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AJNR

2002 Presidential Address

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2002 Presidential Address

Dear Friends and Colleagues,

This May, we celebrated the 40th anniversary of the first ASNR meeting, which was held in New York City in 1962. In that year, John Kennedy was President, the Cold War was in full swing, the Beatles were arriving on the U.S. scene, and the first CT scan of the brain was 10 years away. Fourteen neuroradiologists were called together by Juan Taveras at Keen's English Chop House in New York to form a North American society to assist with the plans for the 1964 Symposium Neuroradiologicum. It is doubtful that any of those founding members of the ASNR envisioned a society of more than 3000 members in the year 2002. They did understand, however, that progress would be made only within the framework of a society whose members worked together to achieve their common goals.

This concept has not changed within the ASNR, which, through the hard work of many people, continues to address political, economic, research, and educational issues today. Just as the events of September 11th have challenged us all to reevaluate our priorities in life, the ASNR has had to reevaluate its goals a number of times during the past decade. Having done so once again during my presidency, it is apparent that now, more than ever, we must continue to support excellence in patient care, research, and education by attending the ASNR annual meeting and supporting its foundation, the Neuroradiology Education and Research Foundation (NERF). I would like to take this opportunity to summarize the progress we have made during the last year and the goals and challenges we face in the coming years.

First, ASNR has implemented an Internet strategy for maintenance of certification and continuous learning for its members and trainees. With support from the NERF, "ASNR eCME," <http://foundation.asnr.org/>, a members-only on-line CME web site offering PowerPoint/audio presentations from the annual meeting and invited presentations of interest, was founded this year. Seven presentations are currently available, including subjects covering basic and advanced diffusion imaging, stroke, back pain, head and neck cancer staging, and noninvasive techniques for preoperative localization of brain function. Twenty more presentations are planned within the next 6 months, and more than 40 hours of presentations from the Vancouver meeting have been captured for future on-line presentations. These presentations and the CME credits are available without charge to all ASNR members. Our thanks go to the Electronic Education Committee, chaired by Hervey Segall, the Educational Committee, led by Howard Rowley and Jay Wippold, and the CME committee, chaired by Robert D. Zimmerman, who solicit and

edit these presentations for our educational enjoyment. I would also like to acknowledge the entire central office staff, led by Jim Gantenberg, whose members have taken on this new challenge with their usual sense of purpose and commitment. Our thanks go to all of you who have supported the ASNR Foundation with generous contributions that have made this effort possible.

The Foundation has also started *Neurographics*, <http://foundation.asnr.org/neurographics/>, an on-line journal of educational scientific exhibits from the annual meeting and pictorial essays of interest. We expect that *Neurographics* will develop a large following as the scientific exhibits of the annual meeting are placed on-line. AJNR-on-line (<http://www.ajnr.org>) has also been received with great enthusiasm, with more than 12,000 unique visitors on a monthly basis. AJNR on-line offers a searchable data base of archived AJNR articles and links to hundreds of other journals. This brings the value of AJNR to your fingertips in the reading room or office, with PDF files that can be printed, complete with figures. I hope you all take advantage of these new resources brought to you by NERF through your generous donations.

These and future educational programs cannot be accomplished without resources and volunteer efforts. In recognition of the need to increase our fundraising profile with charitable foundations and other institutions of giving, the ASNR has contracted with the Center for Association Resources (CAR) to help guide a fundraising campaign to support the educational and research mission of the ASNR and its Foundation. The goal will assure our organization of meeting the future educational needs of its membership and providing seed funding for research fellowships for our students and trainees in neuroradiology. We are in the process of developing the society's profile to present to charitable foundations and corporations whom we expect will support this goal. Success, however, will require the participation of a larger percentage of our membership. Currently, only 10% of our members have donated to NERF, raising approximately \$50,000 per year. We hope that the benefits of this work are obvious so that you will consider a substantial gift, either now or as part of your estate planning. Through your contribution, you will invest in the future of our specialty and the organization that supports your professional life.

To prepare for the campaign and prevent confusion with the ASNR annual meeting, the Foundation boards of trustees and the executive committee have voted to change the name of the ASNR Foundation, which will become the Neuroradiology Education and Research Foundation (NERF). NERF will now also be responsible for the symposium at each annual

meeting and for ASNR eCME and will sponsor the annual foundation research awards. NERF sponsored a reception for contributors at the meeting in Vancouver on Wednesday May 15th. Jim Barkovich, chairman of the board of trustees of NERF, announced several new initiatives and gifts. The board will expand its membership to include more members of the society, especially radiologists in practice. I am pleased to announce the intention of Target Therapeutics, Inc., to sponsor an additional fellowship in cardiovascular research in 2003. Projects that have a potential impact on the practice of interventional neuroradiology will receive priority for funding. Target will join Berlex Pharmaceuticals as corporate sponsors of NERF fellowships, and we are grateful to them both for taking this leadership position. In addition, the American Society of Pediatric Neuroradiology has contributed \$25,000 to the NERF, which will match this donation 2:1 to create a fund that will be committed to seed grants for projects in pediatric neuroradiology. For more information on how you can contribute to the Neuroradiology and Education Foundation that supports your ASNR, please contact Jim Gantenberg, executive director of the ASNR at 630.574.0220, extension 224, or e-mail at asnrgant@interaccess.com. I look forward to seeing you at the second annual NERF reception next year in Washington, DC.

