories, challenge societal norms, and reclaim their narratives. Diverse representation empowers individuals and communities, fostering a sense of pride and belonging.

## Innovation and Creativity

Diversity of perspectives and experiences fuels innovation and creativity. In breast imaging, diverse teams bring a variety of viewpoints, leading to the development of novel approaches, technologies, and solutions. In the art world, diverse artists challenge conventions, introduce fresh ideas, and push the boundaries of artistic expression. Embracing diversity and fostering inclusion lead to a vibrant and dynamic environment that encourages innovation and creativity.

## Social Impact

Breast imaging and art have the potential for significant social impact. In radiology, promoting diversity and inclusion can help address health care disparities, reduce biases in diagnoses, and improve access to care for marginalized communities. In the art world, inclusive and diverse art can challenge stereotypes, promote social justice, and contribute to cultural understanding and empathy.

## Conclusion

Diversity, equity, inclusion, and belonging are key components of success in both breast imaging and art. Creating an environment where all individuals feel a sense of belonging enhances patient care, promotes creativity, challenges norms, and fosters social impact. Embracing diversity, equity, and inclusion principles is essential for achieving positive outcomes, advancing breast imaging and art, and ensuring that everyone has equal opportunities to thrive and contribute their unique perspectives.

We can achieve remarkable outcomes by fostering a culture of open communication and collaboration. Our collective efforts can drive positive change within our organization and the wider community. Together, we can create an environment that celebrates diversity, ensures equity, promotes inclusion, and fosters a true sense of belonging. We are excited about the journey ahead and the positive impact we will make together.

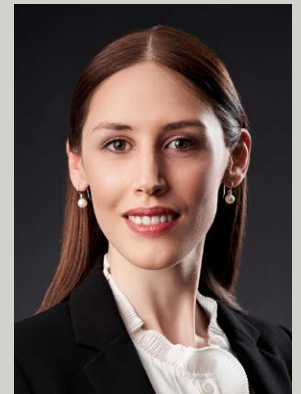


# SBI Meets EUSOBI: Advancing Breast Imaging Globally Together

By *Serena Carriero, MD; Stephanie Morscheid, MD; Iva Biondic Spoljar, MD; Paola Clauser, MD; Marianna Fanizza, MD; Elisabetta Giannotti, MD; Machteld Keupers, MD; Maria Adele Marino, MD; Simone Schiaffino, MD; Thiemo van Nijnatten, MD, PhD; Mirjam Wielema, MD*



Serena Carriero, MD



Stephanie Morscheid, MD

The European Society of Breast Imaging (EUSOBI) is the European sister society of the SBI. EUSOBI is a nonpolitical and nonprofit society with the primary goal of supporting the field of breast imaging. It was founded in 1997 on the basis of individual friendly relations between a few European breast imaging specialists who were united by the power of collaboration, shared knowledge, innovation, and unwavering dedication to advancing the field of breast imaging. Since its establishment, EUSOBI has swiftly grown, emerging as an esteemed and indispensable community and resource for radiologists with an interest in breast imaging.

EUSOBI is driven by a compelling mission and core objective to advance breast imaging in Europe and beyond. The society strives to achieve this mission by fostering collaboration with other societies such as the SBI, promoting education and research, and setting quality standards with a primary focus on improving early breast cancer detection and treatment guidance through research and technological innovation. Furthermore, EUSOBI supports collaboration among medical professionals, researchers, and companies. EUSOBI plays a pivotal role in establishing and disseminating guidelines and standards for breast imaging, contributing to improved patient outcomes and public health on a global level. EUSOBI's impact is amplified by its diverse and multidisciplinary membership. This convergence of expertise ensures a holistic approach to breast health.

The EUSOBI Young Club, a subgroup within EUSOBI, is a working group of medical or PhD students, residents, radiologists, nuclear medicine physicians, and radiation therapists younger than 40 years who are interested in breast imaging. This dedicated platform caters to the emerging generation of professionals poised to shape the future of breast imaging. With a focus on promoting connections, learning, and mentorship, the EUSOBI Young Club is a testament to the society's commitment to nurturing talent and innovation. The EUSOBI Young Club organizes webinars, workshops, and symposia tailored to the needs of the next generation of breast imaging radiologists.

EUSOBI places a strong emphasis on education and research endeavors. Since its foundation, EUSOBI has successfully organized numerous conferences, courses, and webinars with the overarching goal of delivering continuing education in breast imaging and updates on the latest research. EUSOBI's commitment to spreading knowledge is boundless.

All EUSOBI's events are held in English and the venues rotate across Europe, attracting international participants and fostering a vibrant exchange of ideas and experiences. These events are among the EUSOBI's major efforts to extend bonds with other societies worldwide.

Among the multitude of events, the EUSOBI Annual Scientific Meeting is especially noteworthy because it has evolved into one of the most well-known events for breast radiologists in Europe and beyond and is attended by about 1000 participants each year. This year's EUSOBI Annual Scientific Meeting is being held in Valencia, Spain. The scientific program covers all current topics related to breast imaging, has many internationally renowned speakers, and allows for interactive discussions. It thereby fosters a dynamic exchange of ideas. For several years the EUSOBI Annual Scientific Meeting has been enriched by popular pre-congress workshops, including the EUSOBI breast magnetic resonance imaging (MRI) training course and the EUSOBI Young Club Workshop. During the MRI training course, European experts in breast MRI and contrast-enhanced mammography (CEM) impart theoretical insights that are subsequently put into practice through the discussion of clinical cases in small groups with the experts. The Young Club Workshop addresses young radiologists, providing, for instance, valuable guidance on shaping their careers. In addition to the scientific program, the EUSOBI Annual Scientific Meeting places a significant emphasis on the social aspect of EUSOBI, always highlighted by a prestigious evening event that allows for networking in a less formal atmosphere.

*Continued on page 11>*

# The ReMissions: Musical Advocacy for Cancer Awareness

By Dana Ataya, MD

*Music can change the world because it can change people.*

**Bono**<sup>1</sup>



Dana Ataya, MD

Almost three years ago I took a leap of courage and emailed the new CEO of my hospital system with a simple message: “When is band practice?” The email marked the beginning of Moffitt Cancer Center’s band The ReMissions and my first step into musical advocacy—combining my lifelong passion for music with my calling to save more lives from breast cancer. When I tell this story, many imagine me shooting off a quick, confident email in my trademark cheeky style. The reality: I stared at the email for 15 minutes before screwing my eyes shut and hitting the send button, silently praying I wouldn’t botch the opportunity. Thankfully, I didn’t. The rest is history.

For as long as I can remember, I’ve spent my life intuitively tapping into the healing power of music. Music and songwriting have been tools I’ve used to process and explore my emotions and experiences, personally and as a physician and caregiver. In my practice as a breast radiologist, music has been an important medium in emotionally connecting with and supporting my patients. The incorporation of music into my breast radiology practice has evolved and grown over the years.

It began with simply discussing music with my patients and bonding with them to foster connection while performing a biopsy. With support from my breast imaging technologists, music evolved into an anxiety-reducing sensory experience, with technologist deejays playing patient-selected music. The simple act of empowering a woman to choose her own music during a stressful experience creates connection. Although this has not been a personal area of research, I’ve noticed empirically that patients leave with more satisfaction because they have had more touch points and enhanced connections among the patient, physician, and technologist.

Published studies have demonstrated the positive impact of music on our bodies and minds. Music can lower blood pressure, reduce anxiety, boost dopamine level, lower cortisol level, and improve sleep quality, mental alertness, and memory.<sup>2,3</sup> Perioperative music therapy has been shown to significantly reduce postoperative pain and anxiety and avoid fluctuations in blood pressure and heart rate.<sup>4</sup> In breast cancer patients undergoing chemotherapy, music improves quality of life and reduces depression and vomiting.<sup>5</sup> The

effect of music on our bodies is remarkable, but I believe music can do even more.

Like all art forms, music is a language of connection and can be a vehicle of change. The most powerful music tells an authentic story, communicates feelings fearlessly, and reminds us that we are not alone. This vulnerability is critical for meaningful change.<sup>6</sup> We are wired for human connection, and when we have the courage to share our stories vulnerably and authentically, our call to action can be felt, not just heard. Music offers a medium for this vulnerability and connection, communicating a call to action in a powerful way.

