De RSNA News*

Strong Start for RSNA's New Virtual Journal Club

*Resúmenes enviados y publicados con autorización de la RSNA.

Many radiologists are taking advantage of RSNA's new interactive Web site designed to help them learn more about specific articles in *RadioGraphics*, the Society's bimonthly, peer-reviewed education journal.

RadioGraphics editor William W. Olmsted, M.D., says he created the RSNA Virtual Journal Club (*vjc.rsna.org*) after finding that about 50 percent of residents queried in a recent RSNA publications survey do not participate in a formal journal club, "I realized *RadioGraphic* articles might be used as the nucleus for starting this type of program."

Dr. Olmsted, who is also RSNA's Education Editor, says he hopes the Virtual Journal Club will become an important tool for residents and other RSNA members who would like to know more about the issues addressed in featured articles.

How Does It Work?

One article from the current issue of *RadioGraphic* is featured on the Virtual Journal Club site. Readers can review the article as a PDF or on *RadioGraphic Online* and then can post their comments and questions to the authors. The authors will respond online within a few days of the postings. After an initial three-week period, the discussion will remain open, but the author of the article will no longer respond.

All content is monitored for appropriateness and usage by RSNA staff.

The first article, "US of Gastrointestinal Tract Abnormalities with CT Correlation," was posted in January. The author of the article, Martin E. O'Malley, M.D., is an assistant professor at the University of Toronto. Dr. O'Malley also works in the Abdominal Imaging Division at the University Hospital Network and Mount Sinai Hospital in Toronto.

There were 2,300 hits to Dr. O'Malley's online article and 2,000 hits on the discussion board. Dr. Olmsted calls the response "terrific."

Dr. O'Malley says the Virtual Journal Club is a unique way of communicating with other radiologists: "The strength of the program is that any radiologist with access to the Internet anywhere in the world can ask the authors a question. The format is less formal and labor intensive than writing a letter to the editor, for example. I think this will allow more radiologists to participate in this type of educational exercise."

Dr. O'Malley says he had no difficulties navigating the site, "Once you go through the initial steps, it is relatively easy to use." The only minor drawback is that the authors must be available and willing to check the questions on a regular basis for three weeks. Dr. O'Malley says he would participate in the Virtual Journal Club in the future.

Potential for the Future

Dr. Olmsted says he hopes the Virtual Journal Club becomes popular. He would also like to include more articles from *RadioGraphics* and other educational products and exercises in the future.

Dr. O'Malley says he sees great potential for the site too: "I think this will be an excellent learning tool for radiology trainees. The format is less intimidating than writing a letter to a journal or asking a question at a conference in front of a large audience. I would encourage trainees to make this site a regular part of their educational experience."

In the March-April issue, the featured article was "Clinical Role of FDG PET in Evaluation of Cancer Patients" by Lale Kostakoglu, M.D., and colleagues.

The feature article from the May-June issue of *RadioGraphics* is "Pediatric Cervical Spine: Normal Anatomy, Variants, and Trauma," by Elizabeth Lustrin, M.D., and colleagues.

Access to the site and to the online RSNA journals is free for RSNA members. If you haven't activated your subscription yet, go to *radiographics.rsnajnls. org/subscriptions/.*

De RSNA News*

RSNA Members and Subscribers Have Expanded Access to Scientific Literature

*Resúmenes enviados y publicados con autorización de la RSNA.

RSNA members and subscribers can take advantage of the fact that the world's largest archive of full-text life science research is making it quicker and more convenient to keep abreast of the latest research in medicine, science and technology.

Stanford University-based HighWire Press has expanded its content and has added new features designed to respond to the needs of researchers.

The Web site, launched in 1995 with online production of the weekly Journal of Biological Chemistry, has assisted in the publication of Radiology Online (radiology. rsnajnls.org), Radio-Graphics Online (radiographics. rsnajnls.org) and the RSNA Index to Imaging Literature (rsnaindex.rsna-jnls. org) since 1999.

The new and expanded features available to RSNA members and subscribers include:

- More Content. MEDLINE plus 348 full-text journals are available.
- Better Searching. Readers can easily search available journals by topic or browse by topic.
- More Alerting. Users can be alerted to new content that matches their specific interests in HighWire-affiliated articles or in MEDLINE.
- Easier Access. More than 473,000 free, full-text articles are available. Another 3,000 free articles are added each month. For articles that are not offered for free, readers have access to abstracts or can view the full article through personal or institutional subscriptions or by pay-per-view access.

