

The Report

News from the MRS

A bi-monthly publication of topics and events relevant to radiologists, radiation oncologists, and medical physicists that practice in Michigan.

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PRESIDENT'S MESSAGE

GREETINGS!!

As this hectic summer comes to an end, so has our arrangements for the Michigan Radiological Society (MRS) Centennial Gala & Conference to be held on October 22-23 at the nostalgic Dearborn Inn. It is still not too late to register for either the educational day or the evening Gala or both --

<https://michigan-rad.org/100years/>. More details and information can be found in this newsletter (e.g., vaccinations, masking, Gala attire). All attendees, do not forget to join us at the informal icebreaker on Friday evening. This will be a pleasant opportunity to try our Centennial signature drink, meet MRS leadership, and refresh acquaintances that have been on hold the past 18 months.

In my previous article, I reported that MRS has prioritized a commitment to address the legislative incursion by non-physicians into the radiology scope of practice. Many of these concerns and efforts were highlighted in the September ACR Bulletin article, "State Matters", which featured our past-president, Dr. Gaurang Shah (<https://www.acr.org/Practice-Management-Quality-Informatics/ACR-Bulletin/Issues/2021/September>).

In concert with this goal, the MRS Board unanimously voted to enter a nonfinancial collaboration with the Michigan State Medical Society (MSMS). This coalition of healthcare providers is entitled Michigan for Advancing Collaborative Care Teams (MiACCT) and currently includes 15 state medical organizations. MiACCT is committed to being a proactive, positive approach where a quality, patient-centered health care model is best accomplished by a physician-led team. The Legislative Affairs Committee, chaired by Dr. Joseph Junewick and ably assisted by our lobbyist, James Cavanagh, is leading the MRS effort on this issue. We will keep the membership informed and please respond if called to action with your state representatives. Also, let us know if you have been adversely impacted by scope of practice extension to non-physicians or have comments on this issue.

I look forward to seeing you in Dearborn!!

Ralph P. Lieto, MS FACR

President, Michigan Radiological Society





ANNIVERSARY CELEBRATION

Centennial Gala & Conference

October 22 & 23, 2021

Dearborn Inn, Dearborn, MI

Join us on **October 22 & 23, 2021** at the Dearborn Inn for a once in lifetime event to celebrate 100 years. The the first meeting of the Michigan Radiological Society was called to order on October 19th, 1921 by Dr. Preston M. Hickey for the purpose of organizing a local x-ray society and was attended by most of the practitioners of radiology in the Detroit area. Today the society is 1,400 members strong.

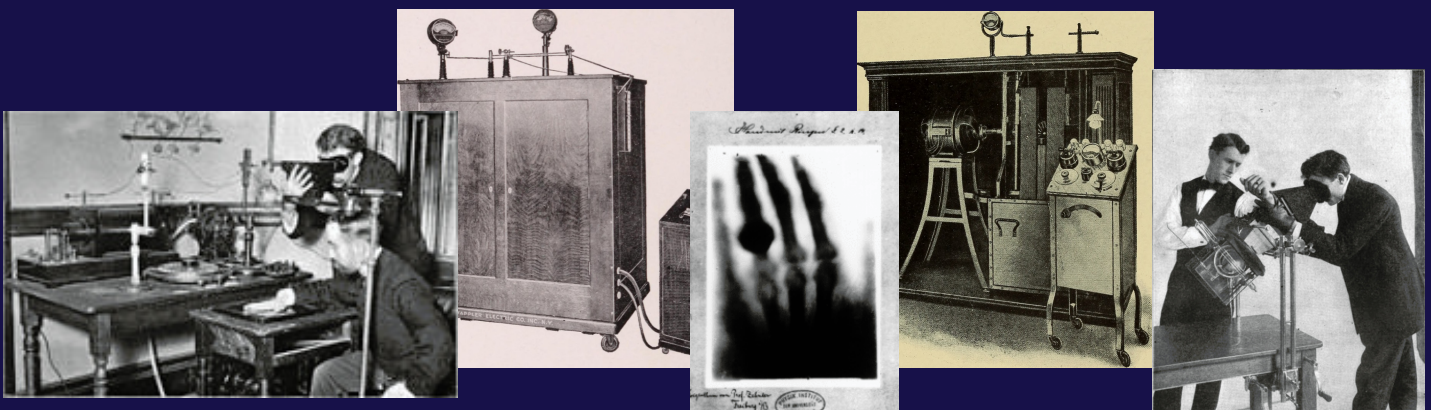
The event will kick off Friday night at **6:00 p.m.** with an **icebreaker reception sponsored by iCAD** in the **Ten Eyk Tavern Pub Private Dining Room**. The Saturday education event will focus on topics such as Reinventing Radiology in the Twenty-first Century and the Challenges of Creating, Validating, and Deploying Artificial Intelligence Tools Into Radiology Practice, by local and nationally renowned speakers such as James Thrall, MD, FACR, Safwan Halabi, MD, FACR and Kay Vydereny, MD, FACR and Debra Monticciolo, MD, FACR.

