



CONVENTION DAILY

MONDAY, JULY 22, 2019

A NOTE FROM THE DESIGN TEAM CHAIR



Shelly Wells, CRA
2019 AM Design Team Chair

AHRA Annual Meeting attendees often compare their experience to a family reunion. As everyone arrived in Denver yesterday, it certainly felt like one. Old friends happily greeted each other and new began forming over good conversation, food, and drink.

Attendees, speakers, and exhibitors traversed through the brand new

Gaylord Rockies atrium to the Convention Center, and picked up all of their meeting materials at the registration desk, including their ribbons from the ribbon wall. Have you seen the rockin' photo station? Take a photo with a friend and share it on social media with #AHRA2019 to show everyone your Rockin' AHRA spirit!

If you haven't already, download the Annual Meeting app (www.ahra.org/app) to easily access the meeting schedule (you can even create your own), maps, the latest news, and more, right from your smart phone. Be sure to check for updates when you open the app and download them to get the latest room and session changes. There is even a forum for attendees to connect and post photos from the event.

Yesterday's educational opportunities included the first few sessions, the start of the Basic Man-

agement Track, the CRA Exam Workshop, and two leadership workshops. The exhibitor symposiums were kicked off by Siemens Healthineers, with five more to follow this week. Attending these will gain you not only valuable new knowledge, but also a chance to win a free registration to the 2020 Boston Annual Meeting if you attend four of them.

The great Colorado weather provided a perfect setting for the 20th Annual Imaging Golf Tournament at the Murphy Creek Golf Course with over 40 golfers participating. The proceeds go toward the AHRA Education Foundation.

... Continued on page 7

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PRESIDENT'S RECEPTION



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Production: Maxwell Print Management, Inc.
Denver, CO

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LAUGHTER TO EASE THE PAIN: THE ROLE OF HUMOR IN PATIENT COMFORT

By Jason Scott,

MBA, CRA, FAHRA, CPXP, RT(R)(MR)

Sunday afternoon's presentation, "Laughter to Ease the Pain: The Role of Humor in Patient Comfort," was an interesting one. The presenter, David Jacobson, provided many helpful hints to use therapeutic humor in the healing process for patients and staff. Jacobson was diagnosed rheumatic fever and severe arthritis. This life-changing event completely transformed his life, and he realized that humor actually helped in his own healing process.

He highlighted many benefits of laughter:

- Psychological: Helps people feel better about themselves
- Social: Helps decrease anger, conflict, and fighting
- Spiritual: Balances mind, body, and spirit

David also discussed inappropriate and appropriate humor. Anything that pokes fun at people's shortcomings is considered inappropriate. Anything that uses stereotypes, reflects anger, profanity, or is cruel, abusive, or offensive is not appropriate. Appropriate humor is making fun of yourself. Laughter unites people, so anything that builds rapport, or creates a fun and caring atmosphere is also appropriate.

There are several ways to create a humorous culture:

- Treat humor as a necessity, not a luxury. Having 10 minutes of belly laughter can help decrease pain.
- Use self-effacing humor. Know your weaknesses and turn them in to strengths. Make fun of yourself!

Be aware of humorous situations and share them. Laughter makes people remember key points of your conversation.

- Use the power of humor to make your life and others' lives better. Do "funny" things throughout the day to decrease the stress of you and others' around you.
- Use your humorous imagination to improve communication. Think of crazy things throughout the day that are not offensive to improve communication among your co-workers and patients.
- Use humorgy. When you can take all parts of yourself and add the spirit of humor, you experience wholeness in a way that can't be described, only felt. That is humorgy.
- Act like the humorous person you've become. Use your advanced humor powers to help others further improve their sense of humor.

The presenter mentioned a quote that resonated with his audience: "If you can change the way you think, you can change the way you feel." How true!



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¹ Critical Care Suite is 510(k) pending at FDA. Not available for sale in the United States.

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EXHIBIT HALL INFORMATION

Exhibit Hall Schedule

Monday, Tuesday & Wednesday

- 11 am-2 pm: Hall Open (Closes 1:30 pm Wed)
- 11:30 am-11:45 am: Hot Spot! Drawing
- 12:00 pm-1:30 pm: Lunch Served in Exhibit Hall
- 12:45 pm-1 pm: Hot Spot! Drawing
- 1 pm: Product Showcase Passport deadline (Wed)

Product Showcase Passport Companies

Visit 10 of the companies listed below and have your passport (found in your tote bag) stamped. Turn in the completed passport to the ballot boxes for your chance to win \$500!

