

MICHIGAN RADIOLOGICAL SOCIETY NEWS

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



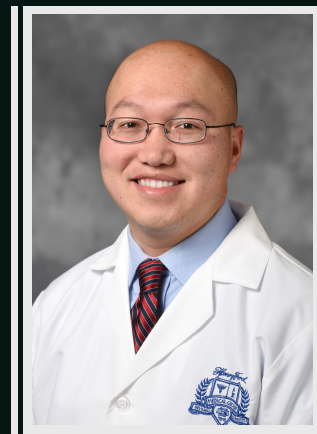
IN THIS ISSUE:

- 2 President's Message
- 4 MRS Centennial Celebration
- 5 Diversity in Radiology
- 8 International Day of Radiology
- 10 Legislative Update
- 12 Radiologic Safety
- 14 Senior & Retired Section
- 15 In Memoriam
- 17 Jobs Bank
- 18 New & Transferred Members



A MESSAGE FROM THE PRESIDENT

BY DANNY MA, M.D..



Danny Ma, M.D.
Michigan Radiological Society President

Dear Fellow Michigan Radiological Society Members,

With Thanksgiving upon us, it is a reminder to reflect on what we are thankful for this past year. 2020 has been a year like no other that continues to test us. We are still struggling through the COVID-19 pandemic, isolation, racial injustice, and a contentious Presidential election. In a year that is difficult to find much to be thankful for, I am most grateful for our selfless health care workers. Our very own MRS members comprised of radiologists, radiation oncologists, nuclear medicine physicians, and physicists have persevered and weathered the storm. We made sacrifices during the coronavirus pandemic and bravely took care of our patients. We worked to increase diversity and inclusion while combating racial bias. We channeled our creativity and innovation to solve new challenges. You continue to amaze and inspire me as we are working to overcome the latest COVID-19 surge.

November is National Lung Cancer Awareness month. The American Cancer Society predicts 228,820 new cases of lung cancer and 135,720 lung cancer deaths in the U.S. in 2020. Lung cancer kills more people each year than all colon, breast, and prostate cancers combined. Annual lung cancer screening with low-dose CT in high risk patients significantly reduces lung cancer deaths. Thoracic imaging specialists deserve a special thanks for diagnosing early stage lung cancers and saving lives.

To save more lives from lung cancer, the ACR recommends that:

- The U.S. Preventive Services Task Force (USPSTF) should lower the starting age for screening from age 55 to age 50 and the smoking history requirements from 30 pack-years to 20 pack-years.
- The USPSTF should extend the quit-smoking requirement from 15 years to 20 years.
- Medical providers must get familiar with lung cancer screening guidelines and prescribe these exams for high-risk patients. Today, only a fraction of the recommended screening population is screened.
- Increase screening among minorities and women.

More widespread screening could save 30,000-60,000 additional lives in the U.S. each year.

The Michigan Radiological Society, in conjunction with the ACR, is working hard to prevent the forthcoming payment reductions generated by evaluation and management (E/M) code changes. Due to budget neutrality requirements within the Medicare Physician Fee Schedule, radiologists are expected to face an 11% Medicare reimbursement reduction. HR 8702 "Holding Providers Harmless from Medicare Cuts During COVID-19 Act, will halt the Medicare payments cuts that start January 1, 2021.

The ACR and the Radiology Advocacy Network have sent two "calls to action" to members in November with a poor response rate so far. I am optimistic that with everyone's participation the 11% Medicare pay cut can be avoided. Please tell your Congress member to support HR 8702 by [clicking here](#).

State of Michigan Governor, Gretchen Whitmer, issued a Certificate of Proclamation, claiming November 8, as the Day of Radiology in Michigan. Michigan joined the rest of the world to celebrate the ninth International Day of Radiology. November 8 is the day that Wilhelm Conrad Rontgen discovered the existence of x-rays in 1895. IDoR is an annual event held with the aim of building greater awareness of the value that radiology contributes to safe patient care, and improving understanding of the vital role radiologists and radiological technologist play in the healthcare continuum.

