

1 **Society of Skeletal Radiology**
2 **29th Annual Business Meeting**
3 **March 5, 2006**
4 **Tucson, AZ**
5

6 **I. President's Report – Art Newberg, MD**

7 Dr. Newberg welcomed the membership to the 29th Annual Meeting. Special thanks were
8 given to all of the committee chairs and the members of the Executive Committee for
9 their dedication and commitment to the Society. It was noted that the Society relies on
10 the membership to submit abstracts and provide input for future programs. Dr. Newberg
11 introduced Ms. Wendy Weiser, President of WJ Weiser & Associates, Inc., SSR's new
12 management company. The membership was encouraged to visit the vendors who have
13 chosen to support the 2006 Annual Meeting their contribution to the SSR is greatly
14 appreciated. Dr. Newberg reminded the membership that on the SSR Dues statements
15 there is now an area for members to make contributions to the Society.
16

17 **II. Approval of the Minutes of the 2005 Annual Meeting – Art Newberg, MD**

18 The Minutes from the 2005 Annual Meeting were presented to the membership for
19 approval.

20 **Action:**

21 The 2005 Annual Meeting minutes were unanimously approved as
22 presented.
23

24 **III. Secretary's Report – Mark Kransdorf, MD**

25 Dr. Kransdorf announced that the 2007 Annual Meeting will be held at Walt Disney's
26 Boardwalk Hotel, March 18-21. Rooms will be at \$249 per night. It was noted that the
27 Conference Center is ideal because the SSR will have exclusive use of the conference
28 center during this time frame. The Annual Welcome Reception and Banquet will be held
29 at the American Adventure Rotunda in EPCOT. Laura Bancroft, MD will be the Chair
30 of the Focus Session. The theme for the 2008 Focus Session will be TUMOR Update.

31 **No Action Required**
32

33 **IV. Treasurer Report / Finance Committee - Carol Andrews, MD**

34 Dr. Andrews provided the membership with a detailed financial overview. As
35 part of the new management service, WJ Weiser & Associates, Inc. is
36 providing the SSR Executive Committee with quarterly financial reports. Dr.
37 Andrews highlighted the areas that relate to new and/or additional expenses.
38 The additional expenses for the website development, website management and
39 association management, audit fees and directors and officers insurance total
40 approximately \$32,000. The maintenance of the website was discussed in detail. WJ
41 Weiser & Associates has agreed that they will not charge the monthly maintenance fees
42 relating to the website for the first year during the transition period. Dr. Andrews
43 confirmed that after much due diligence, the SSR has transferred \$150,000 into the
44 investment account managed by Mediquis Asset Advisors. In accordance with the SSR
45 investment policy, the portfolio is very diverse with a conservative to moderate risk.

46 **V. President Elects Report – Cheryl Petersilge, MD**

47 Dr. Petersilge recognized that the Society has continued to grow over the last few years.
48 Registration is at 181 for the 2006 meeting. The SSR has overcome the rapid growth
49 stage and appears to be stabilized. Abstracts were down a little from 60 last year to 44
50 this year, however the quality of the submission continued to improve. The program that
51 is set is excellent. Dr. Dave Rubin organized the Focus Session and it highlights
52 Inflammatory Arthritis. Many SSR members had requested this topic on past evaluation
53 surveys. The program committee does want to hear from the membership regarding
54 suggestions for future sessions.

55

56 **VI. Electronic Communications Committee – Jim Choi, MD**

57 Dr. Choi informed the membership that the ECC has been working closely with staff to
58 complete the development of the new website. Dr. Choi encouraged the members to visit
59 the new areas on the website specifically the Membership services section which
60 includes; membership profile, membership directory and society information.
61 Amazon.com continues to provide non-dues revenue for the society. In 2005 SSR
62 received over \$500 just by having this link on the website. It was noted that the Annual
63 Meeting Program Agenda was not online, it was requested that the 2007 program agenda
64 be posted on in the members only section of the website. In addition to the searchable
65 membership directory, the site also includes a PDF downloadable version of the
66 directory. The PDF file will be updated annually; the online version is updated monthly.