As the lead vocalist for The ReMissions, I have the privilege of performing music with a multidisciplinary team of talented professionals from across Moffitt Cancer Center—executive leaders, physicians, scientists, nurses, research support personnel, and security personnel. We live at the intersection of mission, passion, vocation, and profession (*ikigai*)<sup>7</sup> and use music to communicate a call to action to save more lives from cancer. The four primary elements of *ikigai* fuel our music and our mission to move the needle in cancer care. There is no better feeling, and I am intensely grateful to be living at this intersection.

Over the past year, the number of musical advocacy engagements with The ReMissions has soared. We have performed at a variety of events ranging from large community outreach functions to more intimate philanthropic events. United by our passion for music and our mission to improve cancer outcomes for our patients, we have used music to raise awareness about the importance of cancer screening and cancer research. With increasing exposure, we have had local media outlets, generous philanthropists, and patients visit Moffitt to learn more about The ReMissions, cancer research, and our mission. When I had the recent opportunity to sing the national anthem at a Major League Baseball game, my message about the importance of cancer screening reached over 18,000 people in the stadium. The biggest reward? Women connecting with me after the anthem, inspired by the music and the message, committed to getting a screening mammogram.





On October 7, The ReMissions opened for the Grammy Award-winning band Chicago at a sold-out benefit concert. Am I still pinching myself? Yes. Am I undeniably grateful? Absolutely. I am thrilled that the proceeds from this concert will go directly to fund breast cancer research. For the first time, our musical set will incorporate original music I've written that has been inspired by the brave stories of my breast cancer patients. On that stage and beyond, The ReMissions will be using music to spotlight patient stories and highlight the importance of screening in saving lives from breast cancer.

As a breast radiologist and musician, I believe in creating music and connections that heal and inspire. Music backed by mission can change people. And if music can change people, it can revolutionize the way we advocate for our patients in our fight against cancer.

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Dana Ataya, MD, lead vocalist; breast radiologist, associate professor.



Patrick Hwu, MD, piano, keys; CEO and tumor immunologist.



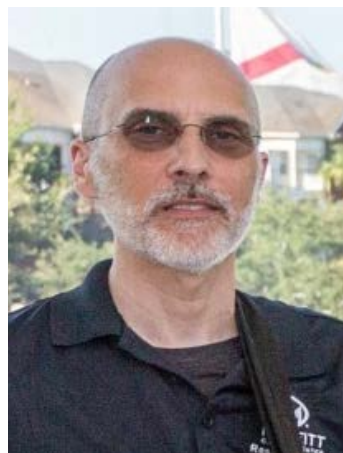
Jeffrey Leighton, RN, bass guitar; code nurse.



James Mule, PhD, electric guitar; associate center director of translational science.



Mark Robertson-Tessi, PhD, mandolin, electric guitar, backup vocals; applied research scientist, integrated mathematical oncology.



Mike Tworoger, acoustic guitar; manager of Research Support Services.



Shelley Tworoger, PhD, backup vocals; associate center director of population science.



Ron Zalva, drums; security officer.

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The ReMissions: Musical Advocacy for Cancer Awareness (continued from page 9)



EUSOBI also offers several other courses, like a two-day CEM course held this year in Tromsø, Norway. This course offers a comprehensive understanding of CEM, combining theoretical lectures, expert-led discussions, and interactive workshops.

EUSOBI is dedicated to education. To reach the widest possible audience, EUSOBI has embraced digital platforms as a cornerstone of its knowledge-sharing strategy. The society has a daily presence on Instagram (@eusobiofficial), Twitter/X (@EUSOBIyc), YouTube (@EUSOBIOfficialYouTubeChannel), and the EUSOBI website (<https://www.eusobi.org>). By regularly sharing informative and educational content, case studies, expert interviews, articles, and much more, EUSOBI keeps its followers updated and connects professionals and nonprofessionals within the realm of breast health and breast care.

EUSOBI hosts regular webinars that are available live or on demand, are free of charge for EUSOBI members, and cover all levels of expertise. These webinars aim to enhance clinical skills and foster direct interactions with experts worldwide.

The European Diploma in Breast Imaging is a prestigious European qualification for breast imaging radiologists offered by EUSOBI and endorsed by the European Society of Radiology. The European Diploma in Breast Imaging program provides a comprehensive and standardized assessment of a candidate's knowledge and skills in breast imaging, ensuring high-quality patient care and accurate diagnoses. The program covers all relevant aspects of breast imaging, including the performance, interpretation, and reporting of mammography, ultrasonography, MRI, and breast interventions.

EUSOBI also strongly emphasizes supporting young researchers in the field of breast imaging. This commitment is exemplified by the establishment of the EUSOBI Young Researcher Grant.

Through its dynamic initiatives, educational programs, and public outreach campaigns, EUSOBI has successfully disseminated vital information regarding early detection, risk assessment, and the importance of regular breast screening. EUSOBI has been instrumental in raising global awareness about the significance of breast health and effective imaging practices. By collaborating with numerous medical societies, health care professionals, and advocacy groups worldwide, EUSOBI has catalyzed a broader understanding of breast health and imaging, contributing to

improved health outcomes and fostering a culture of proactive wellness on an international scale.

Information regarding EUSOBI membership can be found on the website (<https://www.eusobi.org/membership/>). Among its many benefits, EUSOBI membership gives access to reduced registration fees for all educational activities, regular newsletters, free participation in live educational webinars and journal clubs, and access to recordings.

### Recent EUSOBI Publications

- Sardanelli F, Fallenberg EM, Clauser P, et al; European Society of Breast Imaging (EUSOBI), with language review by Europa Donna–The European Breast Cancer Coalition. [Mammography: an update of the EUSOBI recommendations on information for women](#). *Insights Imaging*. 2017;8(1):11-18. doi:10.1007/s13244-016-0531-4
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# RadArt: Supporting Education in Radiology and Community Building Through the Arts

By Erin A. Cooke, MD

**As educators in radiology know very well,** there is more information than ever to teach our trainees, and our radiology communities have substantial challenges such as rising volumes and physical separation of individuals with more remote work and virtual learning. In this complex setting, how can the arts possibly help us in radiology education?



Erin A. Cooke, MD

Radiology is a visual specialty that is not only rooted in physics and anatomy but also historically intertwined with the visual arts. When x-rays were discovered at the end of the 19th century, there was great interest in both the science and the arts communities about how to apply this novel technology in visual representation and exploration.<sup>1</sup> Today, many of us in radiology know colleagues who have hobbies such as photography, painting, or music and are quietly pursuing art outside of work. Often these artistic endeavors are totally separate from their practice in radiology. However, incorporation of the arts, especially the visual arts, can provide substantial benefit to those learning radiology and to our greater communities in the field.

Early studies have shown that introducing art activities can provide a measurable boost in the diagnostic skills of radiology residents. For example, radiology residents who have been guided in techniques employed in art appreciation have demonstrated improved skills in perception when interpreting radiographs after an arts training session.<sup>2</sup> Guided tours led by educators at local art museums or galleries can be an effective and fun way to grow skills of observation and analysis.<sup>3</sup> Arts-based activities such as visual thinking strategies can foster communication, empathy, and a humanistic approach to medicine.<sup>4</sup> Interactive sessions involving drawing and describing sketches embed thoughtful analysis of how we perceive and interpret images into the radiology curriculum to highlight different points of view and sources of error in observation.

In addition to supporting growth in core diagnostic skills, arts-related activities can support efforts in diversity and inclusion and build a sense of community, which is much needed in these times of remote work and growth of academic medical centers across large territories. Hosting arts events provides opportunities for people to come together during or after work hours for shared experiences and mentorship. At Vanderbilt University Medical Center, we have held events such as a local art walk in downtown Nashville and an outing at the Vanderbilt University Fine Arts Gallery to take advantage of our local resources. To foster inclusion and community building, these activities are open to our trainees, faculty, and staff.