On November 17, the MRS Medical Student Section held their inaugural meeting. The virtual meeting, organized by Co-chairs Rocky Saenz and Katherine Klein, was a success and encouraged young medical students to pursue radiology as a profession. The meeting was attended by students from all medical schools in Michigan, including U-M, MSU, WSU, WMU, CMU, and OU/Beaumont. Medical students Marco Lin and Sydney Rubin were given the opportunity to present very interesting radiology cases. Dr. Katherine Klein gave a very persuasive and informational lecture to the medical students. The meeting adjourned after an open Q/A session.

Additional content in the November-December newsletter:

- The Commission of Women and Diversity raises awareness of Transgender awareness week.
- Co-chairs of the MRS Centennial Planning Committee, Ralph Lieto and Perry Pernicano, are looking for volunteers to help with the MRS Centennial Celebration.
- Dr. Michael Sandler provides an update from the new Senior and/or Retired Section.
- Dr. Brad Betz gives tips on "Focusing In" to improve the lives of our patients and staff.
- Legislative Update by James Cavanagh, JD

We have much to be thankful for. I hope all of you stay well and enjoy the upcoming holidays and the New Year.

Sincerely,
Danny Ma M.D.

CELEBRATING 100 YEARS

MRS Centennial Celebration

MRS CENTENNIAL CALL TO THE MEMBERSHIP

Members of the Michigan Radiological Society (MRS) will experience an event next year that will occur only once in our lifetime – the Centennial of the MRS. Did you know that the MRS was established even before the ACR? The MRS Board is planning a celebration to mark this unique anniversary over the course of a weekend in October 2021. To have this occur, we need member support and assistance. Much of the work can be done virtual but still requires participatory action. We need your help.

The planned format for the weekend is an icebreaker/reception Friday evening, CME Presentations Saturday morning, and the Gala Centennial Celebration Saturday evening. The Centennial Committee has formed the following subcommittees for which we need members to chair and staff in order for this to be a successful Centennial event – *Registration, Program, Fundraising, Entertainment, Venue, and Memorial Handout*. Please contact MRS Executive Director, Shannon Sage at shannon@michigan-rad.org with your interest.

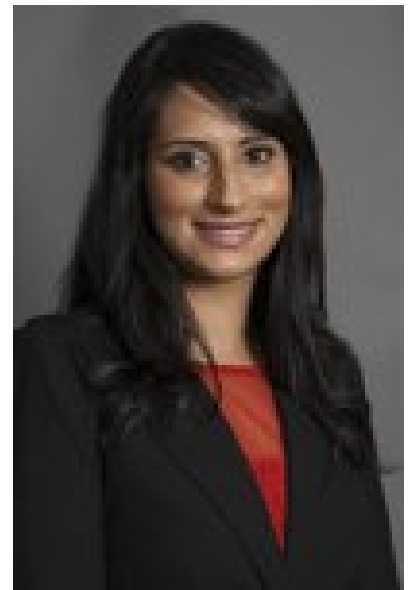
Ralph Lieto, MS, FACR

Perry Pernicano, MD, FACR

Centennial Committee Co-chairs

Diversity in Radiology

The week of November 16th was Transgender awareness week with November 20th dedicated to memorialize victims of transphobic violence as the Transgender Day of Remembrance. While transgender persons have existed as long as history has been recorded, the conversation regarding implicit bias and health inequity reveals that 24% of transgender persons report unequal treatment in health care environments and 50% report that they personally have had to teach basics of transgender care to their health care professionals. Closer to home, a recent publication in the American Journal of Radiology reported survey results of 363 transgender and gender nonbinary (TGNB) patients regarding their experiences during a radiology imaging visit or encounter. Over 70% of those surveyed described at least one negative experience during their visit. These ranged from experiencing emotional discomfort during an examination, the use of inappropriate pronouns, to a lack of gender-neutral restrooms, among others.



Evita Singh, M.D.

