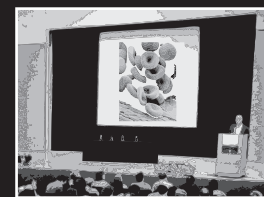


Conference Scene

The Abdominal Radiology Course 2010



The Abdominal Radiology Course 2010

Presented by the Society of Gastrointestinal Radiologists and the Society of Uroradiology
Orlando, FL, USA, 21–26 February 2010

The Abdominal Radiology Course (ARC) 2010 was held on 21–26 February 2010 at the Omni Orlando Resort at Champions Gate, Orlando, FL, USA. The course was presented jointly by the Society of Gastrointestinal Radiologists (SGR) and the Society of Uroradiology (SUR) and was held in conjunction with the annual meeting and scientific assembly of both societies. I offer my overview from the point of view of a registrant, an SGR member and a workshop presenter. The course remains the academic, scientific and clinical highlight for those radiologists who identify themselves as gastrointestinal and genitourinary radiologists.

The first day of the meeting consisted of the scientific assembly and annual meetings. The remainder of the meeting was primarily dedicated to the educational offerings related to the Abdominal Radiology Course (ARC). These included plenary sessions and workshop presentations. Four self-assessment modules approved for maintenance of certification credit by the American Board of Radiology (ABR) and a focused course entitled “Virtual colonoscopy hands-on workstation training” were offered with additional registration. The overall highlights were problem solving for common issues in abdominal radiology with practical solutions, extensive small group workshops to allow individual registrants to customize their educational content, and exposure to new and emerging technologies in the imaging diagnosis of abdominal and pelvic pathology.

The scientific sessions for the Society of Gastrointestinal Radiologists (SGR) and the Society of Uroradiology (SUR) were held concurrently on Sunday. Topics of interest in the SGR sessions included the bowel-related presentations on CT colonography (CTC) and cross-sectional imaging in Crohn’s disease. The CTC data presented by the University of Wisconsin group (WI, USA) focused on CTC reporting and data system classification results in over 5000 patients (D Kim *et al.*, University of Wisconsin) and correlation with proven advanced neoplasia (K Hain *et al.*, University of Wisconsin). Also of interest were several presentations on novel methods of dose reduction in CT imaging, including the technique of iterative reconstruction

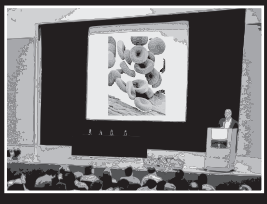
(G Desai *et al.*, Massachusetts General Hospital, MA, USA; E Ehman *et al.*, Mayo Clinic, MN, USA) and projection space denoising (E Erman *et al.*, Mayo Clinic; JG Fletcher *et al.*, Mayo Clinic). I was proud to see a presentation by a former University of Virginia resident (R Stay *et al.*, University of California-San Diego, CA, USA) on the subject of MRI in acute pancreatitis.

Similarly, abstracts in the genitourinary session revealed themes of renal neoplasm grading by imaging criteria (A Smith *et al.*, Cleveland Clinic, OH, USA; K Cox *et al.*, Cleveland Clinic), safety of gadolinium-based magnetic resonance (MR) contrast material (J Spann *et al.*, University of Alabama at Birmingham, AL, USA; J Dillman *et al.*, University of Michigan, MI, USA; S Morcos, University of Sheffield, Sheffield, UK; R O’Malley *et al.*, University of Michigan) and the use of dual-source, dual-energy CT for diagnostic and dose-reduction purposes (H Chandarana *et al.*, New York University Langone Medical Center, NY, USA). One topic I found particularly interesting was a proposed nephrometry scoring system for renal tumors, designed to facilitate proper patient selection for nephron-sparing treatments (R Parsons *et al.*, Fox Chase Cancer Center, PA, USA). A crossover presentation from gastrointestinal imaging examined the clinical significance of indeterminate adnexal lesions detected on CTC exams (P Pickhardt *et al.*, University of Wisconsin).

Numerous poster presentations were displayed during the meeting. Among these, I found a poster updating current

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trends in contraband smuggling and the imaging findings in ‘body packers’ and ‘body stuffers’ to be revealing (B Daly *et al.*, University of Maryland, MD, USA).