By their very nature, arts-focused events support a sense of wellness and connection with others. In addition to organized events, art can be incorporated in radiology departments through the enrichment of physical spaces with displays of artworks, especially those created by individuals in our departments or in our local communities. In our department at Vanderbilt, we have showcased artwork produced by our residents, fellows, faculty, staff, and family members in our own art gallery in a conference room. Led by a small arts committee, we have organized annual exhibitions in this space and more recently held a gallery opening as a social event open to all members of the department. The department offers art mini-grants to support artistic connection. The gallery has served as a focal point for getting to know other members in the various sections, who are otherwise spread out, and to highlight the hidden artistic talents of our department members.

Beyond local initiatives, art and humanities efforts at the national level have also been growing in our radiological societies and associations. For example, since 2021 the ACR has hosted exhibits of artworks submitted by radiology residents, faculty, and medical students at their annual national meeting.<sup>5</sup> At the most recent Association of University Radiologists meeting in 2023, a wide range of art activities including art displays, interactive art activities, music, and a talent show was offered to attendees to highlight the creative side of radiology. These types of events promote wellness among current radiology residents and faculty and also connect medical students to radiologists across the country, allowing an entry point to explore our specialty via shared interests in the visual nature of art and radiology. Visual depiction of radiologists' work through paintings has also been shown to help medical students understand our profession.<sup>6</sup>

While the core of our daily work in radiology is patient care based on science, including arts and humanities in our practice environment is an effective and enjoyable way to support a wide range of important initiatives in radiology. The arts enhance diagnostic skills in radiology education and also promote community, well-being, diversity, and new ways of looking at the world and our work.



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Vanderbilt Radiology Art Gallery. All photographs are courtesy of Erin A. Cooke, MD.



Vanderbilt Radiology Art Gallery.



A 2023 submission to Vanderbilt Radiology Art Gallery by Katherine Frederick-Dyer, MD, radiologist, medical director of computed tomography and Vanderbilt-Ingram Cancer Center Radiology.



An interactive Describe and Draw arts session in a radiology resident noon conference.



Vanderbilt Radiology trip to Vanderbilt University Fine Arts Gallery, 2023.



Art display sponsored by the ACR Patient- and Family-Centered Care Art Subcommittee at the 2023 ACR annual meeting in Washington, DC.



Drawing activities at the 2023 Association of University Radiologists meeting in Austin, Texas.



Drawing activities at the 2023 Association of University Radiologists meeting.

# Art as Medicine: Creating and Curating Healing Breast Imaging Spaces

By Helen Anne D'Alessandro, MD



Helen Anne D'Alessandro, MD

Art has the power to transport and transform patients and their care experience, particularly in breast imaging. Transformative art should not have the provenance of gallery walls alone and can often be even more genuinely appreciated by patients in the health care setting. As a breast imaging radiologist and director of the Massachusetts General Hospital (MGH) Avon Foundation Comprehensive Breast Evaluation Center art collection for over 20 years, I have learned that treating breast imaging patients is an art as well as a science.

Hospital arts projects, particularly those involving breast imaging and breast care centers, have been shown to decrease stress levels, improve patient well-being, and enhance staff morale. Our breast care center team believes in the importance of creating a healing and caring environment through art and design to enhance the entire patient breast care experience.

Our goal is to use the power of art to provide an uplifting breast care environment and help decrease anxiety when patients present for screening, diagnostic examinations, and interventional procedures. When a patient at our breast center leans in to examine a piece in our collection, we feel we have succeeded in transporting that patient to a more soothing space via the art of distraction.

Our collection was established in 2002 with the assistance and generosity of a grateful breast imaging patient who is an arts patron and philanthropist. Over the past 20 years, we developed a permanent and expanding art collection through a unique affiliation with the School of the Museum of Fine Arts (SMFA), Boston. With annual donations from our founding patron, we have purchased student and alumni art each year from the school's art sale, which supports the SMFA student scholarship fund. Each artist is notified when their artwork is chosen for our permanent collection. A gallery artist information label is placed next to their piece, allowing interested patients and staff members to contact the artist.

Our collection was also personally inspired by my godmother, a brilliant artist and art professor. Her knowledge of the visual arts

and journey as a breast cancer patient over 30 years ago helped inform my decision to choose breast imaging as a subspecialty and influenced the way I treat patients today, always considering one's physical surroundings as an integral part of patient care.

We consider our breast center a dynamic gallery space with a rotating and permanent collection that constantly evolves with new technology, equipment, patient needs, and the pandemic. Our collection is composed of mainly original artwork including oils, watercolors, pastels, photography, silkscreens, pottery, and sculpture. Together these pieces integrate and incorporate a healing palette of colors and textures into our breast imaging clinic. We have chosen distinctive "wall power" pieces to create a strong visual impact. These pieces are appropriately placed where patients can specifically visualize and interact with them while mammography, ultrasonography, or a breast procedure is performed. We also address special patient needs by respecting patient privacy with frosted glass walls in our main waiting area, providing wheelchair accessibility, and placing art pieces in our consultation and changing rooms.

In 2019, we inaugurated our first Pink Power Pop-Up art exhibition honoring Breast Cancer Awareness Month in October. Our goals were to raise awareness of the importance of early breast cancer detection and feature inspiring art by local, national, and international female artists. Our first exhibition featured Boston artist Liz Roache, who exhibited her brightly colored abstract prints and colorful floral collages. The artist chose to "celebrate pink in a joyful way" and have her pieces "lighten the air like hopeful windows of optimism." We hosted a gallery opening event, and together with our patients and multidisciplinary oncology, surgical, and breast imaging staff members we celebrated our clinical/research mission and our dedication to providing outstanding patient care in a warm, welcoming environment. The artist, who is also a breast cancer survivor, generously donated a percentage of the proceeds of sales during the pop-up exhibition back to our breast imaging research fund.



Our special events team at MGH publicizes these exhibitions via our hospital newsletter, local network news programs, and social media channels. Partnering with different artists for these unique pop-up exhibitions helps create a more inclusive treatment environment representing our diverse patient population. These exhibitions also elevate great artwork off artist's studio floors and up onto hospital walls, enabling artists to engage a broader audience in a unique health care setting.

We incorporated our artistic mission into our teaching curriculum by creating a lecture for our MGH Breast Imaging Lecture Series for medical students, residents, fellows, and staff members. The lecture, titled "Art as Medicine: Creating and Curating Healing Spaces," is now part of our permanent breast imaging curriculum. As our graduating breast imaging fellows join their new academic or private practices, the lecture reminds them that first impressions of their future centers are incredibly important for their patients, and consideration should always be given to creating a warm, supportive caregiving environment.

We are always learning and are often consulted by breast imaging colleagues who are interested in creating art collections at their own institutions. By visiting dedicated breast center art

collections and art/photography fairs in the United States and abroad, we have garnered creative ideas to enhance our collection at MGH. Finding a collaborative and empathetic patron who can serve as an intermediary and champion is helpful, as is having a supportive division and department chief. Creating a website, print, and social media presence for informative purposes assists in spreading your mission and vision.

Artistic partnerships are also vitally important. Partnering with local art schools/societies, university/college art departments, and dedicated private collectors with interests in a specific artistic genre is worth exploring. Many major cities have dedicated design centers that can help foster relationships with design communities and businesses.

The visual images that breast imaging radiologists interpret daily are black, white, and shades of gray. Colorful creativity displayed on our clinic walls is always a welcome diversion. We look forward to elevating the patient care experience in the future for an even broader breast imaging patient population with our goal of uplifting all in the process.





