

Interlink

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2016-2017 Goldberg Reeder Resident Travel Grant Recipients

After reviewing many exceptional applications, the ACRF International Outreach Committee is happy to announce the recipients of the 2016-2017 Goldberg-Reeder Resident Travel Grant:

- **Camilo Jaime Cobos, MD:** *Addis Ababa University - Addis Ababa, Ethiopia*
Addis Ababa is starting to utilize MRI more frequently in their hospital settings. However, advanced medical machines are very limited in Ethiopia, and many doctors are unfamiliar with how to interpret scans. Dr. Cobos plans to educate on analyzing MRI scans, emerging applications of MRI, and implementation of rapid MRI sequences that produce better scans for children.
- **Lauren Saling, MD:** *INCAN, Instituto de Cancerologia – Guatemala City, Guatemala*
INCAN is a cancer referral hospital in Guatemala that provides screening and treatment for all kinds of cancer. Established in 1952, the institute has grown from 80 beds to 121. Dr. Saling plans on establishing a picture archiving and communication system (PACS) at INCAN, as well completing a Radiology Readiness Assessment at a neighboring facility, and hopes to develop a relationship between both radiology departments.
- **Sonya Khan, MD:** *Aga Khan University Hospital – Karachi, Pakistan*
Pakistan has a few barriers to radiology, particularly in mammography and subspecialty education. Cultural beliefs can also play a factor in misconceptions about women's health. Dr. Khan plans to assess the radiological needs of Aga Khan and create diagnostic imaging educational tools to better serve the community.

Visit <http://bit.ly/ACRFGRG> to view past Goldberg-Reeder recipients, read about their work abroad, and see updates from this year's winners.





Porting for Patients

[Porting for Patients](#) is a new program dedicated to supplying medical supplies to some of the more isolated hospitals in Nepal. Dr. Wojciech Kapalczynski, [2015 Goldberg-Reeder Travel Grant recipient](#), founded the site in 2016 after visiting Kunde Hospital in the Himalayas. He noticed that many Himalayan visitors did not use their full baggage capacity, since most people visiting the mountains would not be able to complete their trek with a heavy weight load.

Dr. Kapalczynski realized that this would be an ideal way to have materials shipped to remote locations without an excess cost. He decided to partner with [Supplies Over Seas](#), a medical surplus recovery organization located in Louisville, Kentucky. They provide unused and leftover medical supplies and equipment to impoverished communities through mission teams. Based on hospital needs, Supplies Over Seas can assemble a custom box of provisions.

The steps are simple: The traveler contacts Porting for Patients first, which acts as an intermediary with Supplies Over Seas to get the necessary materials for their hospital of choice. The medical supplies are then sent to the traveler before their trip. Once at the destination, the traveler can either ask a porter to carry the supplies for them, or they can take the trek themselves and deliver the supplies to the hospital.

[Read more](#) about Dr. Kapalczynski's project and how to participate or donate.

RAD-AID 2016

The 8th annual RAD-AID conference was held at the Pan American Health Organization headquarters in Washington, D.C. on November 5th., 2016. Topics included presentations from RAD-AID chapters all around the globe, including Africa, Latin America, China, and India, as well as other organizations dedicated to sustainable radiological solutions in underserved areas. Thank you to everyone who was able to attend this meeting and stopped by the International Outreach booth!





Ghesani-Kajani East Africa Radiology Scholarship



View of Aga Khan Hospital next to the Indian Ocean by Robert Love, MD

The Ghesani-Kajani East Africa Radiology Scholarship was established by Drs. Ghesani and Kajani in 2015 to give radiology residents a chance to work with Aga Khan Hospital in Dar es Salaam, Tanzania. Aga Khan Hospital is one of the more advanced hospitals in Tanzania, with 75 beds and different areas of medicine, such as neurosurgery, orthopaedics, cardiology, CT, MRI, and ultrasound.

This past year, the ACRF awarded inaugural scholarships to two recipients: Robert Love, MD, and Sarah Abdulla, MD. Dr. Love traveled to Dar es Salaam at the end of October, and worked on musculoskeletal MRI, CT, and ultrasound. Dr. Love was able to bring DICOM files from his residency program in Vermont to allow the AKH hospital staff to practice different MSK files. One experiment they tried out during his stay was a breast Jell-O mold to practice ultrasound guided procedures. The first time around, the mold was too shallow and not firm enough. The breast mold fell apart after a few practices. The second time, they used less sugar in the Jell-O, which really helped the firmness of the mold. They were able to practice ultrasound procedures and even reuse the mold (seen on right).



Aside from radiology, the residents were able to view other procedures as well. Dr. Love was able to join the attending radiologists in the AKH surgical theatre for a percutaneous nephrostomy on a patient with ureteropelvic junction obstruction. They used a portable ultrasound unit to confirm drain placement and positioning during the procedure.

Dr. Abdulla visited in January and was able to build on Dr. Love's experiences. She also worked with MRI, CT, and ultrasound. For a more detailed view into Dr. Love's experiences abroad, please view his travel blog [here](#).