From the HighWire home page, highwire.stanford.edu, users can browse HighWire-hosted journals, browse articles or search by topics. Searches can be performed using keywords and the names of authors.

"HighWire Press has opened up a new world of interlinked online information, not only in radiology, but in related fields of medicine," says Al Simonaitis, RSNA's online journal manager.

Of the one million full-text articles available on HighWire Press, more than 473,000 are free, including all articles from Radiology and RadioGraphics that are two or more years old.

"The articles that are free are clearly indicated," says Richard Newman, associate director for HighWire Press. "The site also has the ability to recognize a reader's location when they perform a search, so that when the search results are displayed, it indicates whether an article is free to everyone or free because the reader is at an institution where a subscription is available."

From the home page, under "Browse HighWire-hosted journals," users can click on "Topic" for a list of topics in the biological, medical, physical and social sciences. Under "Medical Sciences," they can click on "Radiology" for a list of radiology- related journals and articles of interest. The journals are ranked according to those publishing most frequently on radiology.

"The literature for most large fields like radiology is dispersed across many journals," says John Sack, associate publisher and director of HighWire Press. "In cases like that, the best tools are usually the alerting services, which are available via the "My E-Mail Alerts" button on the site."

A user who is interested in bone density scans could enter that phrase as a keyword and the system will alert the user by e-mail. "The system will notify you whenever a new article is published," says Sack.

"This capability of being notified also works beautifully for authors," says Newman. "If you have written an article in one of the RSNA journals and you want to know how important your article is, you can be alerted every time somebody else cites your article."

The alerting service is very popular. "I think we have about a million of these alerts set up by users of the system," says Sack.

After registering for a free account with HighWire Press, a user can sign up for alerts by clicking on "My E-mail Alerts" on the HighWire Press home page. RSNA members and other readers of RSNA journals can also sign up for alerts through a content box within the journals themselves.

"We try to make sure that whenever people are looking at results, they have the opportunity to be alerted to future activity," explains Newman. "For example, if I find an article within an RSNA journal, I can click on a box within that article that says, 'Alert me when this article is cited by someone.'"

"Similarly, if I perform a search within one of the RSNA journals, I can be notified the next time something that satisfies that search is published," he continues.

Among the journals hosted by HighWire Press, 44 are in the top 100 mostcited journals, as ranked by the Institute of Scientific Information, including The New England Journal of Medicine and the British Medical Journal. New journal offerings include The Journal of the American Medical Association, the AMA's Archives journals and the Annals of Internal Medicine.

"But probably even more important than adding new journals is that journals with HighWire are adding back content," says Sack. "They're going back 10, 20, 50, in some cases 100 years, and putting their back content online. And that's making this stuff grow very, very fast."

"I think the important thing is that the best journals are on HighWire Press," Sack emphasizes. "If a person is going to do literature research, they should start here. The site has all of PubMed, plus a million fulltext articles and features for alerting and subject searching."

Palm/PDA Service Now Available

HighWire Remote delivers tables of contents, abstracts and selected full-text material from current RSNA journal issues to hand-held PDAs free of charge. Palm OS (PDAs from Palm, Handspring, Sony, etc.) is now supported. Support for PocketPCs is under development. If you have a Palm OS PDA, and it is set up to sync with a PC or Macintosh computer, you can try out the feature. On the HighWire site (highwire. stanford.edu/), click on "My E-Mail Alerts" and then scroll down to the "My E-Mail Alerts and PDA Channels" section. Once installed, the appli-cation serves as many journals as the user selects.

De RSNA News*

RSNA Board of Directors Report

*Resúmenes enviados y publicados con autorización de la RSNA.

One of RSNA's strengths is its ability to respond to the changing needs of its members and the entire imaging profession.

A year ago, the RSNA Board of Directors unveiled a three-year strategic plan that will guide the Society as it helps to enhance and secure the field of radiology. A vision, a mission statement and the Society's core values were defined. Board members promised to review, refresh and revise the plan on a regular basis.

In March, the Board approved the 2003–2006 Strategic Plan, which renews the Society's mission, further defines the necessary goals and objectives and aligns the goals more closely with the cabinet responsibilities of Board members.