# Mammography in the Middle East: Technologist Educational Event Builds Global Connection Through a Shared Passion

By Robyn Hadley, RT(R)(M); Sarah Jacobs, BS, RT(R)(M)(CT)

In early June of this year, we had the privilege to travel to beautiful Amman, Jordan, by invitation of the Jordan Breast Cancer Program (JBCP). Established in 2007, the JBCP is a nationwide program led and supported by the King Hussein Cancer Foundation and Center and the Ministry of Health. The JBCP established the development and provision of comprehensive services for the early detection and screening of breast cancer for all women in Jordan. Their mission is simple: "Save lives and reduce suffering and mortality due to breast cancer through orchestrating early detection efforts in Jordan in order to increase accessibility and availability of quality screening services for all Jordanian women."<sup>1</sup>

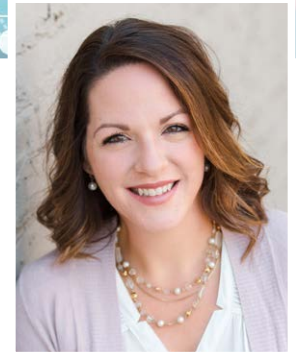
In 2022, the JBCP reported a number of remarkable milestones<sup>2</sup>:

- Provided mammography services for 28,248 women
- Provided free screening services to 7900 women
- Reached and educated 185,000 women
- Conducted 4600 awareness-raising activities
- Trained 1146 health care providers

Despite the efforts of the JBCP and King Hussein Cancer Foundation and Center, breast cancer still remains the leading cancer in Arab League countries. The Union for International Cancer Control reported that only 18.6% of Jordanian women between the ages of 40 and 69 years underwent mammography in the past 2 years.<sup>3</sup> Additionally, 93.6% of Syrian refugee and Jordanian women over the age of 40 years reported never having undergone mammography.<sup>4</sup> Most Arab women in the Middle East have heard about breast cancer but have a low level of knowledge about breast cancer screening, which is variable among countries in the Middle East. There are multiple barriers to screening, so programs that elevate knowledge and provide accessible screening in the Arab region are needed.<sup>5</sup> Shirzadi et al identified barriers such as insufficient information about mammography, psychological barriers, prioritization of needs other than mammography, inadequate competency of mammography centers/technicians, and a sense of losing family support as factors influencing a woman's decision to undergo mammography screening.<sup>6</sup> Health behaviors of Muslim women are influenced by cultural barriers and religious



Robyn Hadley, RT(R)(M)



Sarah Jacobs, BS, RT(R)(M)(CT)

values such as upholding modesty. Breast cancer stigma and fear are also sources of psychological distress that discourage Muslim women from undergoing breast cancer screening.<sup>7</sup> Therefore, breast imaging professionals performing patient examinations and providing educational training must be attentive to the patient's perception of breast care and these barriers to provide culturally appropriate care. We were honored to support the JBCP in their mission by contributing to these efforts.

During the JBCP's 2nd Regional Conference, we were given the opportunity to spend time with technologists from Jordan and the surrounding countries while providing a three-day educational workshop dedicated to mammography technologists. The educational event featured interactive lectures and live, hands-on positioning training.

Highlights of the JBCP 2nd Regional Conference and technologists' workshop included the following:

- An opening ceremony with Her Royal Highness Princess Ghida Talal and guest speaker Navid Madani, founding director and lead scientist at Dana-Farber Cancer Institute Science Health Education Center
- An emphasis on standardized mammography positioning techniques to promote quality, consistency, reproducibility, and effective ergonomics
- The review of quality control measures to ensure consistent quality standards
- The importance of clinical image analysis and the ability to effectively troubleshoot images

Our time and educational contributions at JBCP were inspired by our longtime educator and mentor, Louise Miller, RT(R)(M),





FSBI, FNCBC. Ms. Miller has donated much of her time and effort to quality education and training with Jordanian breast imagers for many years, and following in her footsteps with this group of individuals was an awe-inspiring experience. We were able to meet new friends while creating a bond with technologists over our shared passion of breast imaging. Across the ocean and landmasses separating us, we found many differences but also shared much in common with the technologists and breast imaging professionals in the Middle East. We found that mammography technologists around the globe have a genuine desire to serve their patients, offering the highest-quality mammography achievable. We were reassured by the realization that no matter the geographic location, technologists have some of the same challenges that we do here in the United States while providing high-quality patient care. Some of the challenges we have in common are struggles with patient physical limitations, compression, workflow, scheduling, and patient compliance.

The technologists were eager to listen and learn, offering many thanks throughout the training. “Shukran!” (“thank you!”) was a term we heard and used abundantly during our time in Amman. Immense gratitude doesn’t begin to express the appreciation we feel when thinking about our time with the breast imaging professionals in Jordan and the new friends we made while providing education at this event. We experienced the value of opening our minds to understanding that as breast imaging professionals, we have different challenges yet many similarities and share a common desire and purpose.

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All images are courtesy of Robyn Hadley and Sarah Jacobs.

# Asha Miller

By Hannah Perry, MD

## HP: Please tell me about yourself and your background.

**AM:** Hi! My name is Ashadee Miller but I typically go by Asha. I am a 37-year-old woman who is the wife of an airline pilot, the mother to three beautiful children, and a freelance writer for a number of health spaces as well as on my social media platforms. I am also a fitness instructor, lover of sunshine and laughter, and passionate about people and social justice.

I was born in Trinidad and immigrated to America with my family at the age of five. I grew up in Brooklyn, New York, and moved to Amish Country, Ohio, my husband's hometown, since he is from Amish/Mennonite background.

## How were you diagnosed with breast cancer?

In 2017, I was 33 years young, super energetic, and working as a fitness instructor with more muscle and less body fat than ever before in my life. I had also been working on my mental and emotional health more intentionally.

When I found that teeny, tiny bump, cancer was so far off my radar. I found the bump while shaving under my arms in the shower. It seemed so tiny and unassuming, but something about it made me stop and tell my mom and husband. It was about four months before I finally went to the doctor to get it checked out because in certain positions it disappeared and I would think it was gone. The bump was only about 1 cm, from what I felt. It wasn't hard. It didn't hurt. I wasn't sick, but I knew my body better than ever and I thought that maybe my excessive fitness lifestyle caused something to go out of place.

I first went to my primary care provider, who felt the tiny bump and told me that if she would've felt it upon examination she would not be concerned, but since I felt it and seemed concerned, she would send me for an ultrasound.

When I got the results of the ultrasound, at first I was relieved. The ultrasound came back that nothing looked concerning but to check back in six months if anything changed.

Even though I felt a little silly, I decided to do a biopsy to be 100% sure that everything was okay. All of this time, cancer was

not on my radar. My biggest concern was making sure that I wasn't hurting myself with my fitness regimen.

I still remember the look on my breast surgeon's face when he was done doing the ultrasound-guided biopsy. He looked relieved, and then I was relieved, when he told me that he thought that it looked like a benign cyst. Two days later I found out that was far from true.



Hannah Perry, MD

## How did you feel when you learned of the news?

To be honest, when I heard the news I went into complete shock. At the time I don't think I realized that I went into shock, but I did feel like I left my body and have barely returned three years later. I remember hearing the shock in my surgeon's voice and him telling me to bring a notepad and pen to my next appointment to write down answers to any questions I might have for him. I couldn't think of what questions I could possibly have when I hadn't been through anything like this before.

## What was your treatment process? Did you face any treatment obstacles? How did you overcome them?

My treatment process was intense. I ended up having four rounds of adriamycin and cyclophosphamide and attempted to have four rounds of paclitaxel but only completed two and a half due to severe allergic reactions.

Shortly after finishing chemotherapy in March of 2018, I had a double mastectomy in April. I can say many things about my recovery from a double mastectomy, but I'll just say that it was brutal, agonizing, and terrifying. It wrecked me in ways I'm still recovering from and some I may never recover from. The physical pain of the surgery is arduous, but many times your medical staff fails to tell you about the immense mental hell you also experience.

After I barely recovered from my double mastectomy, I did 28 rounds of radiation. My treatments occurred every day except for the weekends. Radiation feels like it slowly cooks your skin from the inside out. One moment I had numb, hard, painful



expanders wreaking my pectoralis muscles and the next I had third-degree radiation burns to deal with as well.

Again, I cannot stress the importance of getting mental health counseling while battling this disease. If it wasn't for my deep faith in God, some incredible family members, in-laws, friends, and kind strangers, I would be a shell of who I am today.

After radiation I felt extremely fatigued, foggy, depressed, and like my body was done. Through the help of thousands of people in my circle and beyond it, I was able to raise funds to get naturopathic treatments that I truly feel helped to preserve my quality of life. I truly believe that naturopathic treatments should also be an integral part of the cancer patient's treatment plan.

### What motivated you during your diagnosis and treatment process?

A huge part of what motivated me during my diagnosis and treatment process is my faith. I honestly don't know where I would be without my faith and trust in God. Another thing that motivated me was my love for fitness and my fitness community. During chemo, after my double mastectomy, and during radiation, I was able to teach fitness classes as well as work out as much as possible. I truly felt like it helped my mental health as well as my physical health. More than once my doctors have commented that being strong and fit has helped me to recover faster, get stronger, and overcome some of the mental strain that comes with this disease.