Saturday evening begins with a cocktail reception featuring **Michigan Beers** and a **Signature MRS drink**, a **Photobooth** to commemorate this event and a display of **Radiological Artifacts** generously donated by various MRS members. All guests will receive a **commemorative MRS stemless wineglass** and members will receive a copy of the **MRS Memorial Book** that details the 100 year history of the society and radiology in Michigan. Dinner and gala celebration will follow.

The MRS has arranged for a photographer and videographer to document this once in a lifetime event. Join us in celebrating 100 years!

**We will follow CDC recommendations that vaccinations are required and masking will follow CDC guidelines (e.g., during conference, except for eating).*

***Black tie is recommended for all MRS officers. Semi-formal or dress attire recommended for all other attendees.*



CENTENNIAL GALA & CONFERENCE

Dearborn Inn, Dearborn, MI

October 22 & 23, 2021

AGENDA



Friday, October 22, 2021

6:00 PM Meet & Greet Reception sponsored by **iCAD** - Live music by the **Roger Gonda Duo**
Ten Eyk Tavern Pub Private Dining Room

Saturday, October 23, 2021

7:30 AM *Breakfast with sponsors*
8:00 AM Welcome and Introduction, **Ralph Lieto, MSE, FAAPM, FACR**
8:10 AM Radiology in Michigan: People and Progress, **N. Reed Dunnick, MD, FACR**
8:50 AM Women in Radiology: Looking Backward and Forward,
Kay Vydareny, MD, FACR
9:30 AM Artificial Intelligence in Radiology: Panacea or Snake Oil?,
Safwan Halabi, MD, FACR
10:10 AM *Break with sponsors*
10:30 AM Breast Cancer Screening: Addressing Disparities and Screening for Average Risk,
Debra Monticciolo, MD, FACR
11:10 AM Towards Equitable Patient Care in Radiology, **Ella Kazerooni, MD, MS**
11:50 PM *Lunch with sponsors*
1:00 PM Use of Breast MRI in Women of Higher than Average Risk,
Debra Monticciolo, MD, FACR
1:40 PM Challenges of Creating, Validating, and Deploying Artificial Intelligence Tools Into Radiology
Practice, Safwan Halabi, MD, FACR
2:20 PM Reinventing Radiology in the Twenty-first Century, **James Thrall, MD, FACR**
3:00 PM *Adjourn*

3:15 PM Young Physicians Meet & Greet with RFS & Medical Students - Ten Eyck Tavern Bar

5:30 PM Cocktail Reception
6:30 PM Dinner and Gala Celebration

ACCREDITATION

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Southern Medical Association and The Michigan Radiological Society. The Southern Medical Association is accredited by the ACCME to provide continuing medical education for physicians.

CONTINUING EDUCATION CREDIT - PHYSICIANS

Southern Medical Association designates this Live activity for a maximum of 6 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in this activity.

CERTIFICATE OF ATTENDANCE - NON-PHYSICIANS

All non-physician participants will receive a certificate of attendance/participation.

CENTENNIAL GALA & CONFERENCE

LEARNING OBJECTIVES

N. Reed Dunnick, MD, FACR

Radiology in Michigan: People and Progress

- Appreciate the wonderful history of radiology in Michigan.
- Understand the challenges faced by the early radiology pioneers.
- Discuss the lessons of their success.
- Consider how to translate those lessons into our practices.