RSNA 2003

One of seven primary goals of the Society is to maintain the preeminence of the annual meeting as a scientific and educational forum. The Society also wants to make the meeting as user friendly as possible for the attendees.

RSNA staff members and the dozens of radiology professionals, who volunteer their time and expertise to the Society, have made a number of recommendations to enhance and improve a program that is already unparalleled in scientific content, educational value and access to state-of-the-art technology.

Among the changes the Board has approved for 2003:

- Lengthening the lunch period to give attendees an opportunity to spend more time viewing exhibits, visiting with colleagues or walking to their next course.
- Expanding scientific paper presentations by one minute to give presenters seven minutes to convey their information and three minutes to answer questions from attendees.
- Increasing the number of digital scientific sessions—scientific paper sessions made available as narrated PowerPoint demonstrations.
- Increasing the number of interactive sessions. Audience participation will be an integral part of the new case-based review series.
- Encouraging more refresher course presenters to make their handouts available on the Internet prior to the meeting.
- Improving the transportation between McCormick Place and downtown Chicago hotels. One way that will be done is through a new shuttle bus company.

Additional information on some of the enhancements for RSNA 2003 will be included in upcoming issues of *RSNA News*.

Scientific Program

One big change for this year involves the distribution of the *RSNA 2003 Scientific Program*.

All RSNA members are entitled to one free copy of the Scientific Program as a benefit of membership. Instead of automatically mailing that free copy of the program, the RSNA Board has approved pre-meeting distribution by request only. A letter explaining this new policy will be mailed soon.

Members have three options:

1. Request the *Scientific Program* be mailed in advance of the annual meeting.
2. Request to pick up the program at the meeting.
3. Do nothing and not receive a copy of the program.

The deadline to request the *Scientific Program* in advance of the meeting will be September 1, 2003.

The Scientific Program content will continue to be available online before, during and after the meeting. This makes it easy for attendees to customize a schedule that will give them maximum benefits from the meeting. They will be able to perform comprehensive searches, design a detailed schedule and download the information to their computer or personal digital assistant. A step-by-step tutorial on how to create a customized meeting schedule will be included in a later issue of RSNA News.

RadioGraphics

The Board is pleased to announce a new three-year contract for William W. Olmsted, M.D., as RSNA's Education Editor and editor of *RadioGraphics*. Since 1990, Dr. Olmsted has been instrumental in guiding *RadioGraphics* as the bimonthly peer-reviewed journal presents the best and most notable educa-

tion exhibits showcased at the Society's annual meeting. The Board appreciates Dr. Olmsted's dedication and looks forward to his continued success.

RSNA Research & Education Foundation

Another RSNA Strategic Plan goal is to support highquality research in radiologic science and disseminate the results to the profession. The Board has authorized a donation of $200,000 to the RSNA Research & Education Foundation to supplement the funds available for awarding grants in 2003.

In addition, RSNA and the Foundation will continue to be sponsoring members of the Academy of Radiology Research (ARR) for 2003 and 2004.

RSNA will be the host institution for the second Biomedical Imaging Research Opportunities Workshop (BIROW) to be held in March 2004. The goal of BIROW is to identify and explore opportunities for basic science engineering and research in biomedical imaging. Other BIROW partners include ARR, the American Association of Physicists in Medicine, the Biomedical Engineering Society and the American Institute for Medical and Biological Engineering.

Communications

RSNA is deeply committed to increasing the general public's awareness about radiology. Several activities are under way to accomplish that goal.

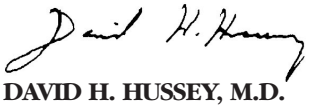
In June, RSNA will sponsor a media briefing in New York to offer information about the latest advances in diagnosis and treatment using imageguided interventions. The media briefing is designed to educate medical reporters, who will then inform the public about radiology through stories appearing in newspapers and magazines and on television and radio.

RSNA has also formed a Public Information Advisors Network—a committee of physician volunteers from all radiology subspecialties. Committee members will review press releases and news features for scientific accuracy and will participate, when needed, in media interviews on their subspecialty topic.