Last but not least, a huge motivation was my children. Knowing that they needed their mama alive and well pushed me on days when I thought it would be impossible to move or even get out of bed. I always say that my children helped to save my life.

### What did you learn from your experience? How has this diagnosis impacted your life?

There are so many things that I learned through my cancer diagnosis.

Cancer has made me see another wonderful side of my love.

My husband, Morgan, has always had a servant's heart, but cancer has showed me the deep meaning behind it. It is beautiful and he has become my best friend and the light in our eyes. We laugh harder, we fight fairer, we are wiser with who we give our energy and time to, we care less about people's opinions, and we are leaning more into our authentic selves. It's pretty incredible! I have seen Jesus over and over in my husband, in new ways, because of cancer.

Cancer has changed the way I hold my babies.

I hold them tighter now.

I look deep into their eyes when I tell them "I love you!"

I apologize more and chastise less.

I pray every day that they will always remember the great moments and not the ones marred because of cancer's dark presence.

Cancer has changed *ME*.

I now battle with fear differently.

That stinker still keeps coming back for more punches, but I now have found those who will walk with me through *ALL* the good, bad, and ugly.

Those who call and text at the exact moments when you need them.

Those who pop by to spend time with you when you are alone and in pain.

Those who tackle the task of making organic food for you, who support you in huge ways even though they haven't even met you!

Those who watch your babies so many times during treatments that they mistakenly call them "Mom."

I now love deeper, and care less about the stupid things.

I laugh so much more, and I take risks I would have never, ever taken before!

### Are there any lessons that you think the breast imaging community can learn from your experience?

I think there are several things that I would want to address to the breast imaging community. First, I would like to thank you for what you do and the lives that you sometimes unknowingly save. Secondly, your job comes with a tremendous amount of responsibility. I still remember how a breast imaging technologist's compassion made a big impact on my life.

There is something in the breast cancer community called "scaniety." It is the feeling of anxiety before a scan. Being aware that many of us are coming in with previous traumas, fears, and negative experiences is crucial. Many times your demeanor, words, and actions can make a huge difference in whether our scaniety is made worse or better.

An ultrasound technologist once took the time to allow me to slowly enter a procedure room when she noticed my anxiousness. Her compassion and intuition brought so much comfort to me and made me feel less like a number and more like a person.

Ask us if there is anything you can do to make us comfortable. Sometimes a seemingly small gesture can change things.

*Continued on page 21>*



# Rediscovering Wellness: Healing From Within

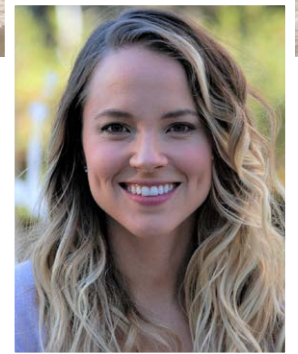
By Claudia Cotes, MD

Wake up, work, sleep, repeat. Sound familiar? Each day blends seamlessly into the next, leaving little time for simple wellness initiatives such as exercise, meditation, proper sleep, and, more importantly, time with loved ones. The demands of our profession and the constant use of smartphones, email, and social media often leave us with less time for leisure and true decompression. The need to be constantly available has encroached upon our personal time, leaving us with little room for relaxation and unwinding. Stress accumulates, deadlines persist, and the sense of satisfaction from a job well done and professional performance becomes the sole reward. But is this enough to sustain us in the long run?

Let's take a moment to imagine being told your life's timeline is unexpectedly shortened. While no one can predict when our lives will end, contemplating this idea reminds us of how precious our finite life is. We can reflect on this at any stage of life, whether on the brink of retirement, embarking on a new career chapter, or just navigating the present moment. Within the scope of our profession, it's necessary to recognize that we are all replaceable. Once we are gone, a new radiologist will step in, interpreting mammograms, performing biopsies, teaching, and contributing to research for our specialty. It's just the circle of life. However, for our families, children, and loved ones, our value is immeasurable. We have an irreplaceable role in their lives that extends beyond any professional achievement.

Have you ever paused to recall your passions, dreams, and things you enjoyed before becoming a radiologist? Or are these parts of your past now forgotten, to the point that sometimes you wonder who you really are beyond your role as a breast imaging radiologist? Would you continue down the same path, or would you seize every opportunity to reinforce your faith and infuse your life with moments of pure joy and unforgettable experiences? How amazing would it be to feel encouraged and free to explore activities and interests outside of our jobs! Why not pick up hobbies and passions we've put aside for our work? Why not prioritize your time for what you value the most? Maybe focusing on these moments and activities is key to true holistic, mental, and physical healing. As we navigate the demands of our careers and our busy lives, we must not forget to make mindful choices that reflect what is truly important to us. What really matters.

I urge you not to wait for life-altering news or events to make these changes. Remembering who we are beyond our titles and responsibilities is the first step toward achieving the so-called work-life balance. By prioritizing our well-being and embracing moments of joy, we ensure that our lives are as meaningful as the images we interpret every day. So let's choose wisely, not just for our patients, colleagues, and our loved ones but also for ourselves. We still have time.



Claudia Cotes, MD



## The Patient's Perspective: Asha Miller (continued from page 19)

Lastly, to the doctors and nurses within the breast imaging community, please recognize that a huge component in our recovery is YOU. You are sometimes our first appointment on the list of many appointments. Many times a number of us come to you already scared and traumatized. In particular, as a woman of color, there have been many occasions where I and other cancer survivors of color have encountered medical racism. As a result, we may come to you wary and unsure if we can trust you, and with good reason.

Black women are diagnosed with breast cancer at a rate similar to White women, but we are 40% more likely to die from this disease.<sup>1</sup> I'm sure this is not the first time you've heard that statistic, but I want you to really let that sink in as you come in contact with patients who are women of color. Be very aware that many of us Black, indigenous, and women of color have been advocating for our bodies long before we met you and will be long after we have parted ways.

Speak up about the harmfulness of medical racism to your colleagues, friends, and family. Look for ways to implement protocols that will address and change racial biases in your medical communities. These dark practices must be brought to light in order to begin on the path to truth and healing. We are better together!

### What advice would you give to other patients who are going through the diagnosis and treatment process for breast cancer?

I wrote this advice in an article published on EverydayHealth.com:

"As minority patients, we must recognize that our doctors and nurses will undoubtedly have some unconscious bias that may rear its ugly head at times. Learning to advocate for ourselves is paramount! Speak up if you feel like your concerns aren't being addressed effectively. Don't allow shame to silence you when you feel the need to speak up. Take notes and bring someone else along to your appointments to be a second set of ears."<sup>2</sup>

This goes to all breast cancer survivors of all races and ethnic backgrounds as well. Self-advocacy is the most important advice that I give those who are newly diagnosed and trying to navigate this disease. You know your body better than anyone else! Speak up, no matter what. Don't be afraid to fire your medical team and find ones that will listen and address your concerns.

I truly believe that we are better together and if we can all listen to one another and recognize that breast cancer affects more than just our physical bodies, we can be compassionate humans helping others heal.

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Asha Miller

# Guyana

By Davina Barker, MD; Jamie Surratt, MD

Guyana lies on the northeastern coast of South America and has abundant agricultural lands, mineral resources, tropical forests, and offshore oil and gas reserves. Guyana's population is approximately 814,618, and 90% of the inhabitants live in its capital city, Georgetown.<sup>1</sup> Over the last 20 years, the life expectancy of Guyanese people has increased from 62.6 years to 70.1 years due to improvements in health care. Further enhancement is expected in the health sector as the current Ministry of Health seeks to increase primary care and provide universal health coverage funded by natural resource sales, carbon credits, and loans.<sup>2</sup> Breast cancer is the most common type of new cancer diagnosis among women in Guyana, accounting for 33.0% of new cancer cases in women and 18.3% of new cancer cases overall in 2020. Breast cancer incidence has increased over the years.<sup>3</sup> In 2020 in Guyana, breast cancer was the most common cause of cancer death among women and the second most common cause of cancer death overall (trailing prostate cancer).<sup>3</sup>

In 2016, RAD-AID International, a United States-based nonprofit organization whose mission is to improve and optimize access to radiology services in underserved areas of the world, was invited to partner with the University of Guyana, the Institute of Health Sciences Education, and the Georgetown Public Hospital Corporation (GPHC) to establish the first diagnostic radiology residency program in the country. Because Guyana had no radiologists to train residents at that time, the first cohort of five residents traveled to Hofstra/Northwell in New York for a six-month observership and then returned to Guyana. Their education was fueled by remote teaching from faculty radiologists from Canada and the United States and by on-site traveling volunteers. The first cohort of Guyanese radiology residents graduated in February 2021. Two classes of graduates are now functioning as attending radiologists at GPHC, where they oversee the current residents and perform daily interpretations.

