New Kid on the Block

In May 2015, at the ACR Annual Meeting in Washington DC, a group of approximately 30 “Senior” radiologists met to discuss the organization of a Senior and Retired Section (SRS) of the ACR. With great enthusiasm, attendees discussed activities for the group including targeted ACR sponsored lectures on retirement and financial planning, sharing of travel and leisure/hobby experiences, volunteer opportunities, mentorship, and fellowship.

David Kushner, MD, FACR, President of the ACR and chairman of the Commission on Membership and Communications of the Board of Chancellors, championed our cause resulting in approval of SRS by the ACR Board of Chancellors in September 2015.

The SRS immediately went to work with appointment of a volunteer steering committee chaired by Catherine Everett, MD, MBA, FACR. The steering committee formed three workgroups: (1) the Annual Events Workgroup chaired by Richard Taxin, MD with members David Kushner, MD, FACR, Jonathan Dehner, MD, FACR, Lawrence Bigongiari, MD, FACR and Robert Steiner, MD, FACR; (2) the Newsletter Workgroup chaired by Catherine Everett, MD, MBA, FACR with members Dallas Lovelace III, MD, FACR, Donald Banicki, MD, and Keith Fischer, MD, FACR; and (3) the Webpage Workgroup chaired by Sidney Belshe, MD, FACR with members Catherine Everett, MD, MBA, FACR, Mark Lavin, MD, FACR, and William Marks, MD, FACR. Brad Short and Catherine Jones serve as our enthusiastic ACR staff.

The SRS logo was adopted, which can be seen on our webpage which launched on the ACR website in February. The site also includes our mission statement:

The mission of the Senior/Retired section of the ACR is to enhance the experience of Senior (over 65) and/or retired radiologists in the ACR by promoting fellowship and interaction amongst the members; communicating opportunities for continued professional involvement including mentorship, career transition, and leadership training with other groups in the ACR; enhancing retirement opportunities such as service; financial planning, and recreation; and encouraging them to be ambassadors of the ACR to fellow physicians, health care organizations, and patients.

We trust you are enjoying our first newsletter and we hope it grows into a treasured source of entertainment and information with input from all of you. If you have traveled to a fantastic place or know of an unknown jewel in your backyard … write about it. If you have a hobby or passion, please let us hear from you. If you volunteer locally, nationally or internationally … inform us of your experiences. We enthusiastically welcome any contribution that will enhance our camaraderie.

Our Annual Meeting program, under the direction of Richard Taxin, MD, FACR is detailed within this newsletter. Please plan to attend.

We will be working on our webpage to add articles and resources of interest to our members. In particular, we hope to add useful resources for knowledge-sharing, a subject of great interest to many of our members.

PLEASE LET US HEAR FROM YOU! LET’S MAKE THIS A STRONG AND VIBRANT SECTION OF THE ACR.

Catherine Everett, MD, MBA, FACR, Chair, SRS Steering Committee
After a very satisfactory and fulfilling career in Academic Diagnostic Radiology, I retired completely at the end of 2009. In early 2010, I underwent surgery (lumpectomy) for breast cancer followed by radiation therapy. What a way to start one’s retirement! However, everything went well and my life has subsequently been filled with many happy and exciting events. I have a long “bucket list” that never seems to get shorter.

My husband and I love to travel, so have been on safari in the Serengeti in 2010, a river cruise up the Rhine and down the Danube (2011) plus another cruise on the Seine (2012) from Paris to the Normandy beaches.

Most recently, I celebrated my 76th birthday by doing a tandem sky dive over the NYS Finger Lakes. Would I do it again? Probably not! Checked it off the list and moving on to the next item.

Never Too Old  Patricia Randall, MD, FACR

Making the transition to retirement was a very gradual process for me. For 14 years before I quit altogether, I was privileged to be able to work half time as a radiologist. This is not as indulgent as it seems, for in addition to 4 very satisfying years on the ACR’s Council Steering Committee during that period, I also spent 10 of those years working pretty intensely at our state medical board, including 2 terms as its chair, a position I could not have held as a modern full-time radiologist. While it was non-compensated, I found my work at the board extremely rewarding, though when I could no longer be reappointed, I did enjoy regaining my weekends without the long pre-hearing case reviews to read. It was then that the intensity of the present radiology workday began to exhaust me and, even though I enjoyed the individual cases and the relationships I had with my partners, our staff, and our referring docs, I decided to make the leap to full retirement. Little did I know that in my last week of work during the Christmas holidays, life was sending me a big surprise.