COMPANY	BOOTH #
American Society of Radiologic Technologists	.1408
AVID Healthcare	.517
Bracco Diagnostics Inc.	.303
CLICKVIEW Corporation	.1411
DOTmed.com, Inc.	.822
Double Black Imaging	.1216
Envision Physician Services	.1219
ImageFIRST	.1323
IMEDCO America, Ltd.	.1224
INFINIX Healthcare	.206
Ikonopedia	.1318
MedInformatix, Inc.	.1404
Mednovus, Inc./SAFESCAN Imaging Systems	.924
Metrasens, Inc.	.1401
OrbCare	.1424
Radiology Data & Research	.212
RedRick Technologies, Inc.	.1311
RENOVO Solutions	.1525
Richardson Healthcare	.1402
Samsung	1002

Shared Imaging, LLC	1123
Shimadzu Medical Systems USA	.803
Sinton Medical Products	.322

Hot Spot Companies

The companies listed below are “Hot Spot” booths. During 6 designated 15-minute periods (2 drawings/day), a booth number will be randomly chosen over the PA system. Attendees in that booth will be eligible to win \$300.

COMPANY	BOOTH #
Accumen	1414
AGFA Radiology Solutions	1011
Bracco Diagnostics	.303
CLICKVIEW Corporation	.1411
DirectMed Parts	.1505
Guerbet, LLC	.817
HeartCare Imaging	.1324
Mednovus, Inc./SAFESCAN Imaging Systems	924
Metrasens, Inc.	.1401
Neusoft Medical Systems, USA, Inc.	.717
Radiology Partners	.700
Richardson Healthcare	.1402
Samsung	.1002
ScreenPoint	.1510
ScriptSender	.701
Shared Imaging, LLC	.1027
Shimadzu Medical Systems, USA	.803
Summit Imaging, LLC	.522
THALES Components Corp	.1422
Ultrasound Solutions Corp	.1624
Volpara Solutions	.415
RadSite	.422

UPDATE: NEW EXHIBITOR ADDED

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BOOTH 817



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ADULT INDICATIONS¹

	Optiray 240	Optiray 300	Optiray 320 [*]	Optiray 350
Intra-arterial Procedures				
Cerebral Arteriography	x	x	x	
Peripheral Arteriography		x	x	x
Visceral Arteriography			x	
Renal Arteriography			x	
Aortography			x	
Coronary Arteriography			x	x
Left Ventriculography			x	x
Intravenous Procedures				
CT Imaging of the Head and Body	x	x	x	x
Venography	x	x	x	x
Excretory Urography	x	x	x	x
Digital Subtraction Angiography (IV-DSA)				x

^{*}Optiray 320 is indicated in adults for angiography throughout the cardiovascular system. The uses included those marked above.

IMPORTANT SAFETY INFORMATION¹

WARNING: NOT FOR INTRATHECAL USE

Inadvertent intrathecal administration may cause death, convulsions, cerebral hemorrhage, coma, paralysis, arachnoiditis, acute renal failure, cardiac arrest, seizures, rhabdomyolysis, hyperthermia, and brain edema.

CONTRAINDICATIONS

Optiray is contraindicated in patients with symptomatic hyperthyroidism.

WARNINGS AND PRECAUTIONS

- Optiray can cause life-threatening or fatal hypersensitivity reactions including anaphylaxis and anaphylactic shock.
- There is an increased risk in patients with a history of a previous reaction to contrast agent, and known allergies (i.e., bronchial asthma, drug, or food allergies), and other hypersensitivities.
- Optiray increases the circulatory osmotic load and may induce acute or delayed hemodynamic disturbances in patients with congestive heart failure, severely impaired renal function, combined renal and hepatic disease, combined renal and cardiac disease, particularly when repetitive or large doses are administered.
- Life-threatening or fatal cardiovascular reactions have occurred with the use of Optiray, including cardiac arrest, hypotensive collapse, and shock.
- Cardiac decompensation, serious arrhythmias, and myocardial ischemia or infarction can occur during coronary arteriography and ventriculography.