RSNA's radiology exhibit at Disney's Epcot ® closed in September 2002 after a successful threeyear run. The Board is developing ways to incorporate various aspects of the exhibit into other communications efforts. While that will be an ongoing process, the Board has approved converting the introductory videos, which provide an overview of radiology, into a digital format that can be featured on RadiologyInfo ™ (*www.RadiologyInfo.org*), the RSNA/ACR patient education Web site.

Other Board Action

- The Board has also ratified an affiliation agreement with three academic societies that have missions congruent with RSNA—the Association of University Radiologists, the Society of Chairmen of Academic Radiology Departments and the Association of Program Directors in Radiology. The overall goal is to increase collaboration among the organizations in achieving common goals.
- In order to develop a closer relationship with Mexico, the Board has approved a plan allowing the journals for two radiologic organizations, Sociedad Mexicana de Radiología e Imagen (SMRI) and Federación Mexicana de Radiología e Imagen (FMRI), to translate into Spanish multiple abstracts from *Radiology and RadioGraphics.*



DAVID H. HUSSEY, M.D.
CHAIRMAN
2003 RSNA BOARD OF DIRECTORS

Editor's Note: In our continuing efforts to keep. RSNA members informed, the chair of the RSNA. Board of Directors will provide a brief report in RSNA News following each board meeting. The next RSNA Board Meeting is in June.

De RSNA News*

RSNA Visiting Professor Program Thrills Teachers as Well as Students

*Resúmenes enviados y publicados con autorización de la RSNA.

Two radiologists participating in the RSNA International Visiting Professor Program say their April visit to Guatemala was an incredibly rewarding adventure. In a telephone call from Antigua, Guatemala, James J. Abrahams, M.D., couldn't contain his excitement: "This has been a phenomenal experience. This terrific program is a plus to the RSNA."

Dr. Abrahams is a nationally recognized neuroradiologist and head and neck radiologist at the Yale University School of Medicine in New Haven, Conn. He is the chief of ear, nose and throat radiology, a professor of diagnostic radiology and surgery and director of medical studies for Yale's Radiology Department. He traveled to Guatemala with Marc J. Gollub, M.D., who is a specialist in gastrointestinal (GI) radiology and body CT at Memorial SloanKettering in New York City. Dr. Gollub is chief of the CT section, is director of GI fluoroscopy and teaches residents to perform stateoftheart barium studies.

Like Dr. Abrahams, Dr. Gollub says the journey has had a significant impact on him: "This has been a learning experience as to how subspecialized my work is in cancer radiology. At Sloan Kettering, my primary focus is on radiology of the intestinal tract in cancer patients. There is no such thing as a radiology specialist here in Guatemala. Radiologists here must be generalists because there are so few of them."

The entire nation of Guatemala, a country the size of Tennessee, has 20 CT scanners and four or five MR imaging units.

In the United States, patients are accustomed to the relative ease of access to medical care. In Guatemala City, patients line up at 5 a.m. for a chance to get a radiographic study. Dr. Gollub says these are patients with serious injuries and advanced forms of cancer standing for hours in the warm hallways of Roosevelt Hospital. Government financial assistance for patients in Guatemala is limited.

As part of the visit, Dr. Gollub had the opportunity to review unusual patient studies that, until now, he has only seen in textbooks, such as patients suf fering from parasites.

"The level of disease is far more advanced in Guatemala, especially in the rural areas, than what we typically see in the United States," says Dr. Abrahams.

The physicians say there are some differences in medical training for radiologists in Guatemala. There, students spend eight years in a combined college/ medical school/internship curriculum instead of the nine total years need for this in the United States. In Guatemala, the chief radiology resident remains in the hospital where he or she has trained. The rest of the fourthyear residents must continue training that year in rural hospitals. Most will eventually go into private practice. Just like in the United States, there is a severe shortage of radiologists in Guatemala.

Drs. Abrahams and Gollub began their journey in the capital, Guatemala City. They gave a series of talks at the National Congress of Radiology of Guatemala to very receptive audiences of residents and radiology attending physicians.

"There is a great eagerness on the part of the doctors and residents to learn. Most radiologists in Guatemala rely on reading medical materials because they don't have access to a lot of lectures," Dr. Gollub says.

Having lived in Guadalajara, Mexico, for three years, Dr. Abrahams was able to conduct his lectures in Spanish. "It's been a while since I taught in Spanish, so I was surprised by being able to speak in Spanish for such a long time. It was fun for me," he adds.

