2013 RSNA (Filtered Schedule)

Sunday, December 01, 2013
08:30-10:15 AM • PS10 • Arie Crown Theater • Opening Session
04:00-05:45 PM • PS12 • Arie Crown Theater • Sunday Afternoon Plenary Session

Monday, December 02, 2013
01:30-02:45 PM • PS20 • Arie Crown Theater • Monday Plenary Session

Tuesday, December 03, 2013
01:30-02:45 PM • PS30 • Arie Crown Theater • Tuesday Plenary Session

Wednesday, December 04, 2013
01:30-02:45 PM • PS40 • Arie Crown Theater • Wednesday Plenary Session

Thursday, December 05, 2013
01:30-02:45 PM • PS50 • Arie Crown Theater • Thursday Plenary Session

Opening Session
Sunday, 08:30 AM • Arie Crown Theater

PS10 • AMA PRA Category 1 Credit ™: 1.75 • ARRT Category A+ Credit: 1
To receive credit, relinquish attendance voucher at end of session.

Presiding
Sarah S Donaldson, MD, Palo Alto, CA
President, Radiological Society of North America

Greetings
John D Hazle, PhD, Houston, TX
President, American Association of Physicists in Medicine
Joy S Sclamberg, MD, Deerfield, IL
President, Chicago Radiological Society

Presentation of the Outstanding Educator Award
Bruce G Haffty, MD, New Brunswick, NJ
Recipient

Presentation of the Outstanding Researcher Award
Norbert J Pelc, ScD *, Stanford, CA
Recipient

Dedication of the 2013 RSNA Meeting Program to the Memory of David H. Hussey, MD (1937-2013), and Philip E.S. Palmer, MD (1921-2013)

Sarah S Donaldson, MD, Palo Alto, CA
President's Address: The Power of Partnership
Introduction by
Richard T Hoppe, MD, Palo Alto, CA
First Vice President, Radiological Society of North America

LEARNING OBJECTIVES
In the current healthcare environment, radiologists must reexamine their traditional expectations, attitudes, and behaviors so as to embrace a requisite change in culture that builds partnerships throughout radiology, the general medical community, and the larger community of patients and families. This address illustrates the perils of technology that have unintentionally fragmented radiology and radiologists. Yet in this current era of precision imaging and therapy, we find natural partnerships throughout the radiologic community. Within the general medical community, multi-disciplinary team medicine mandates visibility of the radiologist, who must accept responsibility for patient care beyond rapid communication of imaging results. Team-based practice promotes collaborative clinical and research programs, augments one's expertise, and builds careers. Professional interdependence promotes innovation and adds value to our collective endeavors. However, our most important partners are the patients we serve. When we commit ourselves to focusing on their care and becoming their partners, they will come to understand our contribution to diagnosis and treatment, and will become our advocates. The physician/patient bond that is well developed in oncology serves as a model for all of radiology, and confirms the gratifications that come from being a patient-oriented radiologist.

Annual Oration in Diagnostic Radiology: We Must Stand on the Shoulders of Giants
Damian E Dupuy, MD *, Providence, RI
Introduction by
Matthew A Mauro, MD *, Chapel Hill, NC
Chairman, Scientific Program Committee

LEARNING OBJECTIVES
Over the past 50 years the field of Radiology has undergone incredible growth that has led to greater diversity and sub specialization. A clear division between Radiation Oncology and Diagnostic Radiology was made in the early 1970s and since that time each has become even more complex and subspecialized. Within the general medical community, multi-disciplinary team medicine mandates visibility of the radiologist, who must accept responsibility for patient care beyond rapid communication of imaging results. Team-based practice promotes collaborative clinical and research programs, augments one's expertise, and builds careers. Professional interdependence promotes innovation and adds value to our collective endeavors. However, our most important partners are the patients we serve. When we commit ourselves to focusing on their care and becoming their partners, they will come to understand our contribution to diagnosis and treatment, and will become our advocates. The physician/patient bond that is well developed in oncology serves as a model for all of radiology, and confirms the gratifications that come from being a patient-oriented radiologist.
LEARNING OBJECTIVES

1. Identify key abnormal findings on radiologic studies that are critical to making a specific diagnosis.
2. Construct a logical list of differential diagnoses based on the radiologic findings, focusing on the most probable differential diagnoses.
3. Determine which, if any, additional radiologic studies or procedures are needed in order to make a specific final diagnosis.
4. Choose the most likely differential diagnoses based on the clinical and the radiologic information.
Presentation of the Alexander R. Margulis Award for Scientific Excellence

Presentation of Honorary Memberships

Sarah S Donaldson, MD, Palo Alto, CA

Tuesday Plenary Session

Tuesday, 01:30 PM • Arie Crown Theater

PS30 • CME: CME credit is not available for this session. To receive credit, relinquish attendance voucher at end of session.

Presiding

Sarah S Donaldson, MD, Palo Alto, CA

Presentation of the Gold Medal of the Radiological Society of North America

Theresa C McLeod, MD, Boston, MA
Harvey L Neiman, MD, Reston, VA
J. Frank Wilson, MD, Milwaukee, WI

Introduction by

Sarah S Donaldson, MD, Palo Alto, CA

Special Lecture: Mobilizing Human Potential

Condoleezza Rice, PhD, Stanford, CA

Wednesday Plenary Session

Wednesday, 01:30 PM • Arie Crown Theater

PS40 • AMA PRA Category 1 Credit ™: 1.25 • ARRT Category A+ Credit: 1

To receive credit, relinquish attendance voucher at end of session.