The University of Iowa Hospitals & Clinics provides “Quick Tips for Medical Providers of Transgender Patients” which details the “TRANSCARE Approach”

Treat transgender individuals with respect, as you would for all of your patients.

Refer to transgender people by the name and pronoun associated with their gender identity.

Ask politely how they wish to be addressed if you are unsure about a person's gender identity.

Never reveal a person's transgender status, unless it is absolutely necessary for the patient's health care.

Set a high standard for inclusive care.

Concentrate on care, not curiosity. Example: it is inappropriate to ask about genital status if it is unrelated to care.

Avoid negative facial reactions and offensive language.

Remember that treating a transgender patient is not always a training opportunity.

Educate yourself and others about transgender health care and issues.

Transgender Related Definitions

Sex - A term used to classify people typically as female or male, usually based on external anatomy at birth.

Sexual Orientation - A person's sexual identity in relation to the gender(s) to which they are attracted.

Gender Identity - A personal conception of oneself as male or female, both, or neither.

Gender Expression - The external display of gender through name, pronouns, appearance, and behavior.

Transgender (Trans) - A term for people whose gender identity does not coincide with the sex assigned at birth.

Cisgender - A term for people whose gender identity coincides with the sex assigned at birth.

Transgender Man or Trans Man - Terms used for people assigned female at birth, but identify and live as a man.

Transgender Woman or Trans Woman - Terms used for people assigned male at birth, but identify and live as a woman.

Non-binary - An umbrella category for trans persons who do not conform to binary (i.e. women or men) genders. More specific labels may include gender queer or gender fluid. Non-binary people often use gender neutral pronounssuch as they/them/theirs, ze/zir/zirs, or ne/nem/nirs.

I reached out to friend and Diversity, Equity and Inclusion Consultant, Dr. Aparajita Jeedigunta for guidance on improving recognition and inclusion of the transgender community in healthcare.

ES: So persons whose experienced or expressed gender differs from their sex assigned at birth may identify as transgender. Why is it so important that the medical community recognize and acknowledge a patient's gender identity beyond their sex?

AJ: *"If you really think about it, diversity has ALWAYS existed in the spectrum of human history but our problem has been inclusion of that diversity and using the correct labels. When we don't intentionally include, we automatically exclude, which means we are not taking care of everyone equally. Unless we intentionally include the diverse population, we can't make sure that their needs are equitably met. A very simple example: transgender people have existed for eternity, but we are only now starting to talk about their full human rights. Up until recently, they were actually called TRANSGENDERED, like it was bestowed upon them by someone else or that it was some sort of choice when in fact, it's a human condition. Their human condition. We don't say "womanED."*

ES: With specific regards to healthcare, how does gender identity affect the patient experience and health outcomes? I imagine if the physical body is discordant with the experienced or expressed gender, it must be difficult to not only acknowledge symptoms but then to seek medical help. But it is important that a physician not only know their patients expressed gender, but their chromosomal sex for purposes of demographics of disease and risk as well as what medical interventions and medications have or are being used as these can all impact diagnosis and management of disease. It can be a lot of complex information that needs to be accurately communicated on both sides.

AJ: *"For transgender persons, in every aspect of their lives including healthcare, it boils down to how much they feel like they belong in a space and how much they feel like they are being respected and valued as a whole human being. For many there is full blown gender dysphoria and to find a physician who actually understands this kind of reticence, not in the typical cut and dry way that a practitioner would typically address a medical issue, can be very difficult. There are many degrees to this depending on the individual. It affects every aspect of health in this population... physical, mental...across the board. We can all only articulate in the language that we have evolved for it, and we haven't evolved the right language yet."*

ES: How can a physician and their department begin to improve their acknowledgement and care of the transgender community and increase their awareness of the impact of patient gender identity?