67

68 **VII. Research Committee – Lawrence White, MD**

69 Dr. White reported that the Research committee is initiating Society Research Groups.
70 As an initial “first step” the committee plans to proceed with an MSK Tumor Research
71 Interest Group. Dr. Mark Murphey has graciously agreed to act as the leader of this group
72 and as such will be an integral component of the progress and activity of this initial
73 group. The purpose of the group is to serve as a forum for potential collaborative
74 retrospective/prospective studies, project proposals for multi-center collaborative work
75 with other members of research interest group and to act as a sounding board for young
76 investigators interested in pursuing particular avenues of research.

77

78 **VIII. Residency and Fellowship Committee – Kirland Davis, MD**

79 The Fellowship Committee has been working to continuously update the fellowship page
80 on the SSR website. This year the committee received 50 responses from fellowship
81 programs. There was some data that was lost during the transition of the website
82 however, the website has since been completely updated. In 2004-05 the committee
83 revised the Musculoskeletal Radiology Curriculum Guide initially published in 1997. It
84 was noted that there was extensive discussion last year as to whether or not the
85 Committee should start from scratch on the curriculum guide and incorporate core
86 competencies, as has been accomplished recently for some other subspecialties. At that
87 time the Committee decided not to pursue that route, knowing that the revisions that had
88 already been taken were extensive. However, the ACGME now evaluates whether or not
89 US residency programs document that their residents achieve core competencies in all
90 subspecialties. The SSR, being the leading association for our subspecialty in the
91 country, should aid residency programs curriculum that emphasizes core competencies

92 and standards. Based on this, the committee has decided to undertake this project, the
93 goal is to create a document that is specific enough to fulfill ACGME requirements but
94 broad enough that the peculiarities of any program will not require extensive revisions.
95 The new set of guidelines will incorporate the 1997 guidelines that this committee
96 revised last year. The document is in rough draft form and should be ready for posting on
97 the website and publication before the 2007 SSR Annual Meeting.

98
99 **IX. Rules Committee – Timothy Moore, MD**

100 Dr. Moore presented report the from the Rules Committee. The Executive Committee
101 did not approve the proposed changes that were included in the packets for the
102 membership on Saturday night, March 4, 2006; therefore, no changes will be voted on at
103 this time. The changes will be revised and presented at the 2007 Annual Meeting.

104
105 **X. Socioeconomic Affairs Committee – Robert Boutin, MD**

106 The charge of the Socioeconomic Committee is to represent the socio economic issues
107 relating to musculoskeletal radiology. The committee conducted an electronic survey of
108 the membership to understand the demographics of the Society membership. As of the
109 annual meeting, approximately 180 members completed the survey. Dr. Boutin shared
110 the survey results with the membership. With important legislative issues at the helm that
111 can greatly affect radiologist it was interesting to note that the survey reflects that 20% of
112 SSR members are not ACR members, 65% of SSR members don't contribute to
113 RADPAC and not even half of the respondents indicated that they would be willing to
114 write to their legislators. Dr. Boutin encouraged the membership to becoming involved
115 with the ACR, RADPAC and to actively follow the socioeconomic issues.

116
117 **XI. Practice Guidelines and Technical Standards Committee – David Rubin, MD**

118 The Standards Committee's primary mission continues to be drafting new ACR
119 Guidelines for musculoskeletal MRI. At the 2005 ACR meeting, the three Guidelines that
120 the committee first drafted in 2004 (Guidelines for the Performance and Interpretation of
121 MR Imaging of the Knee, for MR Imaging of the Shoulder, and for MR Imaging of Bone
122 and Soft Tissue Tumors) were approved, and have taken effect. The final versions of each
123 of these Guidelines only contained minimal changes from the initial versions that were
124 originally distributed to the SSR membership at large. The ACR monograph on
125 musculoskeletal MRI, an outdated document that the committee petitioned the ACR to
126 delete, was expunged from the ACR Technical Standards and Practice Guidelines at the
127 same ACR annual meeting.

