

# MICHIGAN RADIOLOGICAL SOCIETY NEWS

Bi-Monthly Newsletter for Members of the M.R.S.



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## A MESSAGE FROM THE PRESIDENT

BY PERRY PERNICANO, M.D., F.A.C.R.



Perry G. Pernicano, M.D., F.A.C.R.  
Michigan Radiological Society President

My Fellow Michigan Radiological Society Members,

Happy New Year!! I hope that everyone has a healthy and prosperous 2020. However, we know that will not be the case for everyone. Most of our patients come to us in a state of ill health seeking our help. For some, catastrophe could be just around the corner. Such was the case for our Executive Director Shannon Sage who lost her home and most of her possessions to a devastating fire over the holidays. Shannon faced the situation with courage, grace, and resolve, and did not miss a beat keeping everything going and on track for our Society. A GoFundMe account was established to help out Shannon and her family during this rough time. Numerous individual members of the Society and even some groups quickly responded to the call for assistance and in a few short days the \$10,000 goal of the campaign was not only met but exceeded. I know that Shannon was deeply moved and very grateful for this outpouring of support from the Society for her and her family. Please refer to a note from Shannon latter in the Newsletter for additional details. We can all be proud to be members of a Society that can respond with such compassion and generosity for one of its own, it truly speaks to the fact that we are as much a family as we are a professional organization.

Although it may have seemed like we took a brief hiatus over the holidays, many committees remained quite active, so here are a few updates. The **MRS Foundation Committee** moved forward, with Board authorization, to hire and retain Clark Hill PLC to draw up and file the necessary documents to establish the foundation. The **Awards Committee** announced that Dr. Kevin O'Brien and Dr. Gary Gustafson, both MRS Past Presidents from 2007 and 2008 respectively, will be the Gold Medal Awardees for 2020. Their Gold Medals will be presented at the Hickey Lecture on Thursday March 12, 2020 at the Meijer Garden in Grand Rapids. The **Program Committee** has arranged for Dr. Richard Duszak to be the keynote speaker for the Hickey Lecture and his lecture topic will be "Navigating the Imaging Cost Maze." The **Resident Affairs Committee** has the 23rd Annual Resident Section Conference planned for Friday February 7, 2020 at the Marriott Auburn Hills in Pontiac. The **Centennial Planning Committee** announced that the Gala Celebration will be held on a Saturday evening in October 2021 at a venue in the Metro-Detroit area in conjunction with a CME conference that same weekend which will replace the UpNorth Conference for that year. The committee welcomes everyone's support and input as we continue to plan for this once in a life time event. The **Commission on Women and Diversity** subcommittee on Medical Student Outreach, headed by Dr. Rocky Saenz, presented at the American Medical Women's Association meeting at the Michigan State University College of Osteopathic Medicine on Thursday January 30, 2020 at Fee Hall in East Lansing. The **Website Committee** has the new website activated, it can be viewed at [www.michigan-rad.org](http://www.michigan-rad.org).

This month's **Leadership Spotlight** features Dr. Michael Kasotakis, MRS Past President from 2016, the new Chairman of the Department of Radiology at St. Joseph Mercy Hospital Ann Arbor and Livingston. Also, be sure to check out the Newsletter's other usual features including the Radiologic Safety Section and the Diversity Feature. Finally, I am looking forward to seeing as many members as possible at the **Hickey Lecture and Gold Medal Presentation** on Thursday March 12, 2020 at the Meijer Garden in Grand Rapids.

Sincerely,

Perry G. Pernicano, MD, FACR  
President Michigan Radiological Society



## Summary: Perceptions of a Career in Radiology Among Female Minority Medical Students

Author: Belinda Asare

The following article summarizes new research conducted by one of our own members of the MRS Women and Diversity Committee, Belinda Asare, (MS-4, Oakland University William Beaumont School of Medicine) that is currently in submission to the Journal of the National Medical Association.

This study aimed to identify perceptions of a career in radiology among female minority medical students in the United States by conducting a national survey of medical student members of the Student National Medical Association (SNMA). This is the first of its kind assessing women minority medical students' views about a career choice in radiology.