AJ: *"There are a few things to understand. First there is the chromosomal identity with X and Y and whatever combination one has. Then there is the external genitalia identity that is seen and assigned at birth. But then after the point of birth gender identity is a case where subjective human experience really does take over for all human beings. We all have many layers of identity- gender identity is just one of those, then cultural identity, familial, religious identity, race and so on. And unpacking all of those, understanding all of those, understanding that when you are seeing a patient, there are all these layers that they are filtering their responses to you though. As a physician it is within your responsibility to understand those layers and look to see if there is any miscommunication occurring because of one of those layers. Gender is never going to present on its own. For instance a black transgender male is going to express himself and communicate very differently than a white transgender male, or a Hispanic transgender female, or a Catholic transgender male and so on and so forth. If they are a transgender person whose family has accepted them versus one whose family has not could add a whole layer of not just dysphoria but depression and underlying conflict there that will take a whole toll on their psyche and that's going to affect how and if they even feel safe enough to disclose certain things to their doctor. The psychological safety is very individualized. And then of course you add in health specific markers - that adds another layer to their presentation as a patient. That's what physicians need to understand: there is no cut and dry formula for this. Hospitals can create protocols on how to interact with transgendered persons, but at the end of the day you need to understand you are dealing with a unique human being and you need to humanize that experience. For instance if you disclose your heteronormative status to your patients as Dr. Singh (she, her/hers) it's a simple way of putting out here that I understand that this is just one label and if you have a different label, I'm going to use the label you want me to use."*

<https://genderspectrum.org/> provides some helpful resources.

Dr. Aparajita (AJ) Jeedigunta, Ph.D is the Founder & CEO of AJ Rao, LLC, a boutique firm that specializes in creating custom built comprehensive strategies for equity, intentional inclusion, belongingness and leadership development for individuals, teams, and organizations. She is also the Founder & CEO of the C3EB Summit - Culturally Competent Conversations for Equity and Belongingness. Dr. AJ is a trained social-personality psychologist, a certified professional executive and leadership coach, an advanced practitioner of professional development tools and assessments, a podcaster, a published author and recognized thought leader, and a two-time Traumatic Brain Injury survivor. Her life's work entails "Making The Invisible Visible for Better Belongingness".

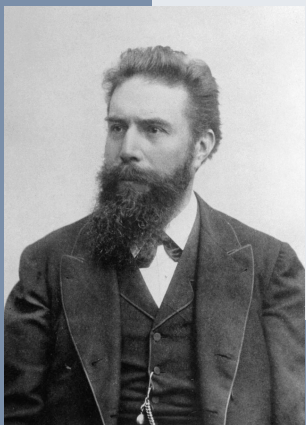
9TH INTERNATIONAL DAY OF RADIOLOGY

On **November 8th**, radiologists, radiographers, radiological technologists and professionals from related fields all over the world celebrated the **ninth International Day of Radiology (IDoR 2020)** and **125th anniversary of the day that Wilhelm Conrad Röntgen discovered the existence of x-rays in 1895.**

The **International Day of Radiology** is an annual event held with the aim of building greater awareness of the value that radiology contributes to safe patient care, and improving understanding of the vital role radiologists and radiological technologists play in the healthcare continuum.

Medical imaging is one of the most exciting and progressive disciplines in healthcare and a field of great activity in terms of technological and biological research. X-rays, MRI scans, ultrasound and numerous other medical imaging technologies, as well as the eye-catching images associated with them, are known to many people, but the exact purpose and value of these services is not widely understood.

We therefore chose November 8, the day that **Wilhelm Conrad Röntgen** discovered the existence of x-rays in 1895, as a day of action and awareness. We hope to alert the world to the stunning medical, scientific and even artistic possibilities of medical imaging, the essential role of radiologists and radiographers as parts of the healthcare team in countless medical scenarios, and the high educational and professional standards required of all staff working in medical imaging.