On the political front, the Clinical Practice Committee under the leadership of Arliss Pollack, has been actively engaged in several projects. Two new codes were introduced this year at the AMA CPT panel. "Cerebral blood flow analysis by CT perfusion" received a category 3 CPT code, allowing reimbursement from payers other than Medicare. This will allow us to accumulate more efficacy data on this technique and resubmit for category 1 status in 2003. "Temporary balloon occlusion" received a category 1 CPT code and was presented to the RUC committee in April for valuation. This process requires a survey of our membership for the important data that will justify the physician expense component of the code. This is extremely important, and we hope that if contacted, you will participate with this survey process. The CPC also organized the survey of members leading to CMS (formerly HCFA) accepting RUC physician expense values for MEG, which received RUC valuation last fall. This process of introduction of codes, surveying membership, and presenting relative value suggestions to the RUC is time consuming but critical to reimbursement of our technologies and procedures. A setback came to light at the annual meeting as CMS announced a withdrawal of payment for MR spectroscopy. ASNR is working with ACR and other organizations to review this decision, which, in our view, is shortsighted, especially of the great contribution to clinical care that this technology has made during the last several years. Our thanks go to the many people who participate in the activities of the CPC, especially to Dr. Pollack and his ASNR central office staff.

The ASNR was a co-sponsoring organization for

the Stop Stroke Act of 2001, which has passed the Senate and is making its way through the House. This act, sponsored by Senators Kennedy and Frist, provides matching funds for the development of centers of excellence for stroke care and educational grants for the education of physicians in the diagnostic and treatment options available to stroke patients. Thanks especially to our central office, CPC, and Buddy Connors for their efforts in lobbying for changes that recognize the value of neuroradiology in this legislation.

In early 2002, we witnessed our second successful fellowship match was held. By all accounts, the match has been a success, allowing many more fellows to see programs without the pressure of early acceptance. This year, the Society of Interventional Radiology (SIR), encouraged by our success, agreed to enter the 2003 match. The success of this endeavor has encouraged SCARD to develop a match for all radiology fellowships in 2004. Our Society is indebted to the efforts of David Yousem and many others for seeing us through this transition.

In early February, the executive committee held its annual retreat in Phoenix. The retreat focused on the development of interventional neuroradiology and fund raising for the Foundation (NERF). The retreat provides the leadership with an opportunity to step back and discuss issues that face our society in a proactive fashion. Interventional radiology and neuroradiology face several significant challenges, including payment for services, infrastructure support, and incursion by other specialties. The ASNR is committed to assisting our interventional colleagues in these challenges. First, it was recommended that the ASNR encourage and promote admitting privileges for our interventional physicians. The time has come to recognize that neuroradiologists are indeed patient care physicians and that to compete as well as offer quality care, they must be able to admit patients to the hospital. Second, ASNR will encourage departments and practices to develop the infrastructure necessary to support an interventional practice, including space allocation for clinic visits and nurse specialists to assist physicians. Any less is to jeopardize our position in this field. Leadership also requires the continuing development of new tools and techniques. The ASNR must support those who are developing the next generation of new technologies. This will take commitment and monetary support from our members to help fund the next generation of research and education efforts. It is that simple.

Our specialty is facing a dilemma that was unthinkable a few short years ago. The explosion of new clinically relevant imaging technologies combined with restrictions on training new radiologists has created a shortage of radiologists in the U.S., especially neuroradiologists. Although this is great for our graduating residents and fellows, it has several negative repercussions. Fewer graduates are entering academic radiology. As a result, we face a shortage of talented young faculty who will lead the field into new areas. This shortage also has created the potential for increasing incursion of non-radiologists into our field.

It is my opinion that our specialty must continue to maintain high training standards but find a way to allow interested trainees in other disciplines to enter the specialties of radiology, perhaps by allowing credit for their time in clinical residencies. Currently, there is a shortage of pediatric radiologists, interventional radiologists, and neuroradiologists. By permitting credit for time in other residencies and developing specialty tracks, we will encourage qualified and motivated specialists, especially those interested in academic/research practices, to enter radiology. The idea is worth discussing.

Unfortunately, our annual meeting in Vancouver was saddened by the recent passing of our founder, Juan Taveras, who died peacefully in his home in Santo Domingo. Dr. Huckman gave a stirring eulogy to Dr. Taveras at the opening ceremonies of the ASNR meeting, and his comments can be viewed on-line through the ASNR web site.

Although the modalities and techniques that will be used to investigate the CNS 40 years from now are as unclear as they were in 1962, I am as confident as was Dr. Taveras and the rest of our ASNR founders that the ASNR will remain engaged as a leader in education and research in neurologic diagnosis and treatment into the 21st century. I have every confidence that, with your help, it will do so. I would like to extend my congratulations and thanks to those who had the vision and commitment to form our great society and to the many men and women who have helped guide this society to its present prominence. The dedication of many has brought the ASNR to this point and continues to be the mark of this special society as we look ahead to the advances of the next decades. It has been my privilege to play a small part, and I thank you all for that opportunity.

WILLIAM P. DILLON, MD

President of the American Society of Neuroradiology