

October, 2011

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Interventional MRI Program

The term “interventional MRI” refers to the use of Magnetic Resonance Imaging to guide a diagnostic intervention and/or to monitor a minimally invasive therapeutic procedure. This is a new branch of Radiology that is being practiced at a few institutions

around the country such as the Brigham and Women’s Hospital and MD Anderson as well as at a handful of institutions in Europe. The Department of Radiology and Imaging Sciences at Emory has just completed its state-of-the-art suite for MRI-guided interventions at the Clifton campus. This advancement will further our role as a national leader in modern medicine and shall highlight our commitment to deliver advanced technology to enhance patient’s safety and well being.

Since its inception as an imaging modality during the early 1980s, MRI has gained rapid and wide acceptance as a superb diagnostic tool due to its unparalleled tissue contrast, multiplanar capability, ability to readily depict vascular structures, and lack of ionizing radiation. These attributes of MRI have motivated several investigators to explore its use to guide interventional procedures. These efforts were initially unsuccessful due to the closed configuration of the long and narrow bores of early scanners precluding sufficient access to the patients. Also excessively long scan times disqualified MRI as a potential tool for interactive device placement or for timely monitoring of deployed therapy.

The subsequent two decades have witnessed revolutionary improvements in both the hardware and software of MRI manufacturing that rendered “interventional MRI,” a reality via open configuration scanners with enhanced gradient and receiver chain functionalities that allow fast imaging with high spatial resolution. Interventional accessories are now offered by manufacturers including in-room RF-shielded high-resolution LCD monitors with functional capabilities that allow

operating the scanner. Also, interactively reviewing the images in realtime at the scanner side in a manner analogous to fluoroscopic and ultrasound guided interventions.

For the Emory patients and medical community, launching the new “interventional MRI” service means access to a set of refined diagnostic and minimally invasive therapeutic procedures that are not available anywhere else in the region. Examples include biopsies of lesions that are only seen on MRI, lesions with difficult access, and subcentimeter lesions. MRI also can be used to guide the placement of fiducial markers within these lesions to facilitate subsequent identification at surgery or with other imaging modalities. On the therapeutic side, MRI offers a radiation-free method of treating vascular malformations via percutaneous sclerotherapy. The ability to map out the extent of these complex vascular lesions during treatment ensures proper filling of the malformation with the sclerosing material while avoiding extra-vascular injections and therefore limiting complications. Thermal ablations for locoregional cancer control is another area where interventional MRI excels beyond the currently available ablation techniques. The use of MRI to guide ablation procedures has changed the predetermined “recipe” approach to a controlled approach. The thermal damage is continuously monitored in realtime via a thermal map superimposed on the MR image in multiple planes reflecting the exact boundaries of the developing zone of ablation. The treatment endpoint is thus tailored to each individual tumor in each patient and is based



Dr. Nour performs an MRI-guided liver biopsy in Emory’s new interventional MRI suite. Needle navigation is observed in realtime to target a tiny lesion that is invisible with CT or ultrasound.

on the actual response to therapy. Laser energy is particularly suited for use with MRI due to lack of interference with imaging and the easier fit into the magnet bore. The laser ablative technology has already been delivered to the interventional MRI suite and is available for use. The system offers an additional safety feature of automatic shut-off once a threshold temperature is reached at any operator-selected point in the vicinity of the tumor. Numerous additional services will be also available such as targeted MRI-guided prostate biopsies and ablations for patients undergoing the common dilemma of rising PSA (prostate specific antigen) level with repeated negative biopsy. The program also will host neurosurgeons and provide them with the necessary technical support to perform MRI-guided deep brain stimulator placements and hippocampal laser ablation.

With the addition of the new interventional MRI suite, Emory is not only joining a handful of institutions in the world that apply this state-of-the-art technology, but is rather positioned to be a leader

-Story continued on page 7

LETTER FROM THE CHAIR

Dear Colleagues,

I am saddened to convey to you that Dr. Ted Leigh, who was legendary for his many contributions to our department and the field of radiology, passed away on September 28. Indeed, he was a dear colleague and friend throughout his long and

productive life. Below I share with you his obituary, which provides an opportunity for us to reflect on this remarkable individual.