STATE OF MICHIGAN



CERTIFICATE OF PROCLAMATION

ON BEHALF OF THE PEOPLE OF MICHIGAN,
I, Gretchen Whitmer, governor of Michigan, do hereby proclaim

November 8, 2020

as

DAY OF RADIOLOGY

WHEREAS, medical image exams have revolutionized medicine and are associated with greater life expectancy, declines in cancer, and lower hospital mortality rates for Americans; and,

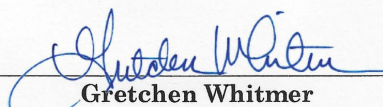
WHEREAS, medical image exams are most often safer and less expensive than the invasive procedures they replace and prevent unnecessary hospital admissions, decrease lengths of hospital stays, and help lower health care costs for Americans; and,

WHEREAS, November 8, 2020 is the ninth annual "International Day of Radiology," which marks the 125th anniversary of the discovery of the x-ray by Wilhelm Conrad Rontgen; and,

WHEREAS, on this day, we should recognize and honor the tremendous advances in patient care made possible by radiation therapy and medical imaging exams, such as MRI and CT scans, which have not only helped diagnose patients faster, but have also led to less intrusive and safer practices by doctors;

NOW, THEREFORE, I, Gretchen Whitmer, governor of Michigan, do hereby proclaim November 8, 2020, as Day of Radiology in Michigan.




Gretchen Whitmer
Governor



Legislative Update



by James Cavanagh, JD



LEGISLATION

Prior Authorization:

After three hearings, SB 612 was reported from the Senate Health Policy Committee in substitute form. The bill, which has been actively supported by MRS, MSMS advocacy groups and members of the "Health Can't Wait Coalition," establishes procedures and protocols for prior authorization. The bill sponsor, Curt VanderWall (R-Ludington) says he is committed to advancing the bill toward passage. At this stage, most insurance carriers, most notably Blue Cross/Blue Shield, are opposed.

Surprise Billing:

The Legislature has passed a package of bills aimed at stopping so-called "surprise billing." As originally introduced, the bills required out-of-network providers to accept the same reimbursement as other in-network providers for the service, or 150 percent of the Medicare rate. As the legislation wended its way through the process, MSMS, MRS and other physician specialty organizations were vehemently opposed because there was no proper dispute resolution process, such as binding arbitration. However, due to the persistence of these groups, a limited form of arbitration was included. Binding arbitration is now allowed when the provider can show to the Department of Insurance and Financial Services that the insurer's provider network is not adequate. This certainly is far from perfect. However, it is a step in the right direction and will allow providers to build their case to expand arbitration, perhaps as early as next session. With that in mind, MSMS decided to stand down for the final vote, a course that was also followed by other physician groups.

Signage:

HB 5186 requires extra signage at facilities conducting imaging to inform the patient of the availability of protective covering. As a number of the members have conveyed to me, this is totally unnecessary legislation and, in fact, is contrary to protocols developed by experts. I have conveyed this to the House Health Policy Committee Chair and I am pleased to report the bill remains in this Committee.

Certificate of Need:

SB 669, sponsored by Sen. Curt VanderWall, amends the Public health Code to, among other things:

- Delete a requirement to obtain a certificate of need for a covered capital expenditure.
- Delete a requirement that the Certificate of Need Commission develop, approve, disapprove, or revise certificate of need standards related to the need for making covered capital expenditures.
- Modify a requirement for HMOs to obtain a certificate of need for certain hospital or health facility projects.
- Delete the definition of “covered capital expenditures.”
- Delete a provision prohibiting a hospital from transferring no more than 35 percent of its licensed beds to another hospital or free standing surgical outpatient facility not more than one time if common control elements were met.

The bill passed the Senate on a party line vote, with Democrats opposing. This legislation was referred to the House Health Policy Committee, which has referred it to the House Ways and Means Committee. With all the Democrats in the Senate opposing the bill, it is highly likely the Governor, a Democrat, would veto it if and when it comes to her desk.

NEW LEGISLATION

SB 1185, also sponsored by Sen. VanderWall, makes a health care provider or health facility that provides health care services in support of the State’s response to the COVID-19 pandemic immune from civil liability. The immunity would not, however, apply in cases of willful misconduct, gross negligence, or intentional and willful criminal misconduct. The bill is with the Senate Committee on Health and Human Services. A number of measures similar to this have reached the Governor’s desk only to be vetoed by her.