Safwan Halabi, MD, FACR

Artificial Intelligence in Radiology: Panacea or Snake Oil?

- Define artificial intelligence and augmented intelligence in medicine
- Identify the current and future uses of AI tools in radiology
- Discuss how AI could lead to healthcare disparities
- Discuss the legal, ethical, and liability concerns of AI applications in medicine

Safwan Halabi, MD, FACR

Challenges of Creating, Validating, and Deploying Artificial Intelligence Tools into Radiology Practice

- Discuss the challenges of obtaining and annotating medical imaging datasets for the development of AI tools in radiology
- Discuss the importance and need for validation of AI tools in radiology
- Explore the issues that providers and health systems should consider before, during, and after AI tool deployment

Debra Monticciolo, MD, FACR

Breast Cancer Screening: Addressing Disparities and Screening for Average Risk

- Discuss the scientific basis for ACR screening recommendations for women of average risk
- Discuss the risks and benefits of mammography screening
- Discuss the differences in breast cancer incidence and impact on minority women in the U.S.

Debra Monticciolo, MD, FACR

Use of Breast MRI in Women of Higher-than-Average Risk

- Discuss the breast cancer risk categories for women
- Discuss the basis for imaging women of higher than average risk
- Discuss newer evidence and approaches, including trials for dense tissue and abbreviated MRI.

James Thrall, MD, FACR

Reinventing Radiology in the Twenty-first Century

- Discuss the major technology drivers of change in radiology in the 21st century
- Discuss how radiology is contributing to precision medicine
- Discuss how working in an all-digital environment is transforming radiology capabilities and practice

Kay Vydareny, MD, FACR

Women in Radiology: Looking Backward and Forward

- Discuss if the percentage of female diagnostic radiology residents has kept pace with the percentage of female medical students.
- Discuss at least three things practice leaders and department chairs can do to increase the number of women residents/staff in their departments.
- Discuss what provisions of the FMLA and the Fair Labor Standards Act (2010) apply to women physicians.
- Discuss the current policy of the American Board of Radiology regarding family leave

Ella Kazerooni, MS, MD

Towards Equitable Patient Care in Radiology

- To understand and define health equity and disparity
- To be able to describe factors that contribute to health disparities
- To learn tactics to address health equity in a radiology practice

CENTENNIAL GALA & CONFERENCE

VENUE



Dearborn Inn

Built in 1931 on the former grounds of the Ford Motor Company, The Dearborn Inn, A Marriott Hotel is a historic destination amid celebrated attractions. Surrounded by 23 lush landscaped acres, our stately hotel inspires effortless relaxation with elegant rooms and suites, two Colonial lodges and five homes, each appointed with modern essentials, plush furnishings and thoughtful amenities. Ignite your senses with delectable fare, fine wines and creative cocktails at our two restaurants, Edison's and Ten Eyck Tavern. Explore some of the most popular attractions in Michigan including the Henry Ford Museum, Greenfield Village and Automotive Hall of Fame. Host flawless meetings, weddings and social affairs in inspiring event space, enhanced by stunning chandeliers and classic refinements. Cap your day with a swim in our sparkling pool and work out in our modern fitness center. Escape to sophistication at The Dearborn Inn, A Marriott Hotel and experience refined comfort in the Detroit area.



Overflow Hotel

If you still need to reserve a room please note that the Dearborn Inn is booked. The MRS has arranged for a discounted room rate of \$129 per night at **Hampton Inn by Hilton Detroit Dearborn** located at **22324 Michigan Ave, Dearborn, MI 48124**, just four short minutes from the Inn. To make a reservation call 888-947-7162 and reference the Michigan Radiological Society.



Founded in 1786 and incorporated as a city in 1929, Dearborn, Michigan is the eighth largest city in the state, and the second largest city in Wayne County. More than 98,000 residents call Dearborn “home”. Internationally recognized as the birthplace of Henry Ford, Dearborn is where auto and steel manufacturing, green beltways, fields of sunflowers and wildlife dwell side by side.