Best to all,

Carolyn C. Meltzer, MD, FACR, *Chair of Radiology*



Dr. Ted F. Leigh of Atlanta died on the 28th of September peacefully in his sleep resulting from complications of congestive heart failure.

Dr. Leigh was Director of the Department of Radiology of Emory University Hospital from January 1948 to September 1973 and

program director for training in Radiology from 1973 to his retirement on August 31, 1980. He continued in retirement to work at Grady Memorial Hospital one day a week up until August 1999. He was an early member of the Emory Clinic.

Dr. Leigh was born in Oxford, Alabama on November 22, 1911. He later lived in Anniston, AL, Greenville, SC, Orlando, FL, Birmingham, AL, New York City, NY and Atlanta. He graduated from Birmingham-Southern College in 1933, and from Emory University School of Medicine in 1938. He interned at Flower-Fifth Avenue Hospital in New York City from 1938 to 1940. After a short practice in New York City, he entered the Medical Corp of the United States Army, serving with the 27th National Guard Division of New York in Alabama and Hawaii, and later the 369th Hospital on the island of Saipan in the Mariana Islands. The hospital served the B-29 Bomber Groups which were bombing Japan during this phase of World War II. He rose from 1st Lieutenant to Major during



his 5 year tenure. Following the war, he entered a Residency in Radiology at Columbia – Presbyterian Medical Center in N.Y.C., and on completion in December 1947, started his long career at Emory University on January 1st, 1948.

Dr. Leigh was a former President of the Atlanta Radiology Society, Eastern

Radiology Society and the Atlanta Clinical Society. He was Chairman of the Radiology Section of the American Medical Association and the Southern Medical Association. He was Vice President of the American College of Radiology and the Radiological Society of North America. In 1975, he was elected to the Presidency of the American Roentgen Ray Society (ARRS), after serving as Secretary of that society for a number of years. In 1990, he was awarded the gold medal from the ARRS for "Distinguished Service to Radiology." Also, Dr. Leigh was the co-author of the monograph, "The Mediastinum" by Leigh and Weens, and was the author of several medical chapters in leading medical books.

In College at Birmingham-Southern, he was a member of the SAE Social Fraternity and the ODK Honorary Fraternity; in medical school he was a member of the Phi Chi medical Fraternity and in medical practice, to the AOA Honorary Society.

In addition to radiology, Dr. Leigh had three other

passions in life. One of his passions was travel, from Moscow to Melbourne and many countries in between totaling 36 countries on six continents. In the 1930's, he led a four-piece orchestra for three summers on cruise ships sailing from Savannah to New York to Boston. In the 1960's, on a three-month sabbatical, he spent a week each in twelve major cities in Western Europe. He continued to travel with his children up until his death.

Golf was another passion, beginning at age eight and continuing into his nineties. At Ansley Golf Club in Atlanta where he was a member for 60 years, he won the Latz Tournament, had three holes in one, and several eagles on par five holes. He played many U.S. courses and some in Canada. Abroad he played on courses in Spain, England, Ireland, and Scotland (including historical St. Andrews).

Photography was another of Dr. Leigh's loves. He started with a box camera and ended with a Speed Graphic. On two occasions he had pictures in Life magazine.

He had many covers on medical magazines and one-man shows on several occasions. This passion led to his career in Radiology. During WWII, his colonel said quote, "Leigh likes photography, and that's all X-ray is, so make him the X-ray man." The rest is history.

He will always be remembered not only as an accomplished man, but also loving husband, father and grandfather. A gentleman and a scholar, Dr. Leigh was humbled by the blessed life he had lived, and

what a wonderful life it was.