OTHER

Day of Radiology:

November 8, 2020 marked the 125th anniversary of the discovery of the X-ray by Wilhelm Conrad Röntgen. To acknowledge the tremendous advances in patient care made possible by radiation therapy and medical imaging exams, Governor Whitmer signed a Proclamation declaring November 8, 2020 as a “Day of Radiology” in Michigan.

Certificate of Need:

The certificate of Need Review Standards for MRI services are scheduled for review in 2021. The public comment period was meant to receive testimony on what, if any, changes need to be made. In September, the Draft Revised CT Standards were submitted to the Commission for consideration. One of the significant proposed changes includes a new definition called “CT-Guided Ablation.” Please contact me at jcavanagh@wnj.com if you would like a copy of the draft.

RADIOLOGIC SAFETY

BRADFORD BETZ, M.D., F.A.C.R.



Focusing In

After the magnificent and inspirational feat of circumnavigating the world, Sir Francis Drake—who began shipboard life as a cabin boy—was given a ring by Queen Elizabeth I with the inscription “sic parvus magna”. Greatness from small 89/+-beginnings. It can be all too easy to lose perspective in the torrent of major events of 2020. Our personal lives have changed. Our practices have changed. Although the sweep of history is beyond our individual control, we can continue to make a difference in our own communities. “Focusing in” on incremental progress in our practices will improve the lives of our patients and staff—as well as affect our sense of control and well-being.

Here are a few suggestions for your practice that are within reach and will make you feel better (or at least more professionally informed) for having checked them out:

- Take the pledge to Image Wisely and Image Gently. The publicity around medical ionizing radiation has decreased but the risk has not. The websites (imagewisely.org and imagegently.org) contain a trove of useful information and links. Take a moment to take the pledge(s) and browse the websites
- The ACR manages a website (acr.org) that contains comprehensive information and links on clinical, educational, regulatory, and practice management topics. It is a useful resource with an impressive amount of material. Consider this site to be your first stop for answers about the practice of radiology
- The ACR curates an inclusive set of Practice Parameters and Technical Standards covering numerous facets of clinical practice (acr.org/clinical-resources/practice-parameters-and-technical-standards). Standardization around best practice is a logical way to improve service quality. Interested in starting a CT lung cancer screening program? Have a particular concern about how to communicate diagnostic imaging results? Been awhile since you have done an intussusception reduction but are now in a practice that does them? Each of these topics has their own Practice Standard
- By the way, the ACR circulates new Practice Parameters and Technical Standards as they are created and reviews older Parameters and Standards at least once every five years. The fourth round of reviews for the year closed on November 6. Look for the next round of reviews. The ACR gives its members a chance to comment on them as part of the revision process, which is an easy way for you to review their contents and how they might apply to your practice

- The ACR Manual on Contrast Media is now in its 2020 version (acr.org/clinical-resources/contrast-manual). One enhancement has been the addition of downloadable adult and pediatric contrast reaction treatment cards—a quick crib. The Manual is an impressive, readable, and thoroughly referenced guide to contrast safety. There is even a section that summarizes ultrasound contrast.
- The ACR Appropriateness Criteria represent the most comprehensive set of evidence-based guidelines for the selection of diagnostic imaging exams and interventional procedures (acr.org/clinical-resources/ACR-appropriateness-criteria). At the moment, 198 diagnostic imaging and interventional radiology topics with 965 clinical variants have been published, dealing with over 1700 clinical scenarios. The ACR criteria qualify for use by medical providers to fulfill PAMA (Protecting Access to Medicare Act) requirements when ordering advanced diagnostic imaging exams and have been incorporated into ACR Select®
- The Joint Commission publishes annual Patient Safety Goals (jointcommission.org/standards). Fortunately for us, they also publish simplified versions of these that are a quick read. Some pertain to Radiology (such as patient identification and labeling medications). The Joint Commission also pre-publishes their upcoming standards (one of these for 2021 concerns fluoroscopy exposure). If for no other reason, reviewing these will let you know what preparations your Radiology Department administrator is making for your next Joint Commission audit
- Finally, we welcome all MRS members to share safety and quality experiences from their practice with our readership. To date, the safety vignettes (like this one) in the MRS Newsletter have been written by the MRS Radiology Safety Committee. However, all of us have valuable experience to communicate, with the potential to improve our collective practice of Radiology.