A vintage motorized bicycle, likely a Humber or similar brand, featuring a large engine, a leather saddle, and a wooden seat. It has large spoked wheels and a high handlebar.

The Automotive Hall of Fame was established in 1939, to perpetuate the accomplishments of the early automotive pioneers. Called the "Automobile Old Timers," the group was dedicated to honoring automotive innovators from all parts of the worldwide automotive industry.

REGISTRATION

FREE FOR MEDICAL STUDENTS

MRS Member – Full Registration	\$350	\$375 w/guest
MRS Member – Gala Only	\$75	\$100 w/guest
Non-Member – Full Registration	\$375	\$400 w/guest
Non-Member – Gala Only	\$100	\$125 w/guest
Resident/Retired – Full Registration	\$150	\$175 w/guest
Resident/Retired – Gala Only	\$50	\$75 w/guest
Medical Student	\$0	\$0

[Click here](#) to download a registration form.

[Click here](#) to download the conference brochure

NOTE: Register below using our new member portal. If you have not logged in previously your email address will be your username.

[Click here](#) to register as an MRS Member

[Click here](#) to register as a Non-Member

[Click here](#) to register as a Resident/Retired

[Click here](#) to register as a Medical Student

www.michigan-rad.org/100years





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Fall is the time of new beginnings, cooler temperatures, and kids returning to school. For those of us at the Michigan Radiological Society, this fall ushers in our 100th year of service to radiologists, radiation oncologist and medical physicists throughout the State of Michigan.

To help commemorate this historical and exciting occasion, the MRS Foundation has prepared a special booth for the Centennial Celebration at the Dearborn Inn on October 23, 2021. We are excited to display our booth, introduce the Foundation and interact with MRS members and their guests in person. The MRS Foundation was recently established to support the educational and charitable interests of the MRS. Your donations are essential in making the MRS Foundation strong and far-reaching.

We are pleased to announce we can accept donations online. Please visit the Michigan Radiological Society Foundation webpage (www.michigan-rad.org/foundation) and click on the link to make your secure donation. You can also use the QR code below to make your donation.



If you prefer to mail your donation, checks can be made payable to the MRS Foundation and mailed to: PO Box 448, Swartz Creek, MI 48473. The Michigan Radiological Society Foundation is a 501(c)(3) organization and donations are tax deductible.

The challenge continues! Please consider donating \$100 for 100 years to celebrate the Centennial of the Michigan Radiological Society.

We look forward to meeting all of you at the Centennial Celebration. Please take a few minutes to stop by our booth to introduce yourself, pick up some goodies, and make an in-person donation via check or credit card.

Please feel free to contact us via email at admin@mrsfoundation.com or you may call and speak with us at (810) 373-2719, either way, we would be happy to hear from you.

Amy Kim and Debbie Knox
MRS Foundation Administrators



Diversity, Equity & Inclusion

Please call me Dr. Jane Doe – A survey of MRS Membership for their Perceptions of Gender Bias in the Form of Physician Introductions and Address

Authors:

Anna Laucis MD, Evita Singh MD, Jessica Leschied MD, Prachi Agarwal MD, Karen Grajewski MD, members of the MRS Diversity, Equity and Inclusion committee

Earlier this year, the MRS Committee on Diversity, Equity and Inclusion (previously named “Commission for Women and General Diversity”), surveyed members of the MRS to assess the perception of gender bias in physician introductions in a professional setting. The population surveyed included practicing radiologists, radiation oncologists, and trainees in radiology and radiation oncology of all genders in the state of Michigan.

There were 96 total respondents to the survey, 52.1% of whom identified as female and 95.7% of whom worked in the field of radiology. Among those surveyed, 46.9% identified as late career faculty (within 10 years of retirement) and the remainder were an approximately even mix of other career stages, including 19.8% resident or fellow level respondents, 15.6% early career faculty, and 17.7% mid-career faculty.

The vast majority of respondents (94.8%) indicated that they typically introduce themselves to a patient with their name and title (e.g. Dr. Doe). Slightly fewer respondents (87.5%) indicated that they are introduced in this way by colleagues to patients and 11.5% of respondents indicated that they are generally addressed by name only (e.g. Jane Doe) by colleagues in front of patients. The majority of respondents (92.7%) indicated that they would prefer to be addressed by their name and title in a professional environment rather than by name only.

