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RSNA 2004 After the Ball was Over

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RSNA 2004

The booths have been broken down, the carpets rolled up, and one has to assume that the cab line at McCormick Place has gotten a little bit shorter. Yes, the RSNA conference has wrapped up for the year.

This year's meeting again saw radiology demonstrate the progress that has fueled its evolution into one of the largest and most vibrant specialties in healthcare. Attendance continues to improve, with professional attendance up 4% and total attendance edging up 2%.

'Convertible Ultrasound'

When you think 'convertibles', an ultrasound scanner may not be the first thing that leaps to mind. But a new company that debuted at December's RSNA meeting is out to change perceptions with a technology they're calling 'convertible ultrasound'.

The firm, Zonare Medical Systems of Mountain View, CA, used the RSNA show to launch its new z.one system. The unit's novel design enables it to function either as a compact, hand-carried ultrasound scanner to take to the patient's bedside, or converted to a more traditional cartbased unit for use in the imaging suite.

The z.one scanner also employs what Zonare calls zone sonography, in which ultrasound information is captured in zones rather than in individual lines, as occurs in conventional systems.

German Researchers Endorse Low- Dose CT

German researchers report that performing multi-slice computer-assisted tomography with a radiation dose equivalent to that of a chest x-ray can deliver non-invasive imaging of the lungs without appreciable loss of clarity. "We were able to show that by reducing the amount of radiation by more than 93% we could still produce detailed images of the lungs," said Valentina Romano, MD, a resident in radiology at Charite Hospital, Berlin. Dr. Romano and colleagues first took an image of a patient's lungs with an ultra low dose CT using a 3.5 effective milliAmperes per second dose. That was followed immediately by the 52.2 effective milli- Amperes per second dose that is standard in Germany for performing a standard study looking for pulmonary nodes. The two pictures were then read by two experienced radiologists who noted the number of pulmonary nodules, their size, their location, their morphology and characterization. In the ongoing study comparing the standard versus the low dose techniques, Dr. Romano has enrolled 106 patients. To date, the sensitivity of the ultra low dose technique scored 98.4%; the sensitivity was 92.5%; the positive predictive value was 95.5% and the negative predictive value was 97.3%. "We could reduce the radiation dose 93.3%," Dr. Romano said, "without compromising pulmonary node detection."

Obesity Gets in the Way of Good Images

The obesity epidemic that continues to impact the U.S. can be felt in the radiology suite where the number of patients who can't be imaged because they are too large correlates with the overall bulging of Americans, according to research from Massachusetts General Hospital in Boston. Dr. Raul Uppot presented the findings at the RSNA meeting in Chicago (December 2004).

As the worldwide epidemic of obesity continues to rise, hospitals are finding that more and more often radiology studies can't be completed because they are 'limited by body habitus' - a euphemism for being too fat. In the survey conducted at Massachusetts General Hospital, Boston, Raul Uppot, MD, a fellow in abdominal imaging and interventional radiology at the hospital, said obese patients have more difficult times getting adequate ultrasound, CT and MRI studies completed. "Hospital radiology departments are increasingly unable to adequately image and assess obese patients because of the limitations in current radiology equipment," said Dr. Uppot. He reviewed radiological reports between 1989 and 2003, extracting information about patients for whom radiology reports were 'limited by body habitus'.

Radiology: 1, Health Funds:

The American College of Radiology has won a major victory in its effort to curb overutilization and preserve the quality of imaging services. Healthcare payor UnitedHealthcare has agreed to use the Reston, VA, society's appropriateness criteria and accreditation programs as part of a multiyear effort to improve quality within the insurer's network of imaging providers.

The ACR Appropriateness Criteria are guidelines based on scientific literature that suggest to referring physicians what imaging tests should be ordered when. UnitedHealthcare plans to distribute the criteria to some 450,000 physicians throughout the U.S. – giving the guidelines a major boost in their visibility and influence.

And Whilst We Are on the Subject of Reston...

The American College of Radiology is turning up the heat in the battle over physician selfreferral by non-radiologists. The Reston, VA, society's proposal will ask Congress to impose limits on who can conduct imaging studies on Medicare patients.

The move is in response to heightened concerns in the radiology community regarding physicians who buy imaging equipment and conduct studies in their own offices rather than referring patients to radiologists. Radiologists claim the practice leads to over utilization of imaging services, as physicians have an economic self-interest in doing the studies themselves and pocketing the reimbursement.

The ACR is proposing that the U.S. government develop a 'designated physician imager' program - basically a list of physicians who are eligible to be reimbursed for imaging services provided to Medicare patients.

The proposal, still in draft form, could take years to get passed into law. But the ACR believes that such a program could save Medicare billions of dollars annually.

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