Sic parvus magna.

Best wishes in the upcoming year.

Dr. Betz has been in practice as a pediatric radiologist with Advanced Radiology Services in Grand Rapids for the past 27 years and currently serves as the Medical Director for Radiology at Helen DeVos Children's Hospital

SENIOR & RETIRED SECTION

The Michigan Radiological Society is starting a Senior and/or Retirement Section.

Mission Statement: The mission of the Senior and/or retirement section of the Michigan Radiological Society (MRS) is to promote the fellowship and social interaction among our members with activities including lectures, meetings, discussions on career transitioning and mentoring younger members. Also, with these activities and with a portion of the MRS newsletter, the section will keep our members current about trends and new developments in radiology and medicine in general.

A survey of the 10 member section committee appointed by the President was performed. Results indicate that we will ask for nominal dues of \$25. There was interest in having a few zoom meetings/lectures during the pandemic. After the restrictions have ended, we would have quarterly meetings including a dinner and lecture. Topics would be in the areas of finance, current events, sports and new developments in medicine. This section is intended to be a social experience as well as a professional one. For those interested members, mentoring of early career radiologists and medical students considering radiology may be available.

If you have an interest in joining the section please contact our Executive Director Shannon Sage at Shannon@michigan-rad.org. She will send you a survey so we may further assess what activities our members would like from the section. If you have any questions please don't hesitate to contact me at Sandl1ma@cmich.edu

Mike Michael A. Sandler, M.D., F.A.C.R.

Lead Co-Chair

Senior and/or Retirement Section of body text



IN LOVING MEMORY OF OUR 2009 GOLD MEDAL AWARD WINNER

Carla Cook, MD, FACR

1938 - 2020

Dr. Carla Annette Cook, MD, age 82, passed away unexpectedly in her home, on October 22, 2020. She was born February 25, 1938 in Sault Ste. Marie, Canada, the daughter of Carl Alex and Annette Helen (Di Pasquali) Modine. In 1955, she graduated from Bentley High School in Burton, Michigan. After high school, Carla enrolled in Wayne State University where she received her undergraduate degree and then her Medical Degree, specializing in Oncology, in 1962. After graduating, Dr. Carla Cook began practicing medicine at Henry Ford Hospital on the Boulevard. She then became a member of the Radiology Department of William Beaumont Hospital in Royal Oak, Michigan, where she treated cancer patients for over 30 years. She served on the Board of Trustees at Brighton Hospital for two terms. Many patients will remember Dr. Cook for her knowledge, expertise, and the comfort she provided while traveling through their journey. She cared deeply for her patients. At the time of her untimely passing, Dr. Cook was still practicing Oncology at the Marlette Regional Hospital.

On December 14, 1963, she married her beloved husband, G. Robert Cook, at the 1st Reform Church in Detroit. Two years later they welcomed a daughter, Traci, and in 1970, welcomed their son, Russ, into the world. Outside of her love for medicine, helping people, and being called "mom," Carla enjoyed skiing out West with her girlfriends.

She is survived by her beloved husband, Bob, loving children: Traci Cook (Royal Oak, MI) and Russ Cook (Driggs, ID), and brother, Bill Prance (Burton, MI).



IN LOVING MEMORY OF
OUR 2018 GOLD MEDAL
AWARD WINNER

James Karo, M.D.

FEBRUARY 9, 1940 - NOVEMBER 17, 2020

Loving husband of Lucretia for 56 years. Dear father of Kari Adams (Mike) and Jim Karo (Sheryl Sarafian). Grandfather of Cash, Karolina, Alyse, and Christina. Brother of John (Carol) and the late Diana Karo.

Memorial services will be held at a later date.

Memorial tributes to the Parkinson's Foundation.