A fifth of the respondents (20.8%) perceived gender differences in how their fellow physicians are addressed (Pie chart). Free text responses included examples of male colleagues being more likely addressed as “Doctor” and women physicians more likely called by their first name by technologists and support staff.

This is in keeping with many recent publications assessing gender bias in physician introductions, such as one investigation published in the Journal of Women’s Health in 2017 that evaluated over 300 video archives of physicians being introduced at weekly medical meetings and found that men introduced their male colleagues as “Doctor” 72% of the time and used the same title for their female colleagues only 49% of the time (Files JA et al. Rounds: Forms of Address Reveal Gender Bias. Journal of Women's Health. May 2017.413-419).

Our MRS survey also explored speaker introductions at conferences. Most respondents (90.6%) indicated that they are most frequently addressed by name and professional title, regardless of gender. However, 14.6% of respondents indicated that they had attended a conference in which it was obvious that members of the opposite gender were more likely to be addressed by name only without title in their professional capacity than members of the same gender. Only 11.8% of respondents indicated that they had spoken up to address this.



Diversity, Equity & Inclusion Cont.

Free text responses suggested that men, and in particular older male physicians, were more likely to be introduced by professional title whereas female physicians and younger male physicians are less likely introduced by professional title. Ways in which respondents indicated that they had addressed this discrepancy included reintroducing themselves or colleagues using professional titles.

36.5% of survey respondents indicated that they had witnessed or experienced other forms of gender bias relating to ways of being addressed in the professional and academic work environment. Free text examples included observing women physicians addressed as “girls”, “ladies” or “sweetie” or women frequently being asked to clarify their physician status.

Other examples focused on forms of gender bias delivered by patients with some respondents recalling instances of women physicians mistaken for nurses or administrative staff during face to face patient encounters or when answering the phone in the radiology reading room.

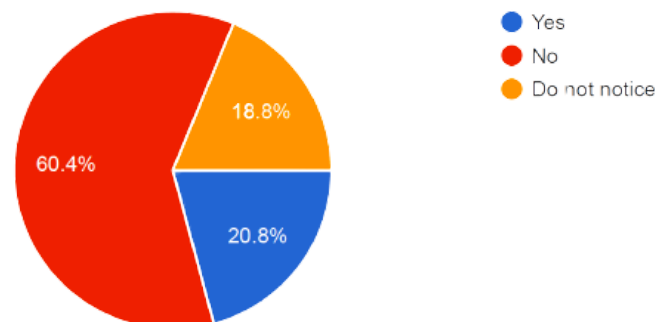
In summary, we collected structured and unstructured data from 96 physicians primarily in radiology assessing gender bias in forms of professional title and speaker introductions in the state of Michigan. We realize that our response rate was low however we still believe our survey to be salient as it mirrors results of many similar published investigations attempting to identify and describe forms of gender bias in medicine as it relates to introductions and professional titles (Journal of Clinical Oncology 37, no. 36 Dec 20, 2019 3538-3545, Gharzai L et al. Journal of Women's Health. epub ahead of print). Our survey results suggest that the experiences of women radiologists is similar to those of women physicians reported in the literature.

Efforts to minimize gender bias are underway in many academic institutions across the country and they include but are not limited to unconscious bias training, microaggression awareness, and instruction on microinterventions when encountering forms of bias. In an ideal world, physicians of all genders and gender identities will be respected, promoted and advanced at equal rates in the workplace. We each have a role in changing our workplace culture to one of inclusion and equity. This starts with each of us being aware of our own biases and calling out bias around us.

Our MRS DEI Committee is committed to promoting the mission of diversity, equity, inclusion and wellness efforts with a vision to create supportive workplace cultures that value the contributions of every individual regardless of their background.

In your professional interactions with technologists, nurses, or other non-medical staff are you or other members of your same gender addressed differently than those of the opposite gender?