Dr. Leigh was formerly married to Midge Leigh, who lives in Boulder, CO., and later to Patricia McGouirk Leigh, who died in 1997. He is survived by a son, Robert F. Leigh, and wife Susan of Lilburn, GA and daughter Peggy Leigh Baker, and her husband Bill of Boulder, CO, and grandchildren, Kristine Leigh Franks, Matthew Leigh, Allison Leigh, Alexandria Baker and Nicole Baker. His brother Douglas Leigh, who died in 1999, was a well-known advertising man in New York City.

There will be a Memorial Service at the Rock Springs Presbyterian Church at Piedmont and Rock Springs Roads on November 22nd at 4pm, which would have been Dr. Leigh's 100th birthday.

The Family has requested that no flowers be sent. Those who wish, can contribute to the Emory Department of Radiology and Imaging Sciences. In the memo line please write Weens-Leigh Endowment Fund, which supports the work of the doctors in training in the Department of Radiology at Emory University.

Mail to:

Stacia Brown
Director of Development
Emory University School of Medicine/Woodruff Health Sciences Center, Office of Development and Alumni Relations,
1440 Clifton Road NE, Suite 170,
Atlanta, GA. 30322.

Further more, donations can also be made to:

Hospice Atlanta
1224 Park Vista Dr. NE,
Atlanta, GA 30319

AWARDS & RECOGNITION

First Radiology and Imaging Sciences Faculty Awards Ceremony

The Department of Radiology and Imaging Sciences celebrated the first Faculty Awards ceremony on September 7, 2011. The ceremony recognized the faculty of Emory Radiology who demonstrate outstanding service, patient care, mentorship, research, and leadership. With a external reviewers from other institutions, the Awards committee was able to select eight winners out of numerous stellar nominees.

Outstanding Service Award Junior Award

Eugene Berkowitz, MD, PhD

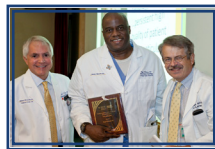


Outstanding Service Award Senior Award

Deborah Baumgarten, MD, MPH, FACR

Outstanding Clinician Award Junior Award

Roger Williams, DO



Outstanding Clinician Award Senior Award

Raghuveer Halkar, MD

Outstanding Mentor Award

Patricia Hudgins, MD, FACR



Rising Star Award

Courtney Coursey, MD

Outstanding Scientific Contribution Award

Hyunsuk Shim, PhD



Outstanding Young Investigator Award

Ji Chen, PhD

Habib Tannir Leadership Character Awards

The Turknett Leadership Character Award recognizes individuals who demonstrate character by leadership, integrity and maintaining a culture in which everyone takes responsibility for achieving results while upholding the organization's values. Habib Tannir, Director of Imaging Services, was recognized as a nominee at the Eighth Annual Leadership Character Award ceremony on September 15, 2011. Habib's nomination was submitted by Chrystal Barnes, Assistant Director of Imaging Services, who acknowledged Habib's qualities as an inspiring leader.



Mary (Mimi) Newell, MD

Associate Professor of Radiology



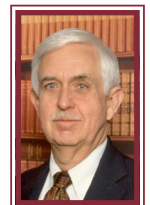
As of September 1, 2011 Dr. Mary Newell was promoted to Associate Professor for her dedication and active participation in all three missions of clinical, research and educational excellence. Dr. Newell has demonstrated outstanding skills that contribute to not only her respective division but the Department as a whole.

American Association of Physicists in Medicine- Best Abstract



Ioannis Sechopoulos, PhD

Assistant Professor
Radiology and Imaging Sciences



Perry Sprawls, PhD

Professor Emeritus
Radiology and Imaging Sciences

At the 2011 Annual Meeting of the American Association of Physicists in Medicine, Drs. Sechopoulos and Sprawls received the Best Abstract on Innovations in Medical Physics Education Award for their abstract of, "A Model for Clinically Focused Physics Education."