Much scholarly investigation has been conducted into understanding the hesitance among women medical students to pursue a career in diagnostic radiology. Many factors have been described that may potentially deter women from applying to radiology. The most frequently listed are a lack of opportunity for patient contact and more recently, a lack of women radiology mentors. These studies suggested that to help female medical students make informed decisions when considering a career in radiology, there should be ample education regarding subspecialty options, opportunity for patient contact, and lifestyle factors.<sup>1,2</sup>

There has been less investigation into understanding the career choices of underrepresented minorities (URMs) which includes Blacks/African Americans, Latinos, Native Americans, and Native Hawaiians/Pacific Islanders. As the population of patients that radiologists serve continues to diversify, we will need to represent that diversity in order to effectively serve our patients.

Among the 20 largest residency programs, diagnostic radiology ranks 20th in representation of URMs and 17th in representation of women. To understand factors contributing to these statistics, this study aimed to identify perceptions of a radiology career and factors that affect interest in radiology among female minority medical students. There may be factors that are unique to this particular specialty and population that illuminate why female minorities are underrepresented in radiology.

The study data was obtained by using an online survey that was emailed to medical student members of the SNMA. Survey data gathered demographics, specialty interests, perceptions held toward radiology, factors affecting interest in radiology, extent of exposure to radiology, and involvement in radiology interest groups.

Overall, 91.4% of respondents were underrepresented minorities (URM) in medicine. Out of the total number of respondents, 14.8% were interested in radiology. Students not interested in radiology agreed that it offers limited interaction with patients and that outsourcing is limiting the job market. Respondents who were interested in radiology and those who were not indicated that radiology being a “predominantly male field” had a negative effect on their level of interest. In addition, they indicated that substantial exposure to radiology had a positive effect on their level of interest.

Our national survey of female minority medical students demonstrated a low level of interest in radiology that is consistent with previous studies of female medical students. However, female minorities of all medical school levels reported a low to moderate level of exposure to radiology. Despite an increase in the percentage of URMs matriculating into medical school, minimal exposure, a shortage of URM/women radiology mentors, and misperceptions of radiology have negatively influenced medical student interest in radiology. Efforts to increase the visibility of women and URM radiologists may therefore have a strong positive effect on the interest in radiology among female minority medical students. In addition to this, early exposure to what a career in radiology entails is paramount to developing interest among medical students of diverse backgrounds.

References

1. Roubidoux MA, Packer MM, Applegate KE, Aben G. Female Medical Students' Interest in Radiology Careers. J Am Coll Radiol. 2009;6:246-253. doi:10.1016/j.jacr.2008.11.014
2. Fielding JR, Major NM, Mullan BF, et al. Choosing a Specialty in Medicine: Female Medical Students and Radiology. 2007. doi:10.2214/AJR.06.0539
3. Chapman CH, Hwang W-T, Both S, Thomas CR, Deville C. Current Status of Diversity by Race, Hispanic Ethnicity, and Sex in Diagnostic Radiology. Radiology. 2014;270(1):232-240. doi:10.1148/radiol.13130101

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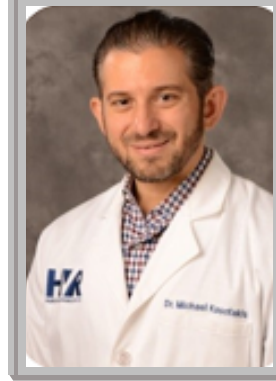
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# LEADERSHIP SPOTLIGHT

**THIS MONTH** THE LEADERSHIP SPOTLIGHT FEATURES MICHAEL KASOTAKIS, MD, CHAIRMAN OF THE DEPARTMENT OF RADIOLOGY AT ST. JOE'S MERCY HOSPITAL ANN ARBOR AND LIVINGSTON



**Welcome Dr. Kasotakis, thank you for agreeing to participate in the MRS Newsletter's Leadership Spotlight feature. You are the Chair of Radiology at the St. Joseph Mercy Hospital, please tell us about your department.**

Dr. Kasotakis "I am a radiologist at Huron Valley Radiology (HVR), a busy private practice in Ann Arbor, MI. I am also Chairman of the Department of Radiology at St. Joe's Mercy Hospital Ann Arbor and Livingston. I'm also a character in an epic and perennial saga. More on that later..."