In May 2019, breast cancer screening in the public sector began with the installation of a Hologic Selenia digital mammography unit at GPHC. At that time, three mammography technologists were available in Guyana after receiving training from Hologic and a RAD-AID volunteer. The volume of screening and diagnostic mammograms at GPHC has increased from 989 studies in 2019 to 1558 studies in 2022. RAD-AID builds capacity for breast imaging



Jamie Surratt, MD



Davina Barker, MD

services by providing training for local mammography technologists, community health care workers, and radiology residents. RAD-AID is working closely with the Ministry of Health to expand teleradiology to people with limited access to radiology services. Breast ultrasonography examinations are performed daily with a Mindray cart-based ultrasound unit equipped with a 12-MHz transducer. Diagnostic breast ultrasonography services are available on Tuesdays and Thursdays specifically to correlate with indeterminate mammographic findings or to evaluate clinical symptoms such as breast lumps. Diagnostic examinations are reviewed with remote attending radiologists, most of whom are in academia and three of whom are in private practice.

In 2020, when the borders were closed to travel due to the COVID-19 pandemic, RAD-AID continued to provide virtual online training for the technologists at GPHC. In partnership with the breast imaging artificial intelligence software developer Densitas, RAD-AID implemented Densitas intelliMammo, an artificial intelligence technology that provides immediate feedback on mammography positioning for technologists. Because of rapid turnover of mammography technologists and little to no local availability of mammography coaching, the ability to provide ongoing training is essential, and data collected by intelliMammo software have been a vital source of continuing education. In September 2023, a RAD-AID mammography technologist volunteer conducted hands-on positioning training for the technologists at GPHC. RAD-AID's future plans in Guyana include continuing to develop the full complement of mammography services by adding two more mammography units, one of which has digital breast tomosynthesis and add-on stereotactic guidance capability, and a localizing grid at the teaching hospital.



The RAD-AID nursing team's support of educational initiatives and engagement with multidisciplinary teams have been integral to RAD-AID's holistic approach toward improving breast cancer outcomes in Guyana. The RAD-AID nursing team partners with the Ministry of Health to host an annual primary care educational symposium focused on raising awareness about the importance of early detection and screening for breast cancer, recognizing suspicious symptoms, and performing a clinical breast examination. This year's conference involves community health care workers from each of the 10 regions of Guyana and will include members of the surgery and oncology teams at GPHC. Since 75% of the population still has no access to mammography, the country places heavy reliance on community health care workers' clinical breast examinations.

New York have implemented a case-based radiology-pathology continuing education program. In this creative teaching program, residents at GPHC are presented with an unknown case via email twice per month. The case includes a series of questions for discussion, followed by a presentation of the diagnosis with radiology-pathology correlation and answers to the discussion questions.

GPHC radiologists and RAD-AID continue their strong partnership and plan for the following goals: optimizing pathology services with a possible telepathology program in collaboration with Northwell Health and Mt. Sinai School of Medicine in New York; beginning a mammographic localization service line, including training radiology residents in localization and surgeons in targeted excision; and developing a breast cancer navigation program.

Davina Barker is a second-year radiology resident at Georgetown Public Hospital in Guyana. Jamie Surratt is codirector of RAD-AID Guyana.



Allison Borowski, MD

Currently, radiology residents at GPHC participate in teaching sessions and virtual readings with volunteer RAD-AID faculty members based in the United States and Canada. In addition, Dr. Allison Borowski, a breast radiologist and SBI member, and her colleagues at Columbia University Medical Center in

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2. Country profile: Guyana. Pan American Health Organization. Accessed August 18, 2023. <https://hia.paho.org/en/countries-22/guyana-country-profile>
3. Guyana. International Agency for Research on Cancer. March 2021. Accessed August 18, 2023. <https://gco.iarc.fr/today/data/factsheets/populations/328-guyana-fact-sheets.pdf>



Residents of the radiology program in Guyana (source: Ministry of Health).



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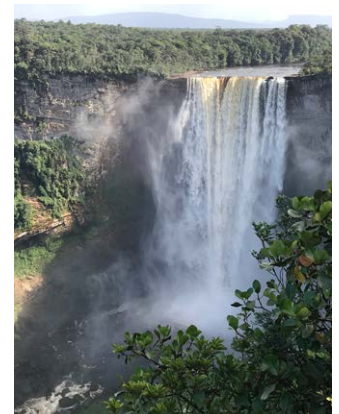
Reading room and classroom.



Jamie Surratt with residents Annastacyea Dhaniram and Angelita Sue in 2019.



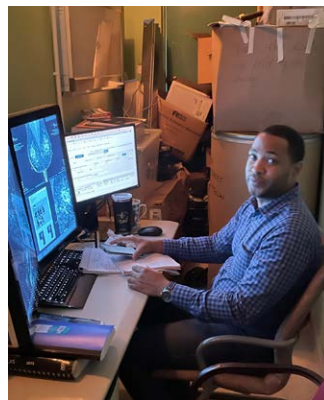
Fruit market.



Kaitur Falls in western Guyana (image taken during plane ride over the jungle).



Radiology residents, Steve Surratt, Jamie Surratt, and Dr. Ramsammy (advisor to the Minister of Health) in August 2022.



Roscoe McDonald in the mammogram reading area.



Oral board examination with remote attending radiologists in fall 2022.



Steve Surratt teaching computed tomography to the residents.



People gathering lily pads used as plates (image taken on the way to work).





# SBI Mentorship Platform and More: Coming Soon!

By Sophia O'Brien, MD

## Looking Forward: The SBI Mentorship Platform

The SBI Mentorship Committee is excited to announce the upcoming SBI Mentorship Platform. The goal of this platform is to create a dynamic, user-friendly mentoring community for SBI members.



Sophia O'Brien, MD

Users will create a mentor and/or mentee profile and use a search function to identify potential matches for their mentoring needs and interests. For example, a mentee could search for mentors who are in private practice and who listed “advocacy” as one of their interests. A mentor could search for mentees interested in medical education. Searches can be performed to identify mentors or mentees for different areas, including professional expertise, personal interests, geographic location, career goals, outside interests, and much more. Users will then view the profiles of their potential matches and can reach out to one or more of them to initiate a potential mentoring relationship.

A mentoring experience can be arranged as a longitudinal relationship or initiated for a shorter, more focused purpose. For example, a mentee can search for a mentor to help them write a specific paper or to meet them for a one-time discussion at a regional or national conference. Users will indicate their maximum time commitment and preferred frequency of meetings on their profiles.

The platform will have clear instructions on how to create a profile and use the search function. It will also have resources about how to develop your elevator pitch, how to conduct an effective informational interview, and how to build and maintain a strong mentor-mentee relationship.

The SBI Mentorship Platform will be accessible on the SBI website in the coming months. It will have a phased rollout, with an initial mentor enrollment period to build a strong foundation of potential mentors. We strongly encourage all members to create a mentor profile! Members can sign up as a mentor in certain areas and as a mentee in others. After the initial mentor enrollment period, the platform will be open for mentee enrollment and matching. We are hoping that the Mentorship Platform profiles and search function will engender meaningful mentoring relationships with other engaged SBI members.

## Looking Back: What Has the SBI Mentoring Committee Accomplished So Far?

Originally formed in the spring of 2020, the SBI Mentoring Committee first conducted a needs assessment, gauging interest among SBI members for a formal mentoring program. The survey results were published in the *Journal of Breast Imaging*<sup>1</sup> and informed a small pilot mentoring program that is just finishing its first year. The committee created a comprehensive Mentor Training presentation, which will be turned into easy-to-digest resources available on the upcoming Mentorship Platform, and a manuscript highlighting steps to develop effective mentor-mentee relationships.