96 responses



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LEGISLATIVE UPDATE

OVERVIEW

James Cavanagh, JD



On September 22, the Legislature passed a Budget for FY 2021-22. Passage of the Budget came just a little over a week before the end of the fiscal year (September 30) and was officially presented to the Governor on September 28. On the final day of the FY 2020-21 fiscal year, the Governor signed it with several line item vetoes and declarations stating that certain boilerplate provisions were not enforceable as being violative of the State Constitution. The biggest single department budget was that of the Department of Health and Human Services (DHHS) which totaled nearly \$32 billion of the nearly \$70 billion in state spending. Still left unspent is nearly \$11 billion which Michigan derived from its

share of the federal COVID Recovery dollars from the Trump Administration, and COVID Rescue funds from the Biden Administration. In addition, the State's General Fund is flush due to unexpectedly high tax revenue. At this time, it is believed these excess funds will be appropriated through a series of supplemental funding bills to be enacted later this year into next, and possibly beyond. There now appears to be some consensus among Democrats and Republicans about how to apply the funds. There is also growing momentum for infrastructure and, in particular, a dramatic increase in behavioral health beds, especially for young people. With regard to policy, there are efforts in both Houses to revamp the way behavioral health services are administered. There are also rumors afoot that specialty nurses will once again attempt to expand their scope of practice which could include order and interpreting imaging. MRS leadership is working with MSMS to combat any such effort.

LEGISLATION

Prior Authorization:

Last year, Sen. Curt VanderWall (R-Ludington), the Chair of the Senate Health Policy Committee, introduced legislation calling for procedures and protocols to be established before the use of prior authorization by insurance companies. MRS has been a member of the "Health Can't Wait" coalition which has been advocating prior authorization reform. Unfortunately, major insurers such as Blue Cross/Blue Shield were successful in amending last session's version of the legislation to the point where even the Coalition opposed its passage. Consequently, the bill died at the end of session. In March, Sen. VanderWall introduced SB 247, a revised version of last session's bill. While SB 247 is not as strong as last session's bill as originally introduced, it is still supported by the Coalition. SB 247 has unanimously passed the Senate and was sent to the House. In an attempt to get the best final product, it is anticipated that legislation on the subject will also be introduced in the House, which will be more to the Coalition's liking. The strategy here is to leverage the House legislation in negotiations with the Senate.

LEGISLATIVE UPDATE CONT.

Scope of Practice:

As of this date, there has not been legislation expanding the practice of chiropractic. However, we are continuing to be vigilant. We fully expect specialty nurses to embark on an effort to expand their scope. As you recall, in the recent past they sought to engage in interpreting imaging.

Upgrade Standards for Radiographic Technologists:

HB 5116, sponsored by Rep. Rodney Wakeman (R-Saginaw) establishes education and training standards for those who operate sophisticated imaging equipment. Currently, Michigan is an outlier among states, mandating requirements for only mammography and CT operation. MRS is supportive but has suggestions as to how to make the bill stronger. The legislation is with the House Health Policy Committee where a hearing is expected this fall.

Essential Health Provider Legislation:

SB 246, sponsored by Sen. VanderWall, would increase the debt limit the State would pay for an individual who has taken part in the essential health provider repayment program from \$200,000 to \$300,000 over a ten-year period. SB 435, sponsored by Sen. Michael MacDonald (R-Macomb), expands the list of health care professions that would qualify for the program to include behavioral sciences. These bills have passed the Senate and are now with the House Committee on Health Policy where a hearing is expected this week.

REGULATORY

At its September 16 meeting, the Certificate of Need Commission voted the proposed language for PET Scanners be sent to the Governor and the Legislature's Joint Committee on Administrative Rules for its statutory 45-day review period. The proposed language allows applicants for PET services to a consulting agreement with physician services and not just hospitals.

The Commission's informal MRI work group is headed by Suresh Mukherji, M.D., former MRS President. The work group has broken up into four subgroups that will be reviewing standards and reporting back to the Commission.

OTHER

Legislative Day:

Thanks to all those who participated in the MRS Legislative Day. We met with the Chair of the Senate Health Policy and Human Services Committee, the Vice-Chair, the ranking Minority Party members and members of the DHHS Subcommittee on Appropriations. MRS members explained what it takes to be a radiologist, the concerns they've heard about creeping scope, and about the need to upgrade standards for operators of imaging equipment.