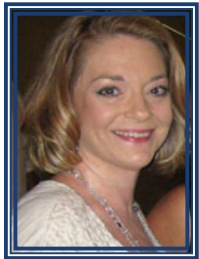
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 • **Message From Vice Chair For Research**
 • In the November issue look for Dr. Votaw's continuation of
 • "Power to Pitfall" article.
 •

RADIOLOGY SPOTLIGHT

Improving Transplant Options for Type 1 Diabetes

When Julie Allred heard that Emory was exploring a non-surgical transplant solution for patients with “brittle” or unstable type 1 diabetes, she didn’t know she’d end up being first in line for the new procedure. On July 21, she became the first at Emory and in Georgia to have a minimally invasive islet cell transplant with an added bonus—no stitches.

Allred was diagnosed with type 1 diabetes at age 10. She obtained her first insulin pump in 1992 and has had several different types over the years. Even though she carefully watched her diet and tested regularly, she has had many problems in the past couple of



Julie Allred

years with unstable hypoglycemia (low blood sugar). It affected her ability to do many things she enjoyed, with the constant worry of how she would be affected by the unpredictable changes in her blood sugar, including being caught unaware at night while asleep. Luckily, her dog was able to alert her husband David if her blood sugar dramatically dropped during the night. But she was never free—day or night—from the worry of a condition called hypoglycemic unawareness, which unpredictably causes unconsciousness.

“I wanted to have the transplant because I’ve seen so many changes in the treatment of diabetic patients over the years, from the first glucometers to new medications,” she says.

She was placed on Emory’s islet transplant wait list in early July and received the call eight days later while at her dentist’s office on July 19, which was “a record for the shortest wait,” she notes. She lives several hours from Atlanta in the Charlotte, NC, suburb of Concord, where she has worked as a nurse for the past 20 years in obstetrics and pediatrics.

Drs. Kevin Kim, director of interventional radiology and image guided medicine, and Nicole Turgeon, kidney, pancreas and islet transplant surgeon, performed Allred’s transplant in the interventional radiology suite at Emory Hospital.

“Our protocol is designed to treat patients over age 18 who have had type 1 diabetes for five years or more and experienced two or more episodes in the past year of hypoglycemic unawareness,” reports Dr. Turgeon. She is principal investigator of the study. She conferred with other centers doing the interventional radiology procedure—it’s been available for many years—and collaborated with Dr. Kim for more than a year to develop Emory’s protocol.

“We’re able to perform this type of transplant because of Dr. Kim’s expertise in image guided treatment of liver tumors in the interventional radiology suite and Emory’s experience in islet transplantation and the development of new treatment regimens to protect transplant grafts from rejection,” she says. According to Dr. Kim, “The interventional radiology

procedure involves a small access, guidewires and catheters and a central line that are threaded through the patient’s right side into the portal vein, which leads into the liver. The entire system is through a less than a quarter inch skin access, and there are no stitches required but a bandage on her skin. The islet cells are selectively and accurately infused directly into the liver through the portal vein under image guidance. There is no general anesthesia required, and the entire procedure is performed under moderate sedation. In fact we were talking to the patient for the entire procedure.” The fragile islets should implant in the liver and take over the job of making insulin. About 300,000 to half a million islets from one deceased donor’s pancreas are infused and should be fully functional after four weeks. If the graft fails, the transplant procedure can be repeated two more times.

“Patients take immunosuppressant medications like any other transplant recipient to prevent rejection,” Dr. Turgeon says. The patient will need to have a heparin drip for 48 after the transplant to prevent clotting. He or she is evaluated 24 hours post-transplant to determine if there is bleeding around the portal vein, the primary complication from this procedure.

“The conventional islet transplant involves a two- or three-inch incision in the midline belly,” continues



Drs. Kevin Kim, Director of Interventional Radiology and Nicole Turgeon, islet transplant surgeon, performed Allred’s transplant in the Interventional Radiology Suite at EUH.

Jennifer Hutchinson, clinical research nurse and coordinator of the study. “This open surgical approach can be very painful and make the patient very nauseated and constipated. Mrs. Allred experienced no side effects and had to take only one pain pill following her less invasive transplant.”