**Please tell us about yourself and your background.**

Dr. Kasotakis: "I'm fellowship trained in neuroradiology and a former resident of Henry Ford Hospital. As department chair, I have the important responsibility being the physician liaison between the hospital administration and our radiology group. My job is to represent multiple stakeholders in the healthcare experience of the patient. My workday is always different. Sometimes I'm working through a list of diagnostic studies trying to survive a busy ED shift. Other days, I'm shuffling between meetings on what feels like a vertiginous amusement park ride. A typical day may include talking to patients, referring clinicians, administrators, and technologists. The job of a chair is never done and certainly never perfect. There is always room to improve. However, the goal and mission is always the same-delivering the best and safest care to our patients and loved ones."

**How would you describe your leadership philosophy/style?**

Dr. Kasotakis: "I'm a Generation X'er sandwiched between the Boomers and the Millennials. I grew up in a small town in Western Iowa in the 1970's and 80's. It was an awesome time and place to be a kid especially as the son of first generation immigrants from Greece. We played freely and openly, exploring our environment, and pushing the boundaries of what was safe. It was a time where the past met the future both on a personal and societal level. I started my youth with Sesame Street, Mr. Roger's neighborhood, Atari, and Tom Brokaw, and came of age with Nirvana, grunge music, Apple, and the early internet. Think the movie 'Goonies' meets 'Stranger Things.'"

## LEADERSHIP SPOTLIGHT CONT.

As a leader, my primary goal is to create an atmosphere of collaboration, open inclusiveness, and relentless positive optimism. My core leadership values include honesty, authenticity, and radical transparency. I always try to 'practice what I preach', a value that I learned by having three young daughters who will instantly correct any obvious deviation from this virtue.

### **Did you have a mentor and please describe the impact they had on your career?**

Dr. Kasotakis: "Mentors have always been a major influence on me. Often I feel as if my life mirrors the epic saga of the character Bilbo Baggins in Tolkien's 'The Hobbit'. Like the hero Baggins, I took the call to action leaving the safe and protected harbors of home for adventure. I was the first in my family to attend college. While studying microbiology and art history at the University of Iowa, it was a 'wise old man' that introduced me to medicine. As a physician, I could combine a love for science and a passion for the humanities. In medical school, another mentor quickly introduced me to the specialty of radiology, this time a white-haired radiologist teaching anatomy in the lab. A new mentor, this time our very own Dr. Wilbur Smith, emerged and encouraged me to interview at Henry Ford. While at Ford, Dr. Suresh Patel mentored me and encouraged me to pursue a fellowship in neuroradiology at Northwestern. I never thought of myself as a leader early on in my training. Once again, another 'wise old man', Dr. Alkis Zingas, encouraged me to join the Michigan Radiology Society. I was instantly attracted to the amazing networking and resources that only a century old institution like the MRS could provide. I was hooked.."

### **What do you see as some of the biggest issues or challenges currently facing the practice of Radiology or your department in particular?**

Dr. Kasotakis "Some of the biggest issues that are currently facing the practice of Radiology can be summed up in one fancy word-disintermediation, or the existential separation of physician autonomy. These external forces of disruption include the corporatization and commodification of radiology, physician burnout, the unknown threats and opportunities of Artificial Intelligence, and the unknowns of healthcare reform legislation and alternative payment models. Increasingly physician shortages will start to affect our ability to recruit at the pace of the increasing volumes, demands, and complexity of imaging studies.."

### **How do you think the ACR and/or the MRS can assist in addressing these issues/challenges?**

Dr. Kasotakis " The MRS along with the ACR is the best resource that we have as radiologists to leverage our size and talents into a collective voice. My proudest moments have been meeting with local and national senators, representatives, and governors. Telling them our radiology story- the "who we are, what we do, and why we do it". As an organization, we have advocated on issues pertinent to radiologists including for example: repeal of the SGR formula, the dramatic reduction in MPPR cuts, defending radiology scope of practice issues, advocating for lung cancer screening, mammography quality standards, and inappropriate utilizations.

Finally, I would encourage everyone reading this to get involved. The future of radiology is bright. We are at the forefront of the intersection of where information technology meets patient care. We need to embrace the ethos of Imaging 3.0 and incorporate new and powerful tools such as AI that will converge on the new science of data driven analytics, radio-genomics and early cancer and disease detection.

I am grateful and honored to be part of a long history of radiologists, scientists, and physicists. I am grateful to continue to serve on our century old Michigan Radiology Society founded 26 years after the discovery of the X-ray in 1895. As stewards of this profession, we must respect and celebrate our past whilst always looking forward. Now I am the 'wise old man', the mentor looking for the next Bilbo Baggins; the next generation of heroes, that will take us into the new and undiscovered country.