Centennial:

My office is working with the Governor's office toward preparation of a Gubernatorial Proclamation recognizing and honoring the MRS on its 100th year of service to patients and the profession.



**MICHIGAN FOR
ADVANCING COLLABORATIVE CARE TEAMS**

Trained experts. Compassionate caregivers. Committed professionals.

Focused on the “How”

When a person watches as a loved-one heads into a serious medical procedure, his or her thoughts aren’t primarily on **how** the operation will be conducted, but **when** that loved-one will be home again – safe, healthy, and healing. That’s human nature, and that’s at the core of patient care – fixing serious problems, healing people, and returning loved-ones to their homes and families.

But the “how” is critically important, and delivering the best care requires incredible collaboration. Trained experts. Compassionate caregivers. Committed professionals. A true team of individuals, each playing an essential role and doing their part – with the patient at the center of it all.

Michigan for Advancing Collaborative Care Teams (MiACCT) is a coalition of health care providers united and committed to growing, strengthening, and preserving the health care teams we all rely on for our care.

Preserving these teams is important because too often powerful special interest groups actually work to undermine patient care teams just to make a dollar.

They look to:

- Expand the scope of practice of team members beyond their training and experience;
- Remove physicians from their critically important roles as leaders of each patient care team; and,
- Eliminate the proven safeguards needed to ensure patient care and safety.

These policies take doctors away from their patients and are bad for patient care. MiACCT opposes them and is instead committed to the proven, time-tested, and patient-centered health care model that is led by physicians and supported by the best trained and most qualified care team members.

Why?

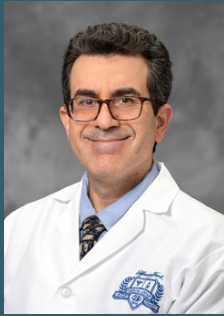
- It’s what patients deserve—and expect.
- We advocate for policies that improve and strengthen inter-professional relationships, not weaken them.
- We aim to ensure Michigan’s trusted physician oversight structure is working as intended.

Patient-centered, physician-led care is the best way to increase healthcare access without compromising patient safety or quality of care. This is why MiACTT exists—and how Michigan patients deserve to be treated.

MiACCT Coalition members:



Radiological Safety



John Kalabat, MD, Chair
Radiological Safety Committee,
/Michigan Radiological Society
Henry Ford Medical Group/Henry Ford Macomb

Radiation Emergencies

Radiation emergencies are rare and uncomfortable to think about. There are several basic measures that can be taken to increase the safety of people in such circumstances. The following information comes from CDC.

Basics:

In a radiation emergency, the most basic thing is to get inside a building and take shelter for at least 24 hours. This reduces radiation exposure.

Radiation exposure: This refers to exposure of the body to penetrating radiation from an external source.

Radioactive contamination: This refers to when radioactive material is released in the environment and contaminates air, water, surfaces, people, and animals.

Internal contamination: This occurs when an individual swallows or breathes in radioactive materials. Alternatively, radiation materials can enter the body through open wounds or absorbed in the skin.

External contamination: Radioactive material, in the form of dust, liquid, or powder can come in contact with the skin, hair, or clothing. These people are at risk of internal contamination.

Self decontamination: The first thing to do is to remove outer layer of clothing. This removes 90% of radioactive material. Put the clothing in a sealable bag or container.

Second, it is important to wash yourself preferably a warm shower, but a damp clean cloth/towel material can do. No hot water, scratching, or irritating the skin. Also no hair conditioner which causes radioactive material to stick to hair.

Radiological Safety Cont.

Keep in mind that even if the tap water is contaminated, it is still advised to shower to decontaminate since the amount of contaminant will be diluted and safe. However bottled water to drink is indicated in that situation. If possible put on clean clothes.

Potassium Iodine: KI is taken orally and has stable Iodine that gets absorbed by the thyroid. This stable iodine can block radioactive iodine from getting absorbed for 24 hours.

KI should be prioritized in all infants since they are at highest risk for thyroid cancer in a situation of exposure to radioactive iodine.