Allred still has an insulin pump to help “baby and protect the islet cells” as she recuperates, but she has gradually tapered her insulin from about 50 units a day pre-transplant to 8 to 11 units a day four weeks post-transplant. She is now free from the unpredictable changes in her blood sugar and has had no hypoglycemia.

“My doctor told my mother when I was first diagnosed that I wouldn’t live to age 30 or be able to have children. But because of these advances, I’ve been able to prove him wrong twice,” Allred chuckles. Thanks to the rapid progress of diabetes treatment, she happily celebrated her daughter’s Meredith’s 16th birthday at Disney World in January of this year and turned 43 years July 23rd, two days after her transplant.

—Lee Jenkins
Freelance writer
Emory Transplant Center
Editor, Kevin Kim, MD

CHECK IT OUT

Applegate KE, Thomas K. *Pediatric CT—the Challenge of Dose Records. Pediatric Radiology.* 2011 Sep. 41 Suppl 2:523-7. Epub 2011 Aug 17

Abujudeh HH, Govindan S, Narin O, Johnson JO, Thrall JH, Rosenthal DI. Automatically inserted technical details improve radiology report accuracy. *Journal of American College of Radiology.* 2011 Sep; 8(9):635-7.

GRANT AWARDS

Magnetic Immuno-separation and Detection of Tumor Cells within CSF samples of Pediatric Brain Tumor Patients

Principal Investigators:

James Provenzale, MD; Hui Mao, PhD; Tobey MacDonald, MD

Funding Organization: Center for Pediatric Nanomedicine, Children's Healthcare of Atlanta, Emory University

Significance: Medulloblastomas (MBs) are the most common form of primitive neuroectodermal tumors of the pediatric central nervous system. Early detection of possible tumor metastasis is a key on the clinical management of this disease. With a new class of the magnetic nanoparticle cluster with high magnetism developed in Dr. Mao's lab, this project will develop and test magnetic immuno-separation and detection system

with improved sensitivity and efficiency of cell separation, enrichment, capturing and detection of metastatic MB cells in CSF. The goal of this project is to rapidly translate the latest nanotechnology developed by the research team, such as the anti-biofouling coating polymer for improving biomarker targeting efficiency and magnetic nanoparticle cluster for high magnetization, and new scientific discoveries in MB biomarkers, to the clinical pediatric neuro-oncology practice.

IN THE KNOW

Quality Corner

Play it Safe

I know we are all aware of the radiation exposure scares that have been reported in the media. As Radiology professionals we are acutely aware of the risk of exposure to radiation, but sometimes we take our responsibility for managing a patient's exposure for granted. We tend to want to do what we have always done, as it relates to procedures and techniques.

Just as the risks of radiation exposure have moved to the forefront, so have our efforts to reduce radiation exposure to the patient. There are many initiatives taking place, right now, in our department, that are designed to look at how and why we image patients, and how we can modify what we are currently doing, to reduce radiation exposure. Our department

is working on standardized protocols for all of our modalities and we are incorporating the use of Nano Dots to measure skin dose during invasive procedures. General Radiology at all locations is working together to find ways to measure reject rates for all exams performed, and the MSK division is working with EUH General Radiology to determine the reject rates for MSK exams, which are generally higher than with other x-ray imaging. This data will be used to develop methods to reduce repeat rates and exposure factors through staff education and training.

Health care professionals, and more particularly radiographers, must take a more active role in managing radiation exposure. When performing

CT scans, fluoroscopy, and routine radiographs, exposure techniques should be adjusted to the patient type and body habitus. Smaller patients should correlate to a smaller radiation dose. Shielding should be used whenever possible, and special care should be utilized whenever fluoroscopy is used to help reduce patient dose and staff exposure.

Our promise to our patients is to provide the very best care possible. As part of the fulfillment of that promise we must consider the radiation exposure to our patients, and deliver on that promise by exposing them to as little radiation dose as reasonably possible.