Dr. Gollub, who speaks French, says he was able to pick up the Spanish very quickly. He says he was very grateful for two excellent translators, Rosa and Sue. "I think they were surprised by the length of the lectures. They got to learn some new medical terms too," he says.

On their second day in Guatemala, Drs. Abrahams and Gollub toured Roosevelt Hospital. "We projected case studies from our laptops to 15 residents. The residents were so eager for knowledge. Despite the warmth of the room, no one fell asleep during the presentations," Dr. Abrahams says.

They shared several meals with the residents giving them an opportunity to talk about medicine, work and their families.

"We had incredible hosts, who have made this experience easy and wonderful," says Dr. Abrahams. Francisco A. Arredondo, M.D., incoming president of the Guatemala Congress of Radiology and a member of the RSNA Committee on International Relations and Education (CIRE) who is based in Guatemala, and Reuben Alvarez, M.D., outgoing president of the Guatemala Congress of Radiology, picked them up each day and showed them around. "Dr. Arredondo invited us to his home during Easter week. This has been such a nice experience for us," Dr. Abrahams adds.

"The formal participation of Drs. Abrahams and Gollub was very well received and their presentations were excellent, both as audiovisual material and overall in their content," says Dr. Arredondo. "All the residents and radiologists that participated in the activities were very happy and enthusiastic about the visit and also to learn about the international programs of RSNA. I think the experience also was rewarding for the visiting professors."

Drs. Abrahams and Gollub took a break from teaching during Easter week to tour the ancient ruins at Tikal. They also spent time in Antigua, the former capital of Guatemala and its second oldest city. Antigua is famous for Semana Santa, or the Holy Week. Thousands of people, including Drs. Abrahams and Gollub, watched as residents carried heavy religious statues and altars made with flowers and walked through the streets of Antigua over elaborately constructed alfombras (colored sawdust carpets also made with flowers).

They wrapped up their trip teaching in a hospital in Quetzaltenango, Guatemala.

Dr. Gollub says he applied for the Visiting Professor Program with the encouragement of his chairman, Hedvig Hricak, M.D., Ph.D., who is the newest member of the RSNA Board of Directors. Dr. Gollub says this program is a great fit for those who enjoy teaching and travel. He would recommend a working knowledge of the language of the country whenever possible. Dr. Abrahams applied for the program after reading an article about the International Visiting Professor Program in RSNA News.

Interestingly, Drs. Abrahams and Gollub did not know each other before they were accepted. They met for the first time at RSNA 2002 and spoke on the telephone many times before they traveled to Guatemala. "I couldn't have picked a better teammate. We were supportive of each other and truly augmented each other during our presentations," Dr. Abrahams says.

As part of the Visiting Professor Program, CIRE provided a $1,500 budget for educational materials from the RSNA Education Resources Catalog to be donated to the host institutions. Dr. Abrahams says the residents enthusiastically reviewed the catalog for educational materials to be sent to them at a later date.

"From our side it was a most successful visit that left a lot of new knowledge and overall a great appreciation for RSNA," says Dr. Arredondo. "The visiting professors now have many new friends in Guatemala who are very grateful for their teaching and open attitude."

Two other teams of visiting professors will travel to South Africa and Kenya in August and El Salvador in November.

2004 International Visiting Professors

RSNA is currently accepting applications for 2004 Visiting Professors. Possible destinations include Argentina, Romania and Mexico.

More information about the Visiting Professors Program, as well as application forms, can be found at www.rsna.org/international/CIRE/ivpp or by calling (800) 3816660 x7741.

Del Radiographics y las Fuerzas Armadas*

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From the Archives of the AFIP

Extratesticular Scrotal Masses: Radiologic-Pathologic Correlation[1]