# RADIOLOGIC SAFETY

by Evan Boote, PhD

## NCRP Report 184 – A Radiation Exposure Census

This year, the United States will conduct a decennial census of the population as mandated by the U.S. Constitution. These data will subsequently be used to apportion the House of Representatives. Various media reports have emphasized the criticality of the census to inform other functions of government including taxation and allocation of various types of federal funding and grants. At the end of last year, the National Council on Radiation Protection published a “census” of their own, a review of the collective effective radiation dose of the U.S. population. While not constitutionally bound to perform every ten years, the motivation to produce another review ten years after the prior (NCRP Report #160, 2009) was due to the rapid growth of diagnostic and interventional procedures between the first report (NCRP #92, 1987). This is reflected in the modification of the titles of these three reports; from “Ionizing Radiation Exposure of the Population of the United States” (# 93 and #160) to “Medical Radiation Exposure of Patients in the United States” (#184). The principle reason that the effective radiation dose per individual increased between 1987 and 2009 was the increased use of diagnostic imaging, which many in the radiology community are aware, resulted in imaging being responsible for approximately half of the U.S. population radiation dose. The increase per individual was almost six-fold between the early 1980’s to 2006. Hence, the focus on the most recent report is on medical exposures.

The good news is given first in this report, in fact, the first sentence of the executive summary states “Analysis and estimation of patient doses from diagnostic and interventional medical procedures indicates there was a substantial reduction (~15 to 20%) in nontherapeutic medical radiation dose to the U.S. population in the decade between 2006 and 2016.”

The report concludes that these numbers are real as the same methodology and the same data sources were used in 2006 and 2016 (there is a three-year delay from data acquisition to publication in both cases).

Another important part of this report which may be overlooked is a new section that addresses the medical ionizing radiation exposure of the pediatric population of the United States. This was not reviewed in prior NCRP reports, however this inclusion reflects the attention that the Image Gently program has given to this matter. It is reported that pediatric medical imaging accounts for 9% of combined medical and background radiation for individuals under the age of 18 (in contrast to medical imaging contributing roughly 50% of the total for adults). Unquestionably, computed tomography is the main source of radiation dose to the pediatric population. Of that 9% (about 0.3 mSv per individual to the U.S. pediatric population of 74 million in 2016), computed tomography accounts for 84% and radiography 6% with fluoroscopy, nuclear medicine and interventional splitting the remainder roughly equally. It is very likely that Image Gently and size-specific protocols have reduced that contribution, but the degree of reduction is impossible to assess in this report.

In reporting and interpreting these data, it is important to understand that the medical procedure dose is provided as the effective dose per individual. Firstly, effective dose is the sum of weighted equivalent doses for radiosensitive tissues and organs. The weighting is based on the fraction of the total radiation detriment to the body when the whole body is irradiated uniformly. In 2009, a different set of weightings was in use – the current report applies both sets and allows for comparison. For the most part, this has not changed the overall results (the report estimates possibly by 5%), however, for some studies like mammography, the change in weightings resulted in more than a two-fold change in the collective effective dose because the weightings in the later group was larger for breast tissue



(ICRP No. 103). By the way, the most accurate volume and dose data is for mammography because of the 100% data collection mandated by MQSA. The volume of mammography was reported in 2006 at 34.4 million mammograms with a population of women (45 yr and older) of 58.2 million. Also included here are data regarding the use of digital breast tomosynthesis.

For Computed Tomography, the American College of Radiology Dose Index Registry (DIR) has been of value to the authors of this report. The compilation of computed tomography dose indices and dose-length product values along with the anatomical sites provides a rich set of data with narrowing error bars. This is important because CT is still the highest medical source of radiation and was essentially unchanged from 2006 to 2016.

At this point, the patient reader will know that we are just getting to the good part – the rest of you are asking “Why did the numbers decrease? Please tell!” The answer is a combination of technology and practice patterns, with the latter being the larger part of the decrease. While the number of CT studies increased by 25% (and population only increased by about 8%), the use of dose reduction methods kept the annual individual effective dose at 1.5 mSv (1.4 mSv in 2006). For other modalities, there were substantial decreases in the number of procedures – this included general and cardiovascular nuclear medicine – which resulted in a 68% decrease in the per individual dose. As the second largest contributor to collective effective dose, this was a significant effect. However, decreases in the number of chest, abdomen, pelvis and urologic exams resulted in a decrease of about 25%.