Presiding

Sarah S Donaldson, MD, Palo Alto, CA

President, Radiological Society of North America

Announcement of the Education Exhibit Awards

Dedication of the Annual Oration in Radiation Oncology to the Memory of K. Kian Ang, MD, PhD (1950-2013)
Annual Oration in Radiation Oncology: Beneficial Liaisons: Imaging and Therapy

Paul M Harari, MD *, Madison, WI
Introduction by
Nina A Mayr, MD, Seattle, WA
Chairman of the Subcommittee on Radiation Oncology and Radiobiology, Scientific Program Committee

LEARNING OBJECTIVES

See the tumor, treat the tumor. How complicated can this be? Surgeons, radiation oncologists and interventional radiologists are guided by imaging each day to effectively deliver their craft to cancer patients. Not long ago, external anatomy and plain X-rays served as the primary guide for radiation therapy. Broad field design was the prevailing paradigm with the knowledge that the tumor surely resided within. Collateral normal tissue damage was a necessary accompaniment of treatment and tumor dose was largely limited by normal organ tolerance. Today we deliver ablative radiation doses to complex three-dimensional tumor shapes virtually anywhere in the body. We create sharp dose gradients between tumor and critical normal tissues and seek high precision for daily treatment across thousands of patients. However, this remarkable achievement requires rigorous and meticulous interaction between imaging and treatment. The revolution in imaging and treatment technology has fostered meaningful gains for patients. Intensity modulated radiation therapy (IMRT) and daily image guidance have become routinely available thereby enabling improved dose profiles, high tumor control rates and preservation of salivary, pulmonary, cardiac, bowel and many other normal tissue functions that benefit patient quality of life. The complementary use of CT, MR and PET imaging routinely influence tumor staging, treatment recommendations and outcome. Using head and neck cancer and other tumor types for illustration, this presentation highlights several major contributions of imaging to improved cancer therapy. Cooperative group trials now routinely incorporate imaging into the enrollment, treatment and follow up of cancer patients. Despite these magnificent steps forward, we are only scratching the surface of possibility. Seeing inside individual tumors and characterizing heterogeneity profiles (including proliferation, hypoxia, metabolism) with functional and molecular imaging can further personalize treatment. Tracking small clusters of tumor cells is lowering the threshold of detection. Visualizing early tumor response to treatment is providing new opportunities to tailor individual treatment plans. We are poised to move well beyond see the tumor, treat the tumor. We are on the threshold of unparalleled visualization within tumors, tracking individual tumor cells, developing diapeutic agents to simultaneously image and treat, and harnessing early response profiles to shape more personalized and effective future therapies. Strengthening the bond of interaction between diagnostic and therapeutic practitioners in oncology has never been more vital and gratifying.

Thursday Plenary Session

Thursday, 01:30 PM • Arie Crown Theater

PS50 • AMA PRA Category 1 Credit ™: 1.25 • ARRT Category A+ Credit: 1.5
To receive credit, relinquish attendance voucher at end of session.

RSNA/AAPM Symposium

Moderator
Jeffrey H Siewerdsen, PhD *, Baltimore, MD
AAPM Liaison to the RSNA Scientific Program Committee

LEARNING OBJECTIVES

1) Learn how multi-modality imaging methods are being used in combination with high-precision radiation therapy delivery techniques to understand fundamental mechanisms of cancer pathogenesis, progression, and treatment response. 2) Learn the challenges and advances associated with quantitative imaging, and understand how more accurate and quantitative imaging is central to advancing the understanding of major questions in 21st century medicine. 3) Learn how imaging in partnership with medical physics and other technical and clinical disciplines provides a vital tool and multidisciplinary expertise for such advances.

Imaging in Partnership: With Radiation Therapy

David A Jaffray, PhD *, Toronto, ON, CANADA

LEARNING OBJECTIVES

View learning objectives under main course title.

Imaging in Partnership: With Physics and Quantitative Medicine

James A Deye, PhD, Bethesda, MD

LEARNING OBJECTIVES

View learning objectives under main course title.

Disclosure Index

D
Dodd, G. D. III - Research Advisory Board, Koninklijke Philips Electronics NV
Dupuy, D. E. - Grant, NeuWave Medical Inc Consultant, Biocompatibles International plc Board of Directors, BSD Medical Corporation Stockholder, BSD Medical Corporation

H
Harari, P. M. - Research Grant, Amgen Inc

J
Jaffray, D. A. - Research Grant, Koninklijke Philips Electronics NV Research Grant, Elekta AB Research Grant, Raysearch Laboratories AB Research Grant, IMRIS Inc Research Grant, Varian Medical Systems, Inc Research Grant, Grant, Modus Medical Devices Inc Royalties, Raysearch Laboratories AB Royalties, Modus Medical Devices Inc Royalties, Elekta AB Royalties, IMRIS Inc

K
Krestin, G. P. - Consultant, General Electric Company Research Grant, General Electric Company Research Grant, Bayer AG Research Grant, Siemens AG Speakers Bureau Siemens AG
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