Need a New Job?

Check out the MRS Job Bank!

Current Open Positions:

[Diagnostic Radiology Consultants, PC](#) – Diagnostic – Southeast Michigan

[DRS. HARRIS, BIRKHILL, WANG, SONGE AND ASSOCIATES PC](#) – Breast Imager

[DRS. HARRIS, BIRKHILL, WANG, SONGE AND ASSOCIATES PC](#) – Body Imager

[DRS. HARRIS, BIRKHILL, WANG, SONGE AND ASSOCIATES PC](#) – Vascular IR

[Garden City Hospital](#) – General Radiologist – Southeast Michigan

[Med Centric](#) – Remote, X-Rays Only

[Regional Medical Imaging](#) – MSK or Neuro – Southeast and Mid-Michigan

[Regional Medical Imaging](#) – Breast Imager – Southeast and Mid-Michigan

[Rochester Radiology PC](#) – Special Interst in Neuro – Southeast Michigan

[University of Michigan](#) – Cardiothorasic Radiologist – Southeast Michigan

[USA Vein, USA Vascular, USA Fibroid & USA Oncology Centers](#)

[X-Ray Associates of Port Huron](#) – BE/BE Radiologist – Eastern Michigan

To post an open positon on the website contact Shannon Sage at shannon@michigan-rad.org



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

Welcome new and transferred members!

Caroline Plowden Daly
Bradley H Kranendonk
Stephen M Seedial
Alexander Duane Serra

Charles Swallow
Alexander Wright
Andrew M Zbojniewicz

October Birthdays

David M Williams
Marilyn A Roubidoux
James H Ellis
Annette I Joe
George J Balogh
Tushar S Parikh
Kirk A Frey
Thomas A Matthys
Christopher Massin
Mitchell Terry Pace
Christopher J Conlin
Michael P Buetow
David Anderson
Kirk G Banerian
Gerard Farrar
Samuel C Johnson
James Paul Carl
Vito A Casano
Matthias Kirsch
John Dobson
Thomas A Manning
Hero Hussain
Ashish M Mody
Richard Lichtenberg
Sanjay J Talati
Gregory N Mitchinson
Rob A Reed
Donna Hoff
John Meyer
Kristin Nelsen
Michael J Swofford
John Merchun
Sharon Updike
Annie Kalapparambath
Nathan J Jordan
Kavita Rajkotia
Joel Robinson
James Bares

Michael Kasotakis
Manish M Kumar
Jadranka Stojanovska
Ryan Fajardo
Caroline Daly
Kristi M Murphy
Nedi Gari
Amy Neville
Prachi Agarwal
Mark J Rapoport
Ronald Meade
Remy R Lobo
Haiying Yu
Masood Siddiqui
Michael A Fatt
Jessica R Leschied
Lori Joy Gallardo
Joshua Rubin
Jacqueline A Tung
Brent Griffith
Jason Domina
Xhorlina Marko
Kyle Pfeifer
Graham Appleford
Daniel Wood
Andrew Kaisert

November Birthdays

Alkis P Zingas
James M Switzer
Robert J Zick
Leslie R Cohen
Ronald O Bude
James R Bos
Peter Janick
Duane G Mezwa
Frank A Vicini
Mark I Burnstein
Mahendra Shah
Eric M Spickler
Mark W Cimmerer
Theodore Cunningham
Chad R Williams
Peter John Littrup
James M Larson
Carol Mitri
Amit Pandya
Anthony P Munaco
Vincent McCormick
Maria T Vlachaki,
Daya Vora
odd W Kennell
Patricia A Miller
Sunil K Bajaj
Imad Talib Zak
Richard G Krikorian
Rita Ratani
Richard A Wilcox
David Duke Burdette
Neil B McCullough
David Bloom
Sailaja Yadavalli
Kevin C Robinson
Stephanie Patterson
Nader Mohtadi
Monte Harvill
Brad A Shammout

Gerald Perriguet III
Benjamin J Pomerantz
Gauravi Sabharwal
Scott Lancaster
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