Lastly, it is important to recognize that the principle value identified in this report (Effective Dose per individual in the U.S. Population) is obtained by dividing the collective effective dose by the U.S. population, whether exposed or not. Since many people do not get any x-ray, CT or nuclear studies in the course of a year and many get multiple studies. Therefore, this number should not be used in a general epidemiological application, for example, how many cancers will result from medical imaging this year? The value of this data point is the historical comparison and trends. As such, it helps us to understand the effect of an aging population, Medicare reimbursement, technology and medical practice patterns have on the use of imaging. It is also still useful as a way to review overall population health. As health care professionals, we can say (informed as we are) that the use of medical imaging contributes roughly the same radiation exposure to the U.S. population as radon, cosmic radiation, consumer products and nuclear power combined.

By the way, the National Council on Radiation Protection and Measurements was chartered by the U.S. Congress and seeks to formulate, disseminate guidance and recommendations on radiation protection and measurements. Your friendly neighborhood medical physicist relies on the activities and publications of this organization for a variety of matters – our peers are often quite involved in these.

However, they also offer guidance to government entities like NASA (spaceflight dosimetry and radiobiology) and federal and state regulatory agencies. The reports are collaborative engagements, often involving twenty or more experts in the field.





# 23RD ANNUAL RESIDENT SECTION CONFERENCE & RESEARCH FORUM

**February 7, 2020**

**Marriott Auburn Hills Pontiac**

The Resident Section will host their 23rd Annual Resident Section Conference & Research Forum on Friday, February 7, 2020 at the Marriott Auburn Hills Pontiac. This conference brings together 125-150 residents from across the state for a comprehensive one-day conference that will cover topics such as Artificial Intelligence and machine learning as well as the importance of advocacy and estate planning.

Residents were asked to submit abstracts and four will be selected as winners to present at the conference next week.

Please join us in thanking the many sponsors that have helped to make this event a complete success.

For more information or to register for this event contact Shannon Sage at [shannon@michigan-rad.org](mailto:shannon@michigan-rad.org)

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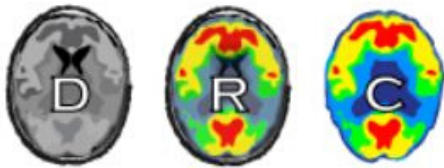




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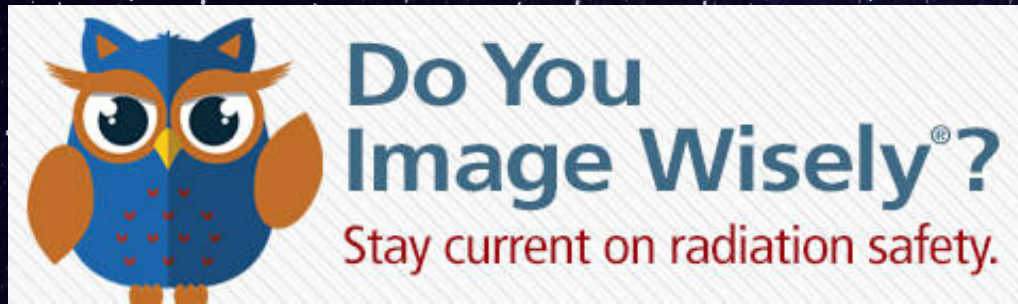
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## About Image Wisely

The American College of Radiology and the Radiological Society of North America formed the Joint Task Force on Adult Radiation Protection to address concerns about the surge of public exposure to ionizing radiation from medical imaging. The Joint Task Force collaborated with the American Association of Physicists in Medicine and the American Society of Radiologic Technologists to create the Image Wisely campaign with the objective of lowering the amount of radiation used in medically necessary imaging studies and eliminating unnecessary procedures. Image Wisely offers resources and information to radiologists, medical physicists, other imaging practitioners, and patients.

**Participating Organizations**

**American College of Radiology (ACR)** The ACR is a national professional organization serving more than 37,770 radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, and medical physicists dedicated to improving the quality and safety of medical imaging and radiation oncology.