A persistent spasm in my upper back was making life miserable during my last week of work. I thought that it might have been from lifting my heavy suitcase out of a New York cab on a pre-holiday trip to visit our daughter, but it kept getting worse. Now, my work life was over, but here I was back in my old imaging center as a CT patient. To the distress of my colleagues there, this was in the late afternoon right before my surprise retirement party that they were going to attend. They kindly let me enjoy my evening in blissful ignorance, but after letting them scan and needle me some more, I spent my first 3 months of freedom by enjoying osteomyelitis of the thoracic spine, the apparent spin-off of a silent infection of an old root-canaled tooth. It wasn’t a bad way to spend a messy Maryland winter, enjoying my PICC line and twice daily antibiotic infusions to the company of Kelly and Michael in the morning and The Tonight Show each night. Thankfully, I had a quick and complete recovery, save for a touch of Vancomycin-induced tinnitus to remind me of the experience.

Since then, I’ve tried to keep busy in the world of medicine without violating the no medical-practice clause of my malpractice “tail coverage.” (And yes, I’ve maintained my active license with the aid of the excellent ACR CME.) So, I’ve dedicated much of my time to my medical alma mater. Our family has a unique connection to the University of Maryland School of Medicine having a record-setting 5 straight generations of MD graduates, father to son, dating back to my great grandfather in the class of 1887, through my grandfather, ’23, and my father, ’51. In 1976, I became their first 4th generation grad and when my son graduated in 2014, as the Faculty Gold Medal winner no less, he became a very unique 5th straight generation alum.

The first 3 generations of Knipp docs all practiced family medicine in West Baltimore, working father with son until I came along. I began a family practice residency at Maryland, but quickly found that my true interest was in diagnostic radiology. While my career change broke my father’s heart, with the support and encouragement of our then dean, ACR Gold Medalist John M. Dennis, MD, FACR...
I am also privileged to serve as the Secretary of the Board of Trustees of the University of Maryland Baltimore Foundation, which has fiduciary responsibility for all funds raised to support the seven graduate and professional schools on our campus. The board also serves as the advisory board for the campus president. As chair of the board’s advancement committee, one of my favorite projects is working to support the university’s new Community Engagement Center (CEC), currently located in our BioPark on the far edge of the urban campus. The CEC offers the nearby underprivileged communities a convenient, non-threatening access point to benefit from the many services and employment opportunities of the various professional schools, ranging from medical and dental screenings to legal and social work assistance. We are currently looking for a property further out into the neighborhood to make the center even more accessible to the community, something near to my heart as it's only blocks from where my great grandfather lived and practiced medicine at the turn of the last century.

As for the rest of my free time in retirement, I keep up with my long-time hobby of collecting antique postcards, and attend various shows and sales in the mid-Atlantic area, where I love talking to my vendor friends and fellow deltiologists. I particularly enjoy lithograph and linen style cards from the 1920s thru the 1950s along with some early “chrome” (photographic type) cards of the ’50s and ’60s. My wife appreciates this hobby as the postcards take up far less space than my other collectibles: my three classic cars— a red 1962 Corvette, a 1965 Plymouth Satellite 426, and a 1967 Triumph TR4A. If the weather permits, sadly limited to just a few months here in Maryland, we may take in a local weekend car show or just cruise the nearby country roads. I’ve always been a car buff and worked at a dealership all through high school and college, but I must admit that as I’ve gotten older (and busier!), I’m more inclined to have someone else do the endless maintenance that vehicles from the 1960s require. On the road these days, it’s annoying that my fellow motorists have little understanding of the limitations in handling and braking of 50 year-old cars. And in this age of fuel injection and electronic ignition, how quickly we’ve all forgotten about how balky engines with carburetors can be.

Our other interests include road trips along the old U.S. highways hunting for roadside Americana, spending time at our western Maryland lake home, reading, “Facebook-ing” (pedestrian you may think, but a great way to keep up with a career-full of wonderful rad techs and staffers who I’ve come to call friends), and keeping up with our three pets and our three out of town children. My wife and I are life long musicians and I try to spend at least some time each day playing the piano, or one of my keyboards or vintage Gibson guitars. I suspect that my classically trained wife would prefer that I spent more of my piano time playing jazz and cocktail music and less on late 50’s oldies, or even worse to her ear: old country-crossover classics, but I just can’t help it—I just love Patsy Cline, Brenda Lee, and the Everly Brothers. I’ve recently reconnected with some high school friends and former band-mates and we’ve had a couple of terrific post-breakfast jam sessions. And I can’t leave out spending time with my childhood best friend who I travel to Florida with every March for a week or more of Orioles baseball spring training.