-Linda Gunsby,
Manager, Imaging Sciences

Reminder: Reading Room Training

EUHM Reading Rooms Tuesday, October 11th 8:00 am – 5:00 pm
EP MSK Reading Room Tuesday, October 25th 8:00 am – 12:00 pm

In addition to the above training opportunities, we will be visiting all Radiology Reading Rooms. Upcoming scheduled Reading Rooms and training dates will be posted in the Reading Rooms and the Rad Report.

-Wendy Lybrand
Radiology Informatics Trainer

STRIVING FOR EXCELLENCE

Managing in a Difficult Economy

Making ends meet have become increasingly harder in this environment. The economy has virtually crippled the well being of many households with several losing their jobs and homes. The national unemployment rate has consistently maintained a rate of about 9%. Where are people to turn in these times of need? The current economy has hit hard on us as individuals, but it has also hit the health care industry.

Health care organizations have to make cutbacks to survive while reimbursement has become a struggle. Staff at many organizations are burdened with layoffs and hiring freezes due to the economy. "We need more staff" is what many state who are unable to assess the big picture when feeling over worked. More staff is not always the answer. We must come up with more creative ways to manage staffing and maintain high quality service levels. "Doing more with less," is a statement that many may not want to hear, but if the embattled health

care organizations used this approach, they may have avoided a collapse in the organization. These times require catalyst leaders that set visions and inspire others to follow. Leaders must find solutions that will provide trust and safety for our staff, patients, and the organization.

Emory Healthcare has been able to maintain the majority of its staff without resorting to massive staff reductions, which we have seen from other metropolitan Atlanta health care organizations. Emory has sought to help in the management of FTEs (Full Time Equivalent) by instituting LMAT (Labor Management Action Team) to review and approve requested staff additions or replacements. Leaders must provide labor metrics so the team is able to review budget variances prior to approving job postings.

We must ask what we can do as leaders to maintain a high service level for our patients and still meet the budget. Perhaps, flex scheduling

during slower periods of the day or hiring a 32 hour employee versus a 40 hour employee. We can't just sit idle; we must find solutions to these issues. Even though the economy continues to suffer, patients will still need health care. There is no magic pill that will make patients better until the economy rebounds. Emory has some of the most advanced technology available in the market that greatly enhances efficiency throughout the organization. For instance, a CT Head scan that would have taken 10 minutes on an 8 slice CT scanner can be done in 2 minutes on the 64 slice scanners that are offered throughout Emory Radiology. In conclusion, we must continue to advance our technology and find more creative ways of managing our staff, thus providing the higher standard of care that patients expect of Emory Radiology and Imaging Sciences.



- Randy Bethea,
Assistant Director
Breast Imaging Centers

GET INVOLVED

October is Breast Health Awareness Month



In honor of National Breast Cancer Awareness Month, EMORY HEALTHCARE is sponsoring the following events:

Extended and Saturday Hours:

EMORY HEALTHCARE and the Emory Breast Center are offering extended and weekend hours for women needing a screening mammogram. Call 404.778.PINK to schedule an appointment; standard rates apply.

- Saturday hours - Midtown Campus Screening Mammograms 8 am to 2:30 pm on **October 8th, 15th & 22nd**
- Extended hours - Winship Campus Screening Mammograms Noon to 7 pm on **October 17th, 19th & 20th**

Tuesday, October 11 - 4:30 to 6:00 pm: Annual Free Breast Health Screening Event

Call 404.778.7777 to register for this event at the East Clinic. Light refreshments will be provided along with door prizes.

To register or for more information, call 404-778-7777 or visit www.emoryhealthcare.org/breasthealth.

October is **Medical Ultrasound Awareness Month**, when we take time to appreciate our sonographers.

"With ultrasound's increasing role in medicine, there is a need for the general public to understand what ultrasound is and its many uses in health care." Visit <http://www.sdms.org/resources/muam/default.asp> for more information on how you can help promote sonography awareness in your workplace and community!