Children, Young adults 18-40, pregnant women, and breastfeeding women with internal contamination (or likely to be internally contaminated) should also take KI in this situation.

Adults older than 40 years old should not take KI unless contamination with very large dose of radioactive iodine is expected. This age group is less likely to develop thyroid cancer after contamination and more likely to have allergic reaction to KI.

Prussian blue taken orally can help remove radioactive cesium and thallium from the body. It does this by trapping these substances in the intestines to keep them from getting absorbed.

DTPA, diethylene triamine pentaacetic acid, can accelerate renal excretion of radioactive plutonium, americium, and curium. This is given intravenously although can be inhaled in the lungs.

Neupogen is expected to help patients with bone marrow damage from radiation to recover and produce WBC's and other cells from the bone marrow.

References:

More detailed information can be found at the CDC website:

[https://www.cdc.gov/nceh/radiation/emergencies/index.htm?](https://www.cdc.gov/nceh/radiation/emergencies/index.htm?CDC_AA_refVal=https%3A%2F%2Femergency.cdc.gov%2Fradiation%2Findex.asp)

[CDC_AA_refVal=https%3A%2F%2Femergency.cdc.gov%2Fradiation%2Findex.asp](https://www.cdc.gov/nceh/radiation/emergencies/index.htm?CDC_AA_refVal=https%3A%2F%2Femergency.cdc.gov%2Fradiation%2Findex.asp)

The ACR provides the above link for the CDC and other links on the topic of radiation safety at:

<https://www.acr.org/Clinical-Resources/Radiology-Safety/Radiation-Safety>

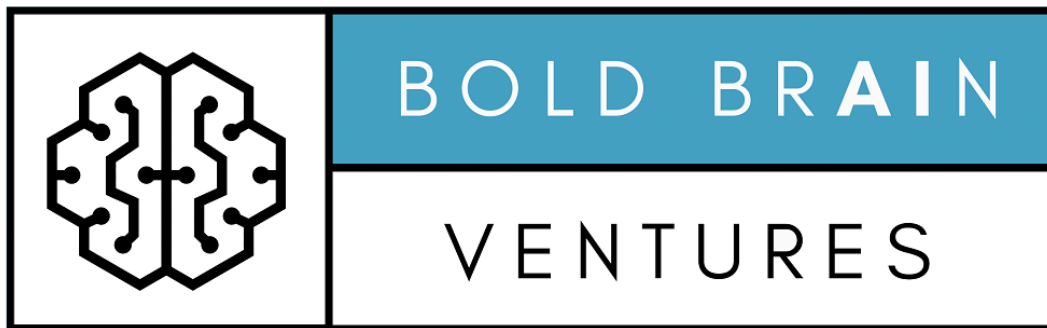


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- Breast Ultrasound
- 4D Diagnostic Breast MRI
- Breast Biopsy
- Contrast Enhanced Spectral Mammography (CESM)
- Breast Cancer (BRCA) Gene Testing



Services

- Bone Densitometry DEXA
- Computed Tomography (CT)
- CT Lung Cancer Screening
- Coronary CT Angiography
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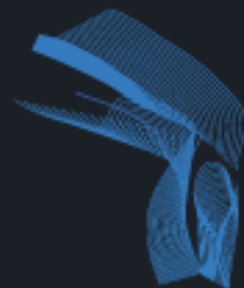
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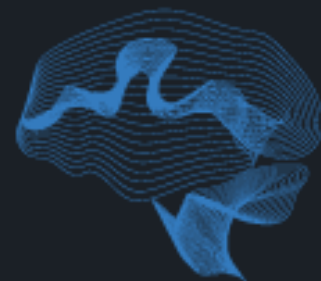
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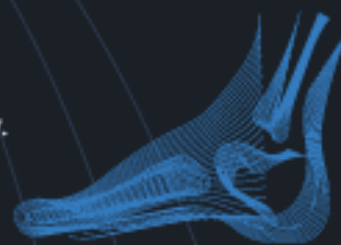
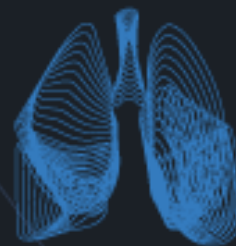
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