PEDIATRIC INDICATIONS¹

	Optiray 240	Optiray 300	Optiray 320	Optiray 350
Intra-arterial Procedures				
Angiocardiography			x	x
Intravenous Procedures				
CT Imaging of the Head and Body			x	
Excretory Urography			x	

- Serious, fatal, thromboembolic events causing myocardial infarction and stroke can occur during angiographic procedures with Optiray.
- Extravasation can occur with Optiray administration, particularly in patients with severe arterial or venous disease and can be associated with pain, hemorrhage and necrosis.
- Hypertensive crisis has occurred after the use of iodinated radiopaque contrast agents in patient with pheochromocytoma.
- Iodinated contrast agents may promote sickling in individuals who are homozygous for sickle cell disease.
- Severe cutaneous adverse reactions (SCAR) may develop from 1 hour to several weeks after intravascular contrast agent administration. These reactions include Stevens-Johnson syndrome and toxic epidermal necrolysis (SJS/TEN), acute generalized exanthematous pustulosis (AGEP) and drug reaction with eosinophilia and systemic symptoms (DRESS). Reaction severity may increase and time to onset may decrease with repeat administration of a contrast agent; prophylactic medications may not prevent or mitigate severe cutaneous adverse reactions. Avoid administering Optiray to patients with a history of a severe cutaneous adverse reaction to Optiray.

ADVERSE REACTIONS

- The most common reaction is nausea, occurring at a rate of 1 percent.
- Serious adverse reactions have been reported during post-approval use of Optiray. These serious adverse reactions include but are not limited to: anaphylactic reactions, arrhythmias, temporary blindness, tongue edema, seizures, respiratory arrest, bronchospasm, laryngeal spasm and thrombosis.

USE IN SPECIFIC POPULATIONS

- **Pregnancy:** Postmarketing data with Optiray use in pregnant women are insufficient to determine if there is a risk of drug-associated adverse developmental outcomes.
- **Lactation:** There is no information about the presence of ioversol in human or animal milk, the effects of the drug on the breastfed infant, or the effects of the drug on milk production. However, iodinated contrast agents are excreted unchanged in human milk in very low amounts with poor absorption from the gastrointestinal tract of the breastfed infant.
- **Pediatric Use:** Safety and effectiveness in pediatric patients have been established for the use of Optiray 350 and Optiray 320 in angiocardiography; and for Optiray 320 in computed tomographic imaging of the head and body, and intravenous excretory urography. Safety and effectiveness of Optiray 240/300 have not been established in pediatric patients.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

References 1. Optiray Prescribing Information. Princeton NJ: Guerbet LLC, Aug 2017. 2. Gomi T, et al., Are there any differences in acute adverse reactions among five low-osmolar non-ionic contrast media? Eur. Radiol., 2010; 20: 1631-1635. 3. Fichtner B. Observational Cohort Study to ascertain the tolerance to and clinical safety of the non-ionic, monomeric X-ray contrast medium Optiray. Scientific Services and Product Safety Mallinckrodt Medical GmbH, Hennef, Germany. 4. Azzalini L, et al. Int. J. Cardiol. (2018).

A NOTE FROM THE DESIGN TEAM CHAIR

Continued from page 1 . . .

AHRA ushered in one of the largest first-time attendee and new member groups in the history of the organization with a welcome reception. Attendees closed out the night at the President's Reception hosted in the Aurora Ballroom with great music, food, drinks, and networking.

Our second day has plenty to offer everyone. The Grand Opening Ceremony kicks off this morning at 9 AM, with our first keynote speaker Vince Poscente. Get ready to go Full Speed Ahead and be on the edge of your seat with a powerful message of strategic leadership and accelerated goal

attainment. Check out the schedule on the back page of each issue of *Convention Daily* for the full rundown on all of the symposiums and sessions you'll have to choose from today. The exhibit hall also opens today and will run from 11 AM-2 PM. Plan to have lunch while you check out the latest trends in radiology equipment and emerging technologies.

Remember: you must be on time to a session in order to be eligible for ARRT CE credit. The barcode on your badge will be scanned at the beginning and end of the session, so make sure you stay for the entire session, and don't forget your badge in your hotel room!