State of the Department Address
 Wednesday, October 26, 2011
 7:30 - 8:30 a.m.
 Emory University Hospital Auditorium - 2nd Floor
 Presented by
 Carolyn C. Meltzer, MD, FACR

GETTING TO KNOW YOU

Emergency Radiology Division

The Division of Emergency Radiology was created in the Spring of 2010. Within the last year Emergency Radiology has expanded their services and continues to provide quality patient care to their patients. Based at EUHM, Emergency Radiology provides final study interpretation with the Emergency Departments at EUH, EUHM and for emergent studies at other sites.

The ER faculty division is committed to covering the stat inpatient and outpatient examinations, which will shorten hospital stays and improve services to patients. ER continues to develop their relationship with Emergency Medicine. Working closely with the Emergency Medicine Department, the ER faculty members are able to ensure imaging protocols are optimized, and establish effective communication with Emergency Department colleagues to offer a high quality of care to patients at all hours.

The ER division will continue to establish key components to maintain quality and efficient service for its growing population of patients. One of many goals for Emergency Radiology is to expand its services to a 24/7 operational division. The division will continue



As the Director of Emergency Radiology, Dr. Johnson will continue to guide the ER division in providing quality patient care to patients.

to grow its staff by recruiting full-time faculty members and will also continue to recruit for the newly developed Emergency Radiology fellowship program which currently has two new fellows, Justin Rafael, MD and Jaideep Rampure, MD.

In the Fall of 2010, Dr. Johnson was recruited to Emory as Assistant Director of Emergency Radiology, he worked closely with Interim division director William E. Torres, M.D. to optimize workflow, recruit new faculty, and successfully establish a fellowship program. Recently, Dr. Johnson was promoted to the Director of Emergency Radiology. He will help guide the division in being a leader in serving not only the Emory Healthcare community but also fostering research and discovery in the emerging field of Emergency Radiology.

Interventional MRI Program continued from page 1

in the field with a comprehensive multifaceted clinical and research program for MRI-guided interventions. At Emory, our team enjoyed the privilege of building the interventional MRI suite from the ground, thereby avoiding several logistic confounders that exist at other institutions. The wide array of clinical and basic science expertise available at Emory backs our belief that the broad scope of interventional MRI applications and potential innovations will be fully active under this program. The extensive and lengthy ground work over

the past year was an excellent opportunity to realize the core strength of our program: our people. The committed support of the department's leadership and administration; the enthusiasm and proactive approach of MR technologists, nurse practitioners, and nurses, the supportive interest of colleagues...all signify the real assets of this program and reinforce our confidence in its bright future.

--Sherif Nour, MD
Director, MR-Guided Intervention

Radiology Calendar

Week of October 10, 2011

Wed., October 12 –

Grand Rounds - Kimberly Applegate, MD
Creating a Culture of Safety in Radiology

Thurs., October 13 –

RIPS -Hui Mao, PhD

Magnetic Resonance Spectroscopic Detection of IDH Mutation and 2-HG: A New Biomarker for Brain Tumor Diagnosis and Classification

Week of October 17, 2011

Wed., October 19 –

Grand Rounds - Ruth Carlos, MD
Patient-Centered Outcomes: Measuring Values in Radiology

Thurs., October 20 –

RIPS - Ioannis Sechopoulos, PhD
Improving the image quality in dedicated breast computed tomography

Week of October 24, 2011

Wed., October 26 –

Grand Rounds - Carolyn Meltzer, MD, FACR
Department-wide Assembly
State of the Department Address

Thurs., October 27 –

RIPS-John Oshinski, PhD and John Suever
MRI for pre-procedure planning of cardiac resynchronization therapy (CRT)

Week of October 31, 2011

Mon., October 31 –

P50 Lecture series- James Provenzale, M.D
A Handheld Intraoperative Imaging Device: Field-testing in a Veterinary Oncology Clinic

Wed., November 2 –

Grand Rounds - Ernest Garcia, PhD
Recent Advances in Nuclear Cardiology: Implications on Clinical Practice

Thurs., November 3 –

NO RIPS -
Introduction to Research in Radiology Course

**For times & locations visit the website:
www.radiology.emory.edu**

NEW FACES & APPOINTMENTS



Faisal Khosa, MD
Assistant Professor - Emergency Radiology

Dr. Khosa is Board Certified Radiologist in Europe, Canada and USA. He has a Level 3 Certification with the Society of Cardiac Computed Tomography and the Society of Cardiac Magnetic Resonance. He has interest in the medical field focusing on fellows and residents curriculum development. His research interest is multi-modality Cardiovascular Imaging.