The plenary sessions were held on the Monday, Wednesday and Friday of the course. These were organized as themed groups of lectures. A particularly practical plenary session was the CTC session, which emphasized the need for continued training and updated the current CTC reimbursement status. The latter subject was punctuated by a video invoking the Marshall University (WV, USA) football program as an example of rising from the ashes and trudging forward on the long road to victory (E McFarland, Chesterfield, MO, USA). We are abdominal radiologists! We will prevent colon cancer! Another plenary session of note was themed “CT and MR protocol optimization: tips and problems – how the experts really do it” and consisted of how-to lectures on CT urography, MR urography, CT enterography, MR enterography, MR cholangiopancreatography, rectal MR, diffusion-body MR, abdominal PET/CT and pelvic floor imaging. This session provided practical information for the clinical radiologist, academic and private practice alike. A popular plenary session was called “gastrointestinal and genitourinary imaging: everyday clinical challenges – a case based approach”. This session featured an audience response system, allowing the attendees to participate in finding the solution to common imaging issues. The last plenary session of the ARC meeting was appropriately looking to the future. “Hot topics and emerging issues in abdominal radiology” featured presentations on dual energy CT, emerging techniques in oncology, MR quantification of hepatic steatosis, MR elastography, radiation dose reduction and navigation devices for biopsy. These lectures were enlightening for those hearty radiologists who stayed for the final session.

Workshops were held on the Tuesday and Thursday of the course. The workshops consisted of 35-min sessions in which participants chose from a menu of 12 subjects in each session, providing self-directed learning in a smaller group format. I found this choice somewhat imposing and intriguing; more than once I would have

liked to send my doppelganger to see one of the opposing workshops. My faculty contribution to the course was in a workshop entitled ‘Bariatric surgery: anatomy and complications’ with my copresenter Laura Carucci from the Virginia Commonwealth University Medical Center (VA, USA). As expected, these smaller group workshops were conducive to interchange between attendees and presenters. The chance to interact intellectually and socially with the luminaries of gastrointestinal and genitourinary radiology is a great aspect of the ARC course.

The four self-assessment module sessions for maintenance of certification credit were also held during the workshop days, and topics included small bowel imaging, imaging the acute abdomen, imaging the pregnant patient and adrenal imaging. Self-assessment module credits are important for those of us fortunate enough to have time-limited ABR certificates.

The course-within-a-course entitled “Virtual colonoscopy hands-on workstation training” required separate registration, and provided a certificate of CTC training for participants. This course involved case-based interactive CTC interpretation sessions and included test cases to confirm competency, an increasingly recognized important component of CTC training programs. This perennial course at the ARC was well organized and useful to anyone seeking knowledge or certification in CTC reading.

Several awards and honorary lectures were presented at the meeting. These included SGR Cannon Medalist Michael P Federle; SUR Gold Medalist Jeffrey H Newhouse; SUR Lifetime Achievement Award winners Marco A Amendola and Henrik S Thomsen; SUR new horizons lecturer John N Eble; European Society of Urogenital Radiology (ESUR) guest lecturer Sameh K Morcos; SGR Cannon Lecturer Andreas Adam; and European Society of Gastrointestinal and Abdominal Radiology (ESGAR) guest lecturer Luis Marti-Bonmati. Additionally, meeting awards were given by the SGR and SUR for scientific papers, presentations and posters.

One item of news (for me) at the meeting was the upcoming merger of the SGR and SUR into one society within the next

few years. The name of the new society has yet to be decided, but it will incorporate all abdominal and pelvic imaging specialties. This new society will institutionalize the increasing overlap among organ systems specialists in abdominopelvic imaging with the goal of continued sustainability and growth of the merged societies.

The next ARC and conjoint meeting of the SGR and SUR will take place on 20–25 March 2011 at the Four Seasons Aviara Resort, Carlsbad, CA, USA. This promises to be another outstanding meeting with preparations already underway. I

recommend it to any radiologists desiring a simultaneous update and instructional course on abdominal imaging.

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The author has no relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript.

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