Above and Beyond Cancer

By: Richard Deming, MD FACR, Medical Director of Mercy Cancer Center and Founder of [Above and Beyond Cancer](#)



On January 2nd, 40 cancer survivors and caregivers began a journey to Africa with Above + Beyond Cancer. Above + Beyond Cancer is a non-profit organization that is dedicated to elevating the lives of those touched by cancer to create a healthier world. In addition to providing weekly cancer survivorship programs in Iowa, the organization also provides survivors with opportunities to challenge themselves physically while broadening their understanding of global cultures and fostering personal growth.

Our journey to Africa consisted of both a medical mission and a physical challenge of climbing Mount Kilimanjaro. The survivors were men and women age 20 to 66 from diverse backgrounds with many different types of cancer including lymphoma, sarcoma, breast, prostate, pancreas, testicular, colon, brain and uterine cancer. Some of the survivors have successfully completed treatment while others are still in the process of receiving treatment for incurable cancer. The common bond of the group is cancer. They are not mountain climbers. They never had Kilimanjaro on their bucket list. They are on this journey, not in spite of their cancer, but **because** of their cancer. They are on this journey because of the courage and confidence that they gained on their cancer journey and because of their new-found desire to live their lives with purpose and passion.

Our first stop was Nairobi, Kenya. Kenya has a population of 45 million, but only one public cancer center where Kenyans without insurance can receive treatment. It's at Kenyatta National Hospital. Cancer patients in Kenya must travel to KNH from all over the country, sometimes coming from hundreds of miles. They are responsible for their own room and board while undergoing cancer treatment. For 3 days we met with patients and staff, learned about the challenges of providing and receiving cancer care in Kenya, and performed a service project. While there, we partnered with the American Cancer Society to help promote the building of a Hope Lodge at KNH for patients who must travel to Nairobi to receive outpatient cancer treatment far from home.

We met with children on the pediatric ward who are receiving cancer care. Several of the survivors on our team have themselves been treated for childhood cancer. Jake, a 22 year old graduate student and Ian, a 22 year old college senior are both survivors of pediatric sarcomas. Marcus is a 33 year old survivor of pediatric rhabdomyosarcoma. The Kenyan children and the American men showed each other their scars and shared stories of treatment and of survival. We also visited the gynecologic oncology ward. Cervix cancer is the most common cancer in Kenya. We provided the women, many of whom were receiving chemotherapy and radiation therapy, with homemade blankets and toiletry supplies.

On our final night in Kenya we hosted a dinner conference for more than 100 cancer survivors, physicians and representatives of cancer organizations in Kenya. Survivors from both continents shared stories of courage and hope. Teresa, a 48 year old breast cancer survivor and Justin, a 33 year old brain cancer survivor each spoke about their experiences being treated in America, hundreds of miles away from the towns in which they lived. Each of them had stayed at an American Cancer Society Hope Lodge while undergoing treatment. Their stories created a vision for what an African Hope Lodge might do to help African patients receiving treatment far from home.



By the end of the evening, the Kenyans and Americans had become friends and allies in the pursuit of compassionate, patient-centered cancer care. Above + Beyond Cancer presented a check for \$10,000 to KNH to help build the Kenyatta Hope Hostel.

After an emotional 3 days in Nairobi we flew to Tanzania to begin the mind-body-spirit journey to the summit of Mt. Kilimanjaro.

What is it about climbing mountains that captures the imagination and inspires cancer survivors to join an Above + Beyond Cancer journey? First and foremost, it's about being part of something bigger than yourself. Cancer survivors don't truly know if they can make it the summit, but they do know that the journey will transform their lives – just as cancer has transformed their lives. Some challenges come to us uninvited and undesired. Other challenges come to us because we have the courage and confidence to reach above and beyond what we think we can do.

Mount Kilimanjaro is not for the faint of heart. At 19,342 feet, it is the highest free-standing mountain in the world. Only 1 in 2 climbers who take attempt Kilimanjaro will make it to the summit. Our route requires 6 days of steady climbing to reach the top.

On Saturday, January 7th, we began the pilgrimage up the mountain. The first day's hike ascended through the dense green foliage of Kilimanjaro's cloud forest. I walked behind Christina. She is a 34 year old breast cancer survivor. Christina was supposedly cured of breast cancer in 2013 after having undergone a lumpectomy of the right breast, chemotherapy and radiation. However, she subsequently developed cancer in her left breast. This required bilateral mastectomies, reconstruction, chemotherapy, and radiation. She is a just one year out from treatment and is still recovering. Premature menopause, caused by cancer treatment, often results in weight gain, muscle loss, weakened bones and diminished stamina. Christina is on this journey, in part, to regain her strength and her health. Christina knows that climbing this mountain is going to be a physical challenge greater than anything she's ever undertaken in her life.