Paula J. Woodward, MD • Cornelia M. Schwab, MD • Isabell A. Sesterhenn, MD

The extratesticular scrotal contents consist of the epididymis, spermatic cord, and fascia derived from the embryologic descent of the testis through the abdominal wall. As opposed to intratesticular masses, most extratesticular masses are benign. Cystic masses (including hydroceles, epididymal cysts, and varicoceles) are easily diagnosed with ultrasonography (US) and are benign. Epididymitis is a common extratesticular lesion as well as the most frequent cause of an acute scrotum. It may be either acute or chronic and can be potentially complicated by epididymo-orchitis or scrotal abscess. Findings include epididymal enlargement, skin thickening, hydroceles, and hyperemia. The epididymis can also be affected by sarcoidosis, a noninfectious granulomatous disorder. The most common extratesticular neoplasms are lipomas (most often arising from the spermatic cord) and adenomatoid tumors (most often found in the epididymis). Despite their relative rarity, malignant neoplasms do occur and include rhabdomyosarcoma, liposarcoma, leiomyosarcoma, malignant fibrous histiocytoma, mesothelioma, and lymphoma. These tumors are often large at the time of presentation. The US findings of solid masses are often nonspecific. Magnetic resonance imaging can be very helpful in the evaluation of some of these disorders, allowing for a more specific diagnosis in cases of lipoma, fibrous pseudotumor, and polyorchidism.

http://radiographics.rsnajnls.org/cgi/content/full/23/1/215

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From the Archives of the AFIP

Gastrointestinal Stromal Tumors: Radiologic Features with Pathologic Correlation[1]

Angela D. Levy, LTC, MC, USA • Helen E. Remotti, MAJ, MC, USAR William M. Thompson, MD • Leslie H. Sobin, MD • Markku Miettinen, MD

Gastrointestinal stromal tumors (GISTs) are unique neoplasms that occur throughout the gastrointestinal tract, mesentery, omentum, and retroperitoneum. They are the most common mesenchymal neoplasm of the gastrointestinal tract and are defined by their expression of KIT (CD117), a tyrosine kinase growth factor receptor. The expression of KIT is important to distinguish GISTs from other mesenchymal neoplasms such as leiomyomas, leiomyosarcomas, schwannomas, and neurofibromas and to determine the appropriateness of KIT-inhibitor therapy. The series described herein was accumulated over 2 years and includes 64 pathologically proved GISTs (28 gastric, 27 small intestinal, six anorectal, one colonic, one esophageal, and one from the small bowel mesentery). Radiologic features of GISTs vary depending on tumor size and organ of origin. Since most GISTs arise within the muscularis propria of the stomach or intestinal wall, they most commonly have an exophytic growth pattern and manifest as dominant masses outside the organ of origin. Dominant intramural and intraluminal masses are less common radiologic manifestations. GISTs occurring in the gastrointestinal tract and mesentery characteristically have hemorrhage, necrosis, or cyst formation that appears as focal areas of low attenuation on computed tomographic images. Although the radiologic features of GISTs are often distinct from those of epithelial tumors, criteria to separate GISTs radiologically from other nonepithelial tumors have not yet been fully developed.

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AFIP ARCHIVES 759

From the Archives of the AFIP

Localized Fibrous Tumors of the Pleura[1]

Melissa L. Rosado-de-Christenson, MD • Gerald F. Abbott, MD
H. Page McAdams, MD • Teri J. Franks, MD • Jeffrey R. Galvin, MD

Eighty-two localized fibrous tumors of the pleura (LFTP) were reviewed retrospectively for the clinical, pathologic, and radiologic findings. Forty-four women and 38 men ranged in age from 17 to 78 years (mean, 54.7 years). Sixty-four benign LFTP ranged in size from 2 to 30 cm (mean, 13.2 cm), and 18 malignant tumors ranged from 3 to 23 cm (mean, 14.4 cm). Forty-eight patients (60%) presented with symptoms. Radiographs of 76 patients demonstrated solitary masses occupying or extending into the inferior hemithorax (79%). Computed tomography (CT) of 78 lesions demonstrated lobular masses (83%) that formed at least one acute angle (96%) or only acute angles (65%) with the adjacent pleura. Heterogeneous lesion attenuation was documented in 88% of enhanced and in 68% of unenhanced CT scans. Contrast enhancement was common (62% of cases). Magnetic resonance (MR) imaging of 18 lesions demonstrated heterogeneous signal intensity on both T1- and T2-weighted images (78% and 83%, respectively). Multiplanar MR imaging allowed visualization of the diaphragm and documentation of an intrathoracic mass in all cases. LFTP are solitary lobular heterogeneous masses that occur in symptomatic adults and often affect the inferior hemithorax. Malignant lesions are radiologically indistinguishable from those with benign histologic characteristics. Radiographic and CT features characteristic of pleural location are typically absent.

http://radiographics.rsnajnls.org/cgi/content/full/23/3/759