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Patient Name: Amy Blank MRN: 00011
Procedure: Thyroid Ultrasound Indication: History of Thyroid Nodules

CLICKVIEW 7i Thyroid Surveillance Report

Exam Date: 1/1/2017

Findings

Node	Exam Date	Location	Margins	Internal	Size	Time Since Last Exam	Size Change	% Change	Rate of Growth (cm/month)
Node #1	1/1/2017	Right Lobe	Smooth	Solid Microcalcifications	2.10 cm	365 days	+0.90 cm	+162%	+0.08
Node #2	1/1/2017	Left Lobe	Spiculated	Cystic Heterogeneous	1.70 cm	365 days	+1.10 cm	+183%	+0.30

Right Thyroid Lobe
Abnormal Right Thyroid Lobe
The right lobe nodule has undergone significant interval change since the prior exam. Please refer to Surveillance Tables and Trend Charts for measurements, characteristics and interval changes.

Left Thyroid Lobe
Abnormal Left Thyroid Lobe
The left lobe nodule has undergone significant interval change since the prior exam. Please refer to Surveillance Tables and Trend Charts for measurements, characteristics and interval changes.

Impression
TI-RADS Category Classifications:
RIGHT LOBE: TI RADS 4c
LEFT LOBE: TI RADS 4c
Recommend: FNA BQFSPY

Validation
Electronically signed and authenticated by: Justin V. Lewis, MD
Validated on 1/15/2017 4:54:40 PM
Add Signatures

Cine & Static Images, Drawings

Macros

Ti-Rads or ATA

Automated Tracking with Priors

Automatic Data Import & Calculations

Patient Name: Amy Blank MRN: 00011
Procedure: DXA Bone Density Indication: Osteoporosis

CLICKVIEW 7i DXA Bone Density Report

Exam Date: 1/1/2019

Surveillance

Tracking Date	Site	T-Score	Z-Score	BMD (g/cm ²)	Time Since Last Exam (Months)	BMD Change (g/cm ²)	Rate Of Change (g/cm ² Per Month)	% Change From Prior BMD	LSC	Baseline Change
1/3/2017	[Total Spine]	-3.6	-3.5	0.351	12	-0.33	-0.03	-8.53%	5.30	-72.58%
1/3/2016	[Total Spine]	-1.2	-1.6	0.682	12	-0.62	-0.05	-47.69%	5.30	-46.88%
1/3/2015	[Total Spine]	1	0.5	1.3	12	-0.02	0.00	1.56%	-	+1.56%
1/3/2014	[Total Spine]	1.3	0.8	1.28	-	-	-	-	-	-
1/3/2017	[Total Hip]	-3.8	-4.1	0.64	12	-0.13	-0.01	-16.88%	5.0	-51.88%

Carotid Duplex Vascular Report

Carotid Exam, 11/21/2017

Name: Blank, Amy Ref. Phys: Houston, Sam, M.D. Procedure: Carotid
Patient ID: 0000052NAS4 History: Hypertension, Smoker. Exam Site: Site 18
DOB: 8/21/1975 Hypertension, Accession #: A18-6
Age: 42 yrs Exam Date: 11/21/2017

Measurements/Anatomy

Current Right Exam Date: 11/21/2017

ICA	PSV (cm/s)	EDV (cm/s)	Phasicity	Artery Wall
Proximal	156	110	Disrupted Flow	Irregular Plaque
Mid	353	100	Spectral Broadening	Calcified Plaque

RETROGRADE

ICA	Anatomy	Phasicity	Artery Wall	
Proximal to	196	110	Biphasic	Sub-Acute
Mid	363	100	Monophasic	Chronic
Distal	180	86	Biphasic	Negative

CCA

CCA	Distal	PSV (cm/s)	EDV (cm/s)	Phasicity	Artery Wall
Proximal	129	80	Disrupted Flow	Soft Plaque	
Mid	182	90	Spectral Broadening	Irregular Plaque	
Distal	121	89	Disrupted Flow	Soft Plaque	

Plaque Characteristics:
Surface: Grossly Irregular
Stenosis: > 65%
Post-Stenotic Turbulence: Yes
Spectral Broadening: Severe