Dr. Khosa has completed clinical fellowships in Oncoradiology, Cardiovascular Imaging, Emergency Radiology, Body MRI and Neuroradiology from Beth Israel Deaconess Medical Center, Harvard Medical School. In addition, Dr Khosa completed his radiology residency, Interventional Radiology and Cross-sectional Imaging Fellowships in Ireland.

Dr. Khosa received his Medical Degree from Allama Iqbal Medical School in Pakistan before completing his internship at Services Hospital, Lahore, Pakistan.



Kei Yamada, MD
Assistant Professor - Interventional Radiology

Dr. Yamada joins the faculty of Emory Radiology as an Assistant Professor after completing a Vascular Interventional Fellowship at Stanford Medical Center.

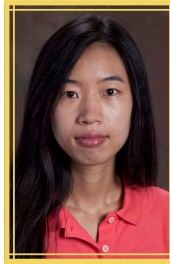
Dr. Yamada was awarded the Magna Cum Laude for Educational Exhibit at the 2007 Society of Thoracic Radiology conference where he presented, "MDCT Evaluation of Congenital Airway Abnormalities Presenting in Children and Adults." Dr. Yamada has contributed to many publications; his most recent publication is titled, "Electronic Messaging System for Communicating important, but Nonemergent, Abnormal Imaging Results."

He received his Medical Degree at the University of California, San Diego before completing an internship at Cedars-Sinai Medical Center. He completed his Radiology Residency at Beth Israel Deaconess Medical Center.



Angela Houston
Program Coordinator- Grady

After 14 years as an Administrative Assistant for the Division of Neuroradiology, Angela will assume the role of Program Coordinator. She will monitor and document the application process for new Radiologist and reappointments of current Radiologist.



Jing Huang, PhD
Post Doctoral Fellow- MR Research

Dr. Huang's research efforts have focused on developing novel MRI agents for biomedical imaging applications. Her current research is focused on magnetic nanomaterials-based nanotheranostics for targeted cancer imaging and therapy. Dr. Huang received her PhD in Inorganic Chemistry from Peking University, China in July 2010.

Breast Imaging Fellow



Ryan Polselli, MD
Medical School: University of Florida
Residency: Emory University
Interesting fact: Ryan was in the Navy and he is a certified pilot.

Emergency Radiology Fellow



Jaideep Rampure, MD
Medical School: Mahadevappa Rampure Medical College, Gulbarga, India
Residency: Drexel University College of Medicine
Interesting fact: Jaideep is passionate about cricket and his dogs. He loves spending time with family and friends.

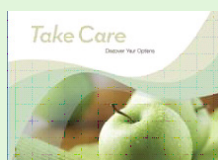
HR Tip

Take ACTION for Annual Enrollment 2012! Emory University and Emory Healthcare

Everyone will need to participate in annual enrollment!

Even if you are not making any changes to your benefits for 2012, you **MUST** log on to e-Vantage or PeopleSoft self-service to complete your certifications for the Tobacco Surcharge and the Spouse/SSDP Medical Charge, if you have a covered spouse/SSDP.

Please note that if you **do not** complete these certifications, charges will automatically apply. Emory will not issue refunds.



Save the Date

ANNUAL EMORY RADIOLOGY ALUMNI RECEPTION

Monday, November 28, 2011
6:30 p.m. to 8:30 p.m.
Camelot Ballroom

InterContinental Chicago Hotel
Camelot Ballroom
505 North Michigan Avenue
Chicago, IL 60611

Look for a new issue of the Rad Report
the first full week of November