With all of the above said, when people ask me what I like most about retirement, I always reply that my top 3 favorite things are: 1) no difficulties in making dental or home repair appointments, 2) returning to my natural night-owl circadian rhythms (impossible when you have to start reading mammograms at 7:30am), and best of all, 3) no fighting rush-hour traffic to and from those long days at work. In closing, perhaps the ultimate simple pleasure of retirement is having a late morning home-cooked breakfast at a sunny kitchen table with a hot cup of coffee, the dog at my feet, and my daily New York Times crossword puzzle …”
It happened one day when I was flying at Perrin Air Force Base in Sherman, TX. I already had my Air Force pilot's wings and was there training to fly the F-86D (the D was the fighter interceptor version of the F-86). On that particular day, however, I was assigned to fly a T-33, the standard Air Force jet trainer that I had flown many times before transitioning to the '86. The “T-bird,” as it was affectionately known, was a tandem (one behind the other) dual-cockpit aircraft that was basically an extended version of the F-80, an earlier straight-wing operational jet fighter. On that day I was flying it solo.

Perrin was about 60 miles northeast of Carswell Air Force Base in Fort Worth, a part of the Strategic Air Command. It was the height of the Cold War and SAC bombers were in the air or on alert around the clock all over the world, just in case. Carswell housed a squadron of B-36 bombers. The B-36 was the largest bomber ever built—a gigantic monster with 10 engines, 4 jets and 6 props. As you might imagine, although it could fly far and carry a large bomb load, it was not very maneuverable.

I took off in my T-bird as part of a demonstration being put on for several Congressmen in a ground radar station nearby. The radar stations, called Ground Controlled Intercept or GCI, worked closely with F-86D interceptors, which in turn had their own much smaller radar systems on board. If an enemy bomber was approaching, F-86Ds would be scrambled and vectored into an attack position by GCI. Once the F-86D was within 12 miles of the bomber, the pilot could pick up the target with his on-board radar system. A primitive computer (powered by about a ton of vacuum tubes and with far less capability than your one-pound smart phone) then computed an attack course—a series of lines, dots, and circles on a radar scope in the middle of the cockpit. Guided missiles were just being developed and were not yet available for the F-86D. If the pilot interpreted his radar scope’s information correctly and flew his aircraft on the proper attack course, it would bring him to within about 100 yards of the bomber, at which point the computer would fire a salvo of rockets automatically from a pod on the undersurface of the aircraft. All this could be done by “flying the scope” at night or in bad weather without ever actually seeing the target. The F-86D was a single seat aircraft and it kept you pretty busy—you were the pilot, weapons officer, radar operator and navigator all rolled into one.

In my T-33 that day, I had a simpler task—to simulate a Russian bomber for the Congressmen watching the blips below on the ground radar system. GCI set me up over eastern Texas, heading in toward the west to “attack” Carswell. Over my 2-way radio, I could hear 3 F-86Ds being scrambled from Perrin to come up and intercept me as part of the demonstration. Pretty soon the 3 of them appeared in sequence and made their simulated firing passes on me, then turned back to the base. It was a ho-hum jaunt for me, since I was under GCI control and all I had to do was fly along and wait for them to intercept me. After the 3 fighters left the scene, I was pretty much on my own with some fuel to burn, and decided it would be nice to hear some music on my cockpit low frequency radio. Ordinarily one kept his low frequency radio tuned to nearby navigation beacons in the area using a frequency selector, but it was a clear day and I didn’t need the radio beacons to tell me where I was. In the T-33, the low frequency radio could be tuned to local commercial stations by a hand crank at the bottom of the cockpit below the instrument panel. I had to bend over to reach and turn the crank, and to do that I kept my head down for about 15 seconds till a good local jazz station came up. At that point, I sat back up and looked out the front of the canopy. What I saw was probably the most terrifying sight I’d ever seen—a B-36 was heading right at me, no more than a few hundred yards away, and we were probably closing at 700 miles per hour. I pushed the stick over as hard as I could and rolled into a screaming dive. After about 5 seconds of holding my breath, I realized we...
weren’t going to hit each other and pulled out of the dive. I looked over my shoulder and there he was, still on his course. He couldn’t possibly have missed seeing me but his huge lumbering beast wasn’t maneuverable enough to take evasive action. Mea culpa. It was not a smart move on my part. If I’d kept my head down tuning that radio for another 3 seconds, the two of us would have been plastered all over downtown Fort Worth. About another minute went by before I felt I could speak on the radio calmly and coherently. At that point I called GCI, planning to chew them out for not warning me that there was another target on their radar headed right for me. I said, “GCI, did you just see another target in my area?” He replied, “Yes sir, we saw him but figured since you were in the clear, you could see him also.” Of course, he was right. I kept my mouth

My Slipped Disc  Ismail Kazem, MD, FACR

I did not dance the twist  Poked my flesh
I barely bent my wrist, and stopped my breath. My legs went numb,
to reach for my brief case. My back ached stiff,
Like a flash of lightning  And slow I walked,
I felt the pain. A red-hot iron
A red-hot iron
Sharp as a knife  In agony I lied