OB Report

Obstetrical Ultrasound Exam, 9/15/2016 - Fetus A

Preliminary Information

Name: Blank, Amy Exam Date: 9/15/2016 Edr: Measurements
Patient ID: 0000052NAS4 Procedure: Obstetrical Ultrasound OB Hz: G: (2)
DOB: 8/21/1975 Exam Site: Impatient F Trm: (1)
Age: 41 yrs Plurality: 1 Pns: (0)
Indication: Advanced Maternal Age Fetus: A Ab-I: (0)
Ref. Phys: Houston, Sam, M.D. LMP: 1/15/2016 Ab-S: (0)
Ect: (0)
Muti: (0)
Liv: (1)

Images

Computations

Selected GA
GA: 30w3d (s 2.44wks)
Method: Fetus (BPD, HC, AC, FL)
EDD: 10/17/2016

Selected FV
Gms: 2895
Lbs: 5 lb 10 oz
%: 52
Method: BPD, HD, AC, FL

Fetal Weight (gm) 90-10%

Validation
Electronically signed by: IM. Kilom, MD
Validated on 9/15/2016 4:54:40 PM

ARTIFICIAL INTELLIGENCE: IMPLICATIONS FOR ADVANCED IMAGING & PRECISION MEDICINE

By Mary Ann Waldron

Driving forces in new business models include both supply and demand drivers, explained Wes Gilson, PhD and Peter Shen at their symposium, “Artificial Intelligence: Implications for Advanced Imaging & Precision Medicine,” presented on Sunday morning, sponsored by Siemens Healthineers. Smartphone adoption whereby a person’s heartrate is monitored and can potentially influence patient behavior is one such example.

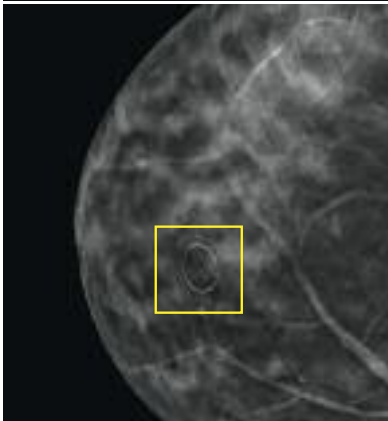
In today’s data rich imaging environment, more information generated by exams reduces radiologists’ interpretation times, which may raise errors by >16%. How do we address this concern? Deep learning has the potential to take artificial intelligence technology using algorithms to predict future actions and take guidance one step further to operationalize the data that has been analyzed. This may save time, money, and improve diagnostic accuracy.

As an example, retrospectively, we can monitor dose values and even predict or estimate the dose that may be delivered to a specific patient. But can we change scan protocol parameters to reduce delivered dose? Using technology for isocentering the patient, for instance, can opti-

mize dosage in CT and offer consistent follow-up for future exams, as well as minimizing late bolus timing and patient recalls. The speakers shared specific improvements in MRI, mammography, radiation therapy, and particularly see much promise for parametric PET scans’ complex calculations.

For a patient, the diagnosis achieved from imaging is likely just the first step in his or her treatment journey. Clinical pathways reduce variations in practice and bring consistency to the treatment process using evidence-based guidelines for the next sensible step. Each patient’s pathway is personalized but based on evidence of better outcomes from a larger population with similar diagnoses. Standardization and personalization can co-exist.

The future: a digital twin. Non-invasive functional measurements could produce a lifelong personalized physiological model updated every time a scan or imaging exam is performed. A digital “twin” would be created, and could fuse information from the lab as well as imaging, and virtually test options to determine therapy optimization without or before subjecting the patient to the treatment being considered. This ultimately leads us to patient-centric prevention and holistic treatment.



ACR Updates Practice Parameters for Skin Marking in Mammography

Facilities should require consistent use of radiographically distinct markers to indicate palpable areas of concern, skin lesions, and surgical scars.¹

A consistent skin marking protocol using distinct shapes for marking areas of interest on the breast provides clear and immediate communication, helps reduce questions and misinterpretation of findings, and spares the patient from unnecessary additional views and/or call-backs.

"I am pleased to see the stronger wording regarding the use and documentation of breast skin markers for important clinical findings."