On day 5, we camped at 13,780 feet. Arriving early in the afternoon gave us the opportunity to prepare the prayer flags that we had carried up the mountain for the Relay for Life ceremony that we would conduct on the following day. We brought with us more than 800 prayer flags from home. Each flag is decorated in memory of someone who has died of cancer or in honor of someone who is still on their cancer journey and unable to be with us in person. The stringing of the flags takes much longer than one might think. It's impossible to string them without reading each one and reflecting on the life that the flag represents.

Barafu Camp (15,287 ft.) was our "basecamp" for the final push to the summit. It sits on a steep, rocky, and windy slope on the ridgeline that leads up to the summit. The summit of Kilimanjaro (19,342 ft.) is visible from our campsite and the sight of mountaintop gets our juices flowing.

After lunch we raise the prayer flags into the African sky above our camp. They flutter wildly in the wind. We assemble together beneath the prayer flags and participate in a ceremony to honor those whose lives are represented on the flags. Tears stream down our faces as we come together in a group embrace. The power of this moment is palpable. Flying overhead are 800 reasons for our being together on this mountain.

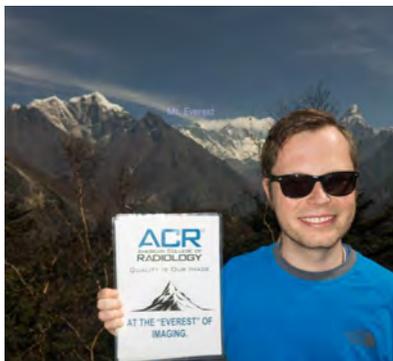


At 11:00 p.m. we began our climb to the summit. We proceeded slowly and deliberately. Each step takes several seconds. It was cold (well below freezing) and the wind was howling with gusts up to 40 mph. It took a while to get accustomed to the darkness, the steepness, the cold and the wind. We slowly developed a rhythm. How do you climb a mountain? One step at a time. All you have to do is take one more step. If you can find a reason to take one more step, you can make it to the top. I walked with Christina through the night. She fell down often on the steep terrain, but she got back up each time and found the strength to take one more step.

On January 12, 2017, just after sunrise, the entire team stood at the top of Kilimanjaro. The guides tell us that they have never seen a group with such a success rate. I get choked up just thinking about it. There is nothing that compares to being with a group that has come together around a cause and a higher purpose. Jonathan Haidt in his book, [The Righteous Mind](#), describes what he refers to as "the hive hypothesis." He writes, "We have the ability under special circumstances to transcend self-interest and lose ourselves temporarily and ecstatically in something larger than ourselves."

The summiting of Kilimanjaro was certainly an accomplishment, but it really wasn't the reason our team came together in the first place. Above + Beyond Cancer exists because cancer exists and because cancer causes suffering and death. We believe that telling the stories of courage and compassion of cancer survivors on this journey can bring attention to the worldwide burden of cancer. These stories help advocate for more funding of research, greater access to care and an enhanced focus on quality of life. Together, we can change the world. Above + Beyond, indeed!

News & Announcements



Goldberg-Reeder Resident Travel Grant

ACRF annually awards residents with a \$1,500 travel grant to spend at least one month in a low to middle income country directly assisting with a radiology project. Recipients may choose the place of their service.

Pictured above is Wojciech Kapalczynski, MD, in Nepal. He was awarded the Goldberg-Reeder Travel Grant in 2015. Dr. Kapalczynski traveled to the National Academy of Medical Science Bir Hospital to work with Dr. Swoyam Pandit, MD. He is a fourth year resident at the University of Texas. He is also currently the Vice Chair on the RFS International Outreach Subcommittee. Read about Dr. Kapalczynski's experience [here](#).

Information on the Goldberg-Reeder Travel Grant, including information for applying to the award, past recipients, their stories and countries travelled may be gleaned from their [web page](#).

International Volunteers Raise Your Hands!

If you are volunteering in the developing world, we would like to hear from you. The ACR Foundation International Outreach Program seeks to find ways to facilitate volunteerism, donations and collaborative projects. In 2013, the ACR Foundation launched the [International Facility Profiles](#) to provide potential volunteers, donors and organizations with access to facilities in the developing world. If you have volunteered, we would like you to fill out a [Facility Needs Assessment Survey](#). The survey provides the basis for the information contained in the International Facility Profiles.

In addition, the ACR Foundation is interested in making sure volunteers are coordinating their efforts where possible. If you have been a long-term volunteer in a developing country, please contact Brad Short at bshort@acr.org or Karen Orozco at korozco@acr.org to ensure you are included in our network.

ServeHaiti

[ServeHaiti](#) is looking for a bioengineer to assist in replacing a CR x-ray reader. They plan to install a Fuji Smart VG-1 CR system. Anyone with knowledge of that system would be a tremendous help. For more information about the project, please contact Andrew Curtain, M.D., MBA at AJCurtin@gmail.com or 215.285.6136.

Have an announcement? Want to share your experience?

Let us know! Announcements are a great way to get the word out about your program or need for donations. We'd also love to hear about your experiences and may share it in a future edition of the *Interlink*. Contact Karen Orozco at korozco@acr.org.

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