The SBI Mentoring Committee also arranged for mentorship roundtables at the annual SBI conference in May 2023. Attendees at these themed breakfast tables discussed pertinent topics in breast imaging, including early career mentorship, work-life integration, and leadership roles. The event was a success and will be held again in Montreal at the next symposium.

Multiple additional mentoring programs, including longitudinal small group mentoring and mentoring moments (short mentoring tips from the diverse SBI membership), are in the works. Keep an eye out for an email with more information about the SBI Mentorship Platform and other SBI Mentoring Committee endeavors in the near future. As always, we welcome feedback from our members at any time.

### Reference

1. Weinfurtnner RJ, Lee A, Vincenti K, et al. [Mentorship interest in breast imaging: survey results from the Society of Breast Imaging](#). *J Breast Imaging*. 2022;4(2):161-167. doi:10.1093/jbi/wbab100



# ACADEMIA OR PRIVATE PRACTICE: AN ENDURING CONUNDRUM. PART 1: INTERVIEWS

By Wenhui Zhou, MD

After years of dedicated training, the choice between academia and private practice is a pivotal decision that radiologists often grapple with because it shapes the trajectory of their professional lives. These distinct paths offer unique opportunities and considerations, spanning areas such as research, teaching, compensation, and autonomy. Individual priorities, including work-life balance, career growth, financial factors, and personal fulfillment, play a decisive role in this choice.

We are dedicating a two-part Member-in-Training series to shed light on this topic. For this article, we sought advice from early-career practicing breast imaging radiologists from academic and private practice settings. Their individual journeys and valuable experiences provide insight into how they considered the appeals and drawbacks of private practice and academic radiology, offering guidance in the pursuit of professional satisfaction and personal success. The interviews have been edited for length and clarity.

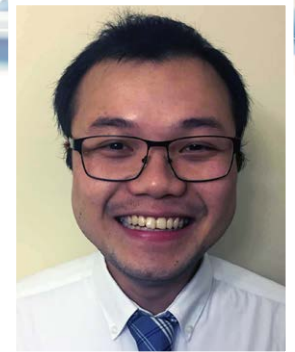
Dr. Uzma Waheed is a breast imaging radiologist and assistant professor at Stanford University Medical Center. She completed her breast imaging fellowship in 2017.

Dr. Pranay Kothari is a breast imaging radiologist in a private practice group based in San Diego, California. He completed his breast imaging fellowship in 2020.

**WZ:** What led you to choose either academia or private practice for your career as a radiologist? What factors influenced your decision?

**UW:** I chose an academic practice for two main reasons; in retrospect, I would consider these to be somewhat selfish. First, the opportunity to continue to learn clinically in a busy and progressive practice. Second, to benefit from mentorship and opportunities afforded by senior faculty. What I didn't expect is how much I would enjoy being an educator to fellows and residents. This is what has sustained my interest in academic medicine—the joy of teaching, collaborating, and learning with residents and fellows.

**PK:** I strongly considered both paths during training. I enjoyed teaching and working with trainees in academia, but I also valued the work-life balance private practice offered. In addition, while I wanted the majority of my work to be in breast imaging, I wanted to practice some general/nonbreast imaging as well, which was possible (and welcome) in private practice.



Wenhui Zhou, MD

**Can you share any personal anecdotes or experiences that highlight the unique aspects of academic and private practice radiology?**

**UW:** In reviewing a case for an upcoming ultrasound-guided biopsy, I was startled to learn that the recommended biopsy site, seen on MRI [magnetic resonance imaging] in a patient with nipple discharge, was within the nipple. I knew I would not be able to biopsy the site using standard ultrasound guidance and technique. I was able to consult a senior colleague who suggested a diagnosis I had not considered—a nipple adenoma. With this knowledge and her guidance, I scanned the patient in real time and was able to identify the correlate to the MRI finding both visually and sonographically; a skin punch biopsy was appropriately recommended. I think this highlights the troubleshooting we often do with unique or complicated cases, the persistence and curiosity to find answers, and most importantly, the collaborative nature of academic practice.

**PK:** One of the unique aspects of a true physician-owned private practice is that as a partner, you get a say in how the group is run and operated. Partners also frequently have an opportunity to take part in the practice's leadership at an early stage if desired.

**Can you share your insights into the overall culture, leadership structure, and work environment of academia and private practice?**

**UW:** The culture of every academic practice is somewhat unique and dictated by the leadership. The overall structure



is standardized by the professorial rank, but requirements for promotion vary by institution. It's important to ask about these requirements early and often to plan and manage your time and to align opportunities to your areas of interest and career goals. While many academic environments are hospital based, as hospital systems expand, multiple outpatient sites are common. It's helpful to inquire about these sites and plans for growth.

**PK:** There is a wide spectrum of work cultures and environments in private practice, and it will be on you to do your due diligence and research to get a sense of whether a practice's culture and priorities are a fit for you. In a true physician-owned private practice, leadership is usually composed of a subset of the very radiologists that are practicing in the group. High-level decisions may be made by that subset of radiologists, while day-to-day routine operations and workflow decisions may be handled by a different subset of delegated partners.

#### Can you comment on work-life balance and professional growth opportunities in academia and private practice?

**UW:** In my experience, work-life balance depends on the culture of your leadership and institution and your/their ability to set boundaries. In medicine, we may be asked to waive boundaries and sacrifice our time and energy in service of others. Work conscientiously while remembering your goals and priorities. Finally, mentorship plays a very important role in academia. Find mentors in various stages of their career and seek department and division leaders who act as sponsors.



Uzma Waheed, MD



Pranay Kothari, MD

**PK:** The broad generalization is that volume is typically higher in private practice compared to academia, but you get more time off. From a practical standpoint, professional advancement from associate to partner in private practice is often based on years worked. Sometimes, productivity is also considered. Professional growth and advancement in private practice is typically gained by taking leadership roles in your group. Work-life balance can mean different things to different people too, so be honest with yourself about what you value when considering jobs.

#### For trainees who are undecided about whether to pursue an academic or private practice job in radiology, what advice would you offer to help them make an informed decision?

**UW:** Consider what brings you joy at work and your priorities outside of work. Do you love teaching and seeing others during your day? Do you prefer focused time to work alone? Think about what role work will play in your life and remember that this may change over your career and life. Interview in both practice settings! This will immediately help you get a sense of the differences and priorities of each practice.

**PK:** Talk to as many people as you can during your training about their experiences in either practice setting. You may be familiar with the academic clinical workflow as a trainee, but you may not get exposure to the full scope of academic responsibilities unless you proactively discuss it with your attendings. If you are considering private practice, speak to current or former fellows to gain some perspective. If there are current attendings in your training program that used to work in private practice, they can provide unique insight into both practice settings.

## INTERSOCIETY SUMMER CONFERENCE 2023 UPDATE

By Alison Chetlen, DO, FSBI

Sunny San Diego hosted 31 radiology societies in early August 2023 to discuss the “wicked problems” facing radiology. SBI President Dr. Mimi Newell and I attended on behalf of the SBI.

I was intrigued by the theme of the conference. What are wicked problems? Dr. Frank Lexa opened the conference and described wicked problems as issues that are difficult or impossible to solve because of incomplete, contradictory, and changing requirements that are often difficult to recognize. Challenges facing the field of radiology include declining reimbursements and increasing workloads. Increased speed, increased error rates, longer working hours, worsening burnout, corporatization of medical practices, less time for teaching and research, less mentorship, and less society volunteering are some examples of these challenges. How does our field manage the inadequate radiology labor force? With no significant increase in residency training positions coupled with early retirements and more radiologists seeking part-time work, the number of radiologists per capita is insufficient. This challenge also overlaps somewhat with turf wars with nonphysicians and even nonhumans (artificial intelligence [AI]). The inappropriate ordering of radiology imaging is an additional hurdle, with yet another pause in implementation of the appropriate use regulations.