– Michael Linver, MD, FACR

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¹ACR PRACTICE PARAMETER FOR THE PERFORMANCE OF SCREENING AND DIAGNOSTIC MAMMOGRAPHY Revised 2018 (Resolution 35) section E, Labeled Markers, part 2, page 5



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INNOVATION AWARD: CAST YOUR VOTE!



AHRA is excited to announce the Innovation Showcase, a new Annual Meeting activity that brings new and innovative products and services to your fingertips!

Voting will close on Tuesday, July 23 at 5:00 MT. AHRA Members will also receive **5 AHRA Rewards Points** for voting. Cast your vote now, and thank you for participating!

The winner of the 2019 Innovation Award will be announced at the closing session on Wednesday, July 24.



Check out the products/services in the app (scan the QR code at right to download) or in person at the conference. Then vote on the product/service you believe deserves AHRA's first ever Innovation Award!

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Download the Annual Meeting app, sponsored by the American College of Radiology (ACR), to create your own custom schedule, access venue maps and exhibitor info, post and view photos from other attendees, read the latest Link posts, check on your CE credits, and much more.

MONDAY, JULY 22, 2019

20TH ANNUAL EDUCATION FOUNDATION IMAGING CLASSIC GOLF TOURNAMENT



AHRA colleagues teamed up yesterday morning for fun on the greens to raise money for a worthy cause, the AHRA Education Foundation. The 2019 Imaging Classic Golf Tournament was held at Murphy Creek Golf Course, with wide landing areas, expansive greens and stunning water features. The tournament, a scramble format, was followed by an awards ceremony and lunch. Thanks to all who participate!

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The Education Foundation would like thank the above sponsors and the AHRA Golf Tournament Committee for their generous support of the Imaging Classic. Your continued support of both this golf tournament and the Education Foundation is appreciated!

20TH ANNUAL EDUCATION FOUNDATION IMAGING CLASSIC GOLF TOURNAMENT



Forty-four golfers participated at the 2019 Imaging Classic. The winning team was comprised of Edward White, John Hardin, Eric Slimmer, and Christian Pedersen (pictured above with Mark Suckle). Second place was Peter De Graaf, Sean Kiernan, Scott Thomas, and Karl Wolcott (below, left). The longest ladies' drive was completed by Tina Weiss. The longest men's drive was completed by Don Owens. The shot closest to the hole was completed by Pete De Graaf, who was also the 50/50 winner. De Graaf graciously gave his winnings back to the AHRA Education Foundation (pictured below, right with AHRAEF Chair Cathy Story and Mark Suckle).



RADIOLOGY MANAGEMENT

**Interested in Writing for AHRA's Bi-Monthly Journal?
Stop by the *Convention Daily* office (Destin Room) to learn more!**

Radiology Management is the preeminent professional journal for leaders in medical imaging management. Members and non-members of AHRA are encouraged to write for the journal.

Feature Articles

Features run from 1500-3500 words and are eligible for Quick Credit™ designation. The content is evidence-based, formal, researched, and in depth. Focusing on education, topics include but are not limited to business management, human resources, technology, regulations, asset management, operations, communication, and finance as related to the imaging industry.

Columns

Columns run from 725-1500 words and content is presented more informally and less researched than a feature. Topics include staffing, technology, coding, imaging center operations, finance, management, and op/ed.

Book Reviews

Radiology Management accepts book reviews on business management and imaging related topics. They run between 725-1500 words.

Letters to the Editor

Letters to the editor are welcome, but must not exceed 300 words. They will be printed as space allows and are subject to editing.

Vendor/Consultant Manuscripts

Radiology Management is proud of its working relationships with individuals, firms, companies, and organizations that provide products and services to AHRA members. The journal maintains its integrity by publishing educational manuscripts written by vendors and consultants. It is essential, however, that these manuscripts in no way promote a specific product or service, and they must be substantiated by neutral, unbiased research and/or documentation.

Peer Review Process

Radiology Management is a peer reviewed journal. All manuscripts are submitted to members of AHRA's Editorial Review Board (ERB). Upon review, authors may be required to submit a revised manuscript based upon the reviewers' recommendations. The editor works closely with the author throughout the peer review process. Manuscripts are published only after approval from the ERB and the editor.