128
129 For the 2006 cycle, the committee drafted and submitted three new ACR Guidelines:
130 Guideline for the Performance and Interpretation of MR Imaging of the Ankle and
131 Hindfoot, Guideline for the Performance and Interpretation of MR Imaging of the Elbow,
132 and Guideline for the Performance and Interpretation of MR Imaging of Hip and
133 Musculoskeletal Disorders of the Pelvis. These were distributed to the SSR membership
134 via e-mail before they were sent to the ACR, and several SSR members made comments
135 on the proposals, which were incorporated into the submitted drafts. These three
136 Guidelines have gone through the first two rounds of revision by ACR subcommittees
137 and have been changed very little from their initial versions. They are scheduled to go

138 through four more rounds of revision by the ACR, after which the SSR will have an
139 opportunity to withdraw sponsorship of any Guideline. The new Guidelines will be voted
140 upon at the 2006 ACR meeting. For the 2007 cycle, the committee is planning to submit
141 proposals for either three or four additional new ACR Guidelines. These will include a
142 Guideline for the Performance and Interpretation of MR Imaging of the Wrist, Guideline
143 for the Performance and Interpretation of MR Imaging of Bone, Soft Tissue, and Joint
144 Infections, and Performance and Interpretation of MR Arthrography. We will decide if
145 any other Guidelines (TMJ MR imaging, finger and toe MR imaging, MR imaging of
146 peripheral arthritis, MR imaging of muscle disorders, etc.) should be drafted for the
147 current ACR cycle.

148
149 The Committee also participates in the ACR development and revision process for
150 Standards and Guidelines that have been authored by non-SSR members, but which still
151 have some applicability to the practice of musculoskeletal radiology. At the 2005 ACR
152 meeting, new or revised Guidelines for the Communication of Diagnostic Imaging
153 Findings, for the Performance of Radiography for Scoliosis in Children, for the
154 Performance of Percutaneous Vertebroplasty, and for the Performance of Pediatric and
155 Adult Cerebrovascular Magnetic Resonance Angiography (MRA) were all approved,
156 incorporating changes and suggestions made by the Committee.

157
158 A new mission was incorporated into the Committee's responsibilities this year. The
159 RSNA is sponsoring a project called RadLex, an attempt to develop an electronic,
160 hierarchical dictionary for radiology. Such a lexicon would be freely available on the
161 Internet. A standard radiology lexicon would have potential applications for organization
162 and searching of electronic teaching files, for planning collaborative research projects,
163 and for developing dictionaries for structured reporting, for example. Subspecialty
164 committees – mostly culled from subspecialty radiology societies – have been tasked
165 with the initial development of the dictionary entries. The SSR was contacted by the
166 RSNA to help form the musculoskeletal subcommittee, and this has been done through
167 the Standards Committee. Three of the four members of the Standards Committee are
168 members of the RadLex Musculoskeletal Committee, and the remainder of the North
169 American members of the RadLex Musculoskeletal Committee was selected from the
170 SSR membership. The Chair of the Standards Committee also chairs the RSNA
171 committee and will report to the SSR members any developments in the RadLex project
172 that affect the membership. The RadLex Musculoskeletal Committee has met once
173 already in Chicago and has begun the task of assembling the portion of the lexicon that
174 will contain terms relevant to musculoskeletal radiology. The parts of the lexicon that are
175 already completed will be available to view at the 2005 RSNA national meeting. The
176 goal is to finish the first version of the entire lexicon by the 2006 RSNA meeting.

177 A minor function of the Committee is to remain involved in national organizations other
178 than the ACR, who set standards that directly or indirectly impact SSR members.
179 Currently, this is done by the Chair serving on committees in these organizations. These
180 organizations currently are the National Council on Radiation Protection and
181 Measurements, and the American College of Occupational and Environmental Medicine.