**Radiological Society of North America (RSNA)** The RSNA is an association of more than 54,000 radiologists, radiation oncologists, medical physicists, and related scientists committed to excellence in patient care and healthcare delivery through education, research and technologic innovation.

**American Society of Radiologic Technologists (ASRT)** The ASRT is a professional society of more than 132,000 medical imaging and radiation therapy professionals dedicated to advancing the medical imaging and radiation therapy profession and to enhancing the quality of patient care.

**American Association of Physicists in Medicine (AAPM)** The AAPM is a scientific, educational, and professional organization of more than 7,000 medical physicists promoting the application of physics to medicine and biology.

### KEEP UP WITH "IMAGE WISELY" HOT TOPICS

- **"That Lead Apron in the X-Ray Room? You May Not Need It"**  
<https://www.nytimes.com/2020/01/14/well/live/radiation-exposure-x-rays-scans-lead-apron.html>
- **"Patient Gonadal and Fetal Shielding in Diagnostic Imaging Frequently Asked Questions"**  
[https://www.aapm.org/org/policies/documents/CARES\\_FAQs\\_Patient\\_Shielding.pdf](https://www.aapm.org/org/policies/documents/CARES_FAQs_Patient_Shielding.pdf)

# Need a New Job?

## Check out the MRS Job Bank!

### Mid-Michigan Preview

*Advanced Diagnostic Imaging, PC*  
3400 N Center Suite 400 Saginaw,  
MI 48603  
Contact Person: Darlene Egerer  
degerer@adirads.com  
989-799-5600

*Advanced Radiology Services*  
3264 North Evergreen Dr NE  
Grand Rapids MI 49525  
616-363-7339

*McLaren Greater Lansing*  
401 West Greenlawn Ave Lansing  
MI 48910  
Contact Person: Michele Bishop  
mlbishop@advancedrad.com  
517-975-6000  
616-363-5085

### Northern Michigan Preview

*Alpena Regional Medical Center*  
Contact Person: Steve Smith  
(Administrator)  
1501 W Chisholm St  
Alpena MI 49707-1401  
989-356-7000

*Munson Medical Center*  
1105 6th St Traverse City MI  
9684-2386

Contact Person: Deb Glicken  
(Physician Recruiter)  
231-935-6400 - 231-935-5890

*Radiology Muskegon, PC*  
605 Western Avenue  
Muskegon, MI 49440  
Contact Person: Stephen Vaughan  
(Administrator)  
steve@radmusk.com  
231-722-6005 Ext. 110

### Southeast Michigan Preview

*Beaumont Health System*  
Contact Person: Richard  
Silbergleit, MD  
248-898-5000

*Beaumont – Gross Pointe*  
468 Cadieux Rd Grosse Pointe MI  
48230-1507  
313-473-1000

*Beaumont – Royal Oak*  
3601 W. 13 Mile Rd  
Royal Oak MI 48073  
248-898-5000

*Beaumont – Farmington Hills*  
28050 Grand River Ave,  
Farmington Hills, MI 48336  
Contact Person: Rocky Sanez,  
DO  
dr.rocky@gmail.com

<https://michigan-rad.org/job-bank/>

# A Gracious Thank You from the Sage Family

Dear Members of Michigan Radiological Society,

On December 27, 2019 our family lost our home and most of our belongings due to an electrical fire that started in the garage. In a matter of minutes, it went from a small fire to fully engulfing the garage and the entire attic of the house. Thankfully, someone was watching over us and everyone made it out safely, including our two year old grandson. A month later we are still putting the pieces of our lives back together and finding our new normal but doing so with smiles on our faces. This is not the first time this family has been through this, having had a house fire in December 2012 that turned our lives upside down. In that case we had some smoke damage and had to move but did not lose many of our belongings. We are resilient and will find a way to move forward. I speak for my entire family when I say that I cannot express the gratitude we all feel knowing that so many people care and are willing to help. The outpouring of support immediately after the fire was overwhelming and hard to comprehend, we are humbled and honored to be associated with such wonderful people. Especially at a time when our country is so divided over the very things that this deluge of love and support has proven to be false, people naturally want to help one another and this is clear evidence of that. I have been with the MRS for coming up on 10 years and have never felt so supported. The MRS and all its members are truly like family and make me proud to be a part of such a spectacular organization. Thank you from the bottom of my heart to all of you that have supported myself and my family during these trying times.

Sincerely,

Shannon Sage & Family