Style

Radiology Management's style is based on the American Medical Association (AMA) Manual of Style. Manuscripts must include the following:

- Author's full name, credentials, title, affiliation(s), contact information, and a brief (2 to 3 sentence) biography.
- Accurate and complete references, if applicable. References must be listed in the order in which they appear in the text. Authors should use current reference material (ie, published within the past 5 years).
- Tables, graphs, and artwork (if applicable) must be submitted as separate electronic files; do not embed within the manuscript. They must be numbered in order of their reference within the manuscript and captions and credit lines should be provided. Artwork must be high resolution (minimum of 300 dpi) jpg, tiff, or eps files.

Free CE Credit

Authors of *Radiology Management* are eligible for up to 4 ARRT Category A credits. If your article is published in the journal, submit the title page of the journal plus the first page of the actual document to ARRT when renewing registration.

Copyright

Each article is accepted with the understanding that it is to be published exclusively in *Radiology Management* unless other arrangements are made in advance and in writing. Authors are asked to sign an agreement transferring and assigning all copyright ownership to AHRA. This agreement declares that the original work contains nothing that is libelous, unlawful, or infringes on anyone's common law or statutory copyright, nor is it under consideration by other publishers at the time of submission.

Submissions

Articles should be submitted for consideration to:

Emily Doutré Genua
Interim Editor, AHRA

490-B Boston Post Road, Suite 200
Sudbury, MA 01776

egenua@ahra.org

ph: (978) 443-7591 fx: (978) 443-8046

NEW MEMBER & FIRST TIME ATTENDEE RECEPTION



CONVENTION DAILY

Monday's Schedule

8:00 AM - 9:00 AM: **Continental Breakfast**

7:45 AM - 8:45 AM:

Exhibitor Symposium: Enhancing Patient Safety and Optimizing Efficiency in CT, MRI and Cath Labs: Integrating the Use of Contrast Media Dispensed in Prefilled Syringes (Aurora Ballroom B)

9:00 AM - 11:00 AM:

Grand Opening Ceremony & Keynote: Full Speed Ahead {Aurora Ballroom A}

11:00 AM - 2:00 PM:

Exhibit Hall open & lunch served (Noon-1:30 PM)

2:15 PM - 3:45 PM:

Breakout Sessions

- **Contemporary Imaging Management: An Immersive Dialogue** (Summit 6-7)
- **ACR/Joint Commission: MR Safety Tips for Radiology Administrators** (Aurora Ballroom D)
- **Regulatory Update** (Aurora Ballroom C)
- **Rowboats vs. Canoes: Tools for Forward-looking Capital Planning** (Crest-3-5)
- **The Art of Leadership "From Now On"** (Summit 8-9)

3:45 PM - 4:15 PM: **Beverage Break**

4:15 PM - 5:15 PM:

Breakout Sessions

- **Cardiac Imaging Can Assess Cardiovascular Risk in High Endurance Athletes** (Summit 8-9)
- **Successfully Implementing Digital Radiography Across a Regional Healthcare System** (Aurora Ballroom D)
- **SuperTech: Essential Tools for Today's Technologists & Leaders** (Crest 3-5)
- **The Leadership Void: On the Hunt for Unicorns** (Aurora Ballroom C)
- **Functional Flow Reserve CT: A New Frontier for Cross Collaboration** (Summit 6-7)

5:30 PM - 6:30 PM:

Exhibitor Symposium: A New Perspective on Risk Management in MR Contrast (Aurora Ballroom B)

6:30 PM - 7:30 PM:

CRA Alumni Reception (by invitation only) (Juniper Patio)

Remember: you must be on time to a session in order to be eligible for ARRT CE credit. If you arrive at a session after the speaker has started, you will not receive CE credit. The barcode on your badge will be scanned at the beginning and end of the session. You must receive both scans to receive CE credit, so make sure you stay for the entire session, and don't forget your badge when you leave your hotel room each morning! Each night you will receive an email from ahra@ud.net listing the sessions you attended and the number of credits you received that day. (This email will also include links to online session evaluations—complete them for a chance at a free registration to next year's meeting!) If you are not receiving the nightly emails, please be sure that ahra@ud.net is added as a safe sender in your spam filter. If any sessions you attended are missing from your nightly report, visit www.ahra.org/AMCE to request missing credits while you're at the conference.