182

183 **XII. ARR and ISS Reports – BJ Manaster, MD**

184

185 **ACR Council**

186 Dr. Manaster informed the membership that SSR did not have a councilor at the ACR
187 meeting last year, interested members should come forward and discuss the
188 responsibilities with the President. It is important that the Society is represented

189

190 **ISS**

191 The ISS is a group that meets with both small and large societies to discuss the future of
192 radiology. It is very important that SSR is represented to ensure that SSR is recognized as
193 the voice for MSK in North America, in addition the representative is responsible to
194 participate in the discussion and report back to SSR membership. Discussion was about
195 the training for the future of radiology, although not much about Musculoskeletal
196 radiology. Several different models were identified including a plan for three core years
197 of radiology followed by two sub-specialty years or three core and three subspecialty
198 years. The topic of cardiac imaging was a large focus for the discussion.

199

200 **Academy of Radiology Research (ARR)**

201 The main goal of the ARR is to promote imaging research. This year the ARR sponsored
202 the “Blue prints for imaging and environmental research”. In addition, a white paper has
203 been submitted which was read into the records detailing what should be considered for
204 future research dollars. There has been a large push to establish a coalition devoted to
205 promoting imaging research.

206

207 **XIII. Membership Committee Report – Laurie Lomasney, MD**

208 Dr. Lomasney presented the report from the membership committee.
209 Currently, there are 46 completed applications that will require approval by the SSR
210 membership. Dr. Lomasney encouraged each SSR member to welcome one of the
211 new/potential members who can be identified by a star on their name badge.
212 Membership records show that in 2004 the SSR had 400 members and in 2005 the
213 membership was at 467. Now with the additional applications, if all approved, the
214 Society will have over 500 members.

215

216 **Action:**

217 Dr. Newburg called for a vote of the 46 member applicants listed in the
218 packets that were distributed to the membership. The membership voted
219 unanimously in favor of all applicants. Staff will notify applicants of their
220 approval.

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222

223 **XIV. SAMs – MOC - Tom Berquist, MD**

224 Dr. Berquist presented an overview regarding the Self Assessment Modules. Over a ten-
225 year period, radiologists will be required to complete 20 modules in their area of
226 subspecialty. Dr. Berquist is working closely with the SSR planning committee to
227 develop two modules that can be held in conjunction with the SSR Annual meeting each
228 year. The 2007 program should be the first program to include SAMs.

229 **XV. New Business**

230 **A. Nominating Committee - David Salonen, MD**

231 Dr. Salonen presented the vacancies to be filled by the Nominating Committee.

232

233 New Executive Committee Member: Kenneth Buckwalter, MD was elected as
234 Treasurer and will then move up through the Executive Committee positions.

235

236 Electronic Communications Committee Member: Dean Thornton, MD was elected for a
237 three-year term.

238

239 In 2007 there will be many individuals who's terms will be expiring, all interested
240 members are encouraged to discuss the vacancies with the Committee Chairs. A
241 committee interest form is available at the SSR registration desk and should be completed
242 by any member wishing to be considered for appointment to an SSR committee.

243

244 **B. Announcements - Cheryl Petersilge, MD**

245

246 **1. Best Paper Awards**

247 Dr. Petersilge noted that the SSR gives two best paper awards, one is presented at
248 the RSNA and the other is for presentation at the ISS. In 2005 the award
249 recipients were:

250

251 ***Suzanne E. Anderson, BMed***

252 "Computer-assisted Software for Accurate Determination of Acetabular Coverage
253 with Conventional Radiography"

254 *Selected for presentation at RSNA*

255

256 ***Steven S. Gerguis, MD***

257 "Review of the Secondary Signs of Femoracetabular Impingement and
258 Correlation with the Head-neck Angle Measured on the Frog-leg Lateral View"

259 *Selected for presentation at ISS*

260

261 **2. Special recognition of Dr. Arthur Newberg**

262 Dr. Petersilge recognized outgoing President, Art Newberg for his leadership and
263 dedication provided to the Society.

264

265 **V. Adjournment – Arthur Newberg, MD**

266 The Annual Business meeting was adjourned at 9:00a.m.

267

268 Sincerely,

269

270 Sue O'Sullivan

271 Associate Director