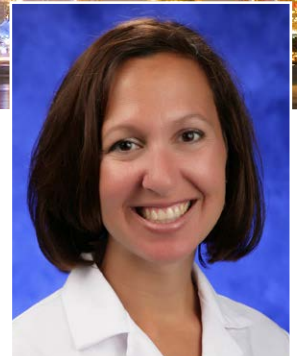
Next, Dr. Jacqueline Bello spoke about declining reimbursements, advanced practice providers (APPs) in radiology, and the No Surprises Act. Through the tireless work of the ACR, \$437 million in planned cuts was recouped for 2023 and \$1.6 billion was recouped in the past three years. This was achieved through a strong coalition of more than 100 organizations and more than 1 million practitioners working together. Unfortunately, the Medicare Physician Fee Schedule has a proposed 4% to 5% decrease in reimbursement for 2024. Hence, the work of the ACR and other societies to educate our legislators and lobby for our profession and patients continues.

The discussion then turned to the role of APPs in radiology. Diagnostic imaging interpretation by nonphysicians rose from 2.6% to 3.3% (a 27% increase) from 2016 to 2020. Although the intent of some legislative changes was to widen APPs’ scope of

practice so they could serve patients in rural areas, the most significant growth has been in metropolitan and micropolitan areas. The expected or needed growth in rural areas has not occurred. Additionally, APPs are most concentrated in states with the least stringent scope-of-practice laws. There is a need to better define the role of APPs in delivering the indicated care in physician-led teams. The ACR recently joined the American Medical Association Scope of Practice Partnership Steering Committee. The partnership includes 105 national, state, and specialty medical associations and concentrates the resources of organized medicine to oppose allied health professional scope-of-practice expansions that threaten the health and safety of the public ([www.amascopeofpractice.org](http://www.amascopeofpractice.org)). The American College of Radiology Association established the Scope of Practice Fund to safeguard patients and patient access to radiologists’ expertise by fighting state and federal nonphysician scope-of-practice expansion legislation.

Dr. Bello then described the No Surprises Act implementation. Protections for consumers against surprise medical bills arose from news stories highlighting insured patients who received exorbitantly high medical bills. Several states passed laws to protect consumers from these unexpected or surprise bills, offering a foundation for federal legislation. After the No Surprises Act was signed into law in December 2020, its implementation raised many challenges and concerns among physicians related to qualified payment amounts and the independent dispute resolution process. Several lawsuits have been filed, some resolved and some still active. Stay tuned.

Later in the day we learned about short- and long-term methods for workplace and burnout improvement from Dr. James Chen. He spoke about staff retention techniques and described how changing the workplace environment and not just focusing on individual wellness could be successful. Through a Listen-Sort-Empower program, drivers of burnout were identified, fostering



**Alison Chetlen,  
DO, FSBI**



healthy relationships between clinicians and leaders and supporting teamwork.

Robust discussion among all participating societies at the conclusion of the first day included brainstorming ideas related to ACR mobile imaging services, implementing dedicated training slots for international medical graduates, expanding skills of radiology assistants, integrating AI into our workflow, and having integrated health networks partner with rural areas to provide imaging expertise.

Dr. Brent Wagner started the second day with “ABR [American Board of Radiology] Update: 2024 and Beyond.” He summarized the success of the 2021-2022 remote examinations: 11,852 computer-based examinations and 2440 oral examinations were administered. In 2028 the ABR will transition to the new diagnostic radiology oral examination, which will serve as the new certifying examination for diagnostic radiology residents completing training in June 2027. The ABR’s online longitudinal assessment program has been successful, with approximately 33,000 diplomates answering over 9 million questions. The self-assessment CME requirement was eliminated in 2023, and the Authorized User eligibility designation will be discontinued in 2024. The ABR alternate pathway, which historically has been a four-year commitment at a single institution (to include residency, fellowship, and/or faculty appointment), also underwent changes: eliminating the nuclear radiology requirements after January 1, 2024; allowing up to two years of retrospective prior radiology training toward the four-year requirement; and allowing part-time training and interruptions within a maximum of eight years to complete the four-year requirement.

The second day of the meeting continued with Dr. Mike Bruno discussing examination appropriateness versus waste in diagnostic radiology. He noted that at least 30% of medical imaging studies are not medically necessary. The ACR Appropriateness Criteria guidelines have had limited impact, and clinical decision support has largely failed because physicians are uncomfortable with diagnostic uncertainty. Better outcomes data are needed to evaluate the value of imaging for specific clinical questions and must incorporate individual patient risk factors (not just an imaging modality’s effectiveness for detecting specific diseases) when developing evidence-based guidelines. Educating medical students to incorporate diagnostic reasoning, develop a better understanding of and greater tolerance for diagnostic uncertainty, and rely less on medical testing may help reduce inappropriate ordering of imaging examinations. Tort reform and payment

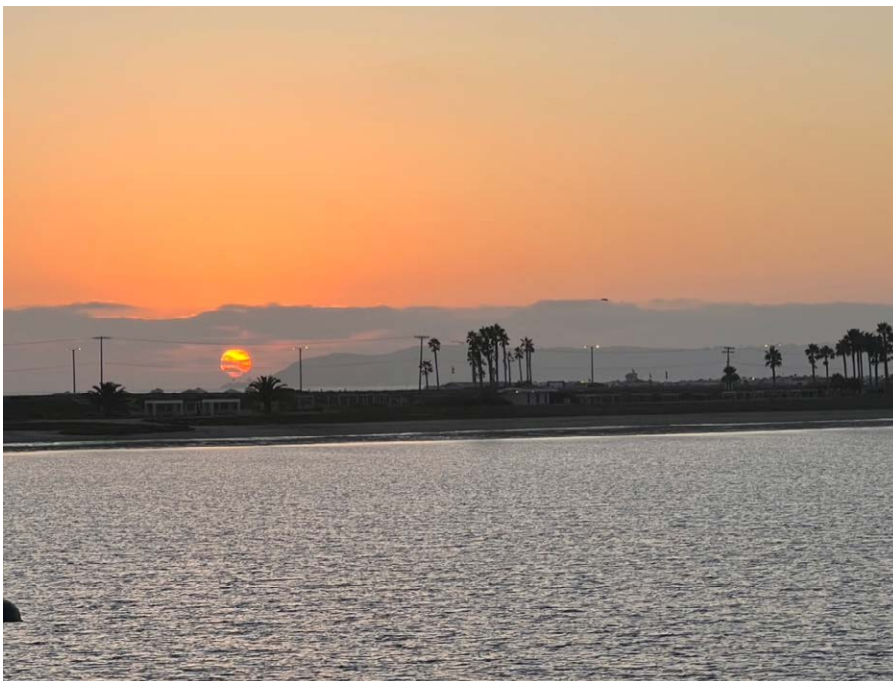
reform to disincentivize wasteful resource use are also necessary to change practice behaviors of clinicians.

Dr. Al Siegel discussed reinventing radiology workflow with AI. How can we become more efficient, and could AI automate workflow? Some ideas were having radiology assistants draft reports for radiologists to sign, incorporating autonomous AI in the workflow, leveraging AI in population health, and re-engineering reading spaces to increase efficiency and decrease stress. Questions included whether AI could be used to retrieve outcomes data and whether AI could be trained on diverse data sets in an organized way to create generalizable AI algorithms.

The intersociety summer conference concluded with discussions on the existential threats to the future of our field from the standpoints of research, education, and patient experience. How can we attract more technologists, physicians, and radiology assistants to join our workforce? How can the radiology profession support the tripartite mission of research, education, and clinical care? Moving forward, we must be collaborative and engaged to better our profession. Advocacy and activism are critical to creating a united coalition of one voice. By finding common ground, we can work together to solve these wicked problems.



*Continued on page 30>*





# MARK YOUR CALENDAR

**October 23-27, 2023**  
Nijmegen, Netherlands

EUSOBI Advanced Breast  
Cancer Screening Course

**November 9-10, 2023**  
Reston, VA

ACR Breast MRI Course

**November 15-17, 2023**  
Reston, VA

ACR Breast Imaging Boot Camp

**November 26-30, 2023**  
Chicago, IL

RSNA 2023

**December 14-15, 2023**  
Tromsø, Norway

EUSOBI Contrast-Enhanced  
Mammography Course

**March 27-31, 2024**  
Adelaide, Australia

13th General Breast Imaging Meeting

**April 11-14, 2024**  
Montreal Canada

SBI Symposium

**May 4-9, 2024**  
Singapore

ISMRM Annual Meeting

**May 5-9, 2024**  
Boston, MA

ARRS Meeting