Percutaneous Nephrostomy  Ronald Harris, MD, FACR

The chief of Urology approached me about a woman patient who had metastatic breast cancer which hadn’t metastasized to her retro-peritoneum and compressed both of her ureters. The surgeon attempted to place a ureteral catheter via cystoscope but was unsuccessful passing it beyond the obstruction. He came to me and asked if there was anything I could do or she would quickly die from uremia. I researched the subject and spoke with numerous other radiologists. Nobody was helpful. I was also doing angiography and decided that if I could catheterize an artery or vein, I could possibly do a similar procedure on her kidney. I decided on a straight angiographic catheter into which I cut several side holes with a scalpel blade. Under fluoroscopy I localized her kidney with a small amount of IV contrast material. Then using local anesthesia I approached the kidney from her flank and used a sheathed 18 G needle with intermittent fluoroscopy to check the needle position and aimed for a posterior calix. Upon obtaining urine from the needle I removed the metal needle leaving the sheath in place. I then used Seldinger method to insert a guide wire into the renal pelvis and down the ureter. The catheter was inserted over the guide wire and its position checked on fluoroscopy and by injecting IV contrast through the catheter for confirmation. The catheter was stitched in place on the skin and taped in place then bandaged. The catheter was attached to a urine collection bag via an adapter. The bag was secured so that the
Percutaneous Nephrostomy, cont.

catheter would not be dislodged inadvertently. She was discharged with the catheter and drainage bag intact. I needed to replace her small catheter with larger ones to prevent clogging by debris and minerals in the urine. She was able to live for an additional 9-1/2 months with her catheter. She was enormously grateful for the time she was able to spend with her family and other loved ones. The family was very gracious in their thanks to us.

This success was the start of many successful procedures on patients sent to me for the procedure which I simply named a “percutaneous nephrostomy.” The work was presented to the Western Angiography Society meeting and the Association of University Radiologists and the Society of Uroradiology in 1974. Dr. Milton Elkin, Chairman of Radiology and a uroradiologist at Albert Einstein Medical Center in New York strenuously objected to a radiologist doing “surgery.” I defended my work in simple terms in that it saved people’s lives when the urological surgeons were unsuccessful. Additionally the procedure was favorably accepted by our urologists at University of California, San Diego and in practices in San Diego and soon through the U.S. and eventually internationally. Our paper “Percutaneous Nephrostomy” was published in Urology in 1975. The “percutaneous nephrostomy” has since become a routine and commonly performed radiologic procedure and taken its place as recognized procedure in modern medicine. A subsequent story about a corollary procedure will be submitted for a future installment.

I was honored in March 2016 when inducted into the Society of Abdominal Radiology’s Hall of Fame. I have also been inducted as a Fellow of the Society of Uroradiology and Fellow of Society of Abdominal Radiology as well as a Fellow of American College of Radiology.

Volunteering in Retirement John McKenzie, MD

I retired in September 2011 due to a medical disability. As you can imagine, this sudden change in the course of my life blindsided me. I was president of a 50-person group and heavily involved in the leadership of our hospital.

This time has given me an opportunity to serve those less fortunate in our community through volunteerism. I work 2 half days a week at the St. Francis Soup Kitchen where we serve 500 meals a week. I am President of the Board of Directors at the North Florida School of Special Education. We educate 120 students and 35 post-graduates who also work a fully functioning farm, greenhouse and culinary program. I organize a monthly luncheon for the retired radiologists in our community where we reminisce about the “good ole days.” In my spare time, I enjoy photography. My wife and I travel out west every summer where I gain tips from a professional photographer.

Dr. McKenzie (left) volunteering at St. Francis Soup Kitchen.
Acts of Kindness  Robert Roche, MD

The UGI patient in her early seventies had just arrived in the fluororoom in her wheelchair. I introduced myself and began asking her of her understanding as to why we were performing the study when her oncologist entered and asked if he could speak with her for a few minutes. I said, “of course,” and he approached the lady.

What happened next amazed me and stayed with me for the rest of these 34 years of my practice in radiology.

He got down on one knee so he could be at eye level with the patient and leaned the chart on the armrest of her wheelchair and talked with her in a calm voice for a few minutes. She seemed unsurprised at his gesture of respect but I am sure it made her feel comfortable not having to look up at him from her level of vulnerability as a patient.

I was terribly impressed by his genuine concern for her by this gesture and have made it a habit of always putting myself on the same plane as the patient so we can look each other in the eye whether it is a septuagenarian or a 7 year-old. It never felt in any way to me that I was lowering myself in professional regard in the eyes of the patients, but rather I truly believe it generated a sense of mutual respect in all the patients. Even if a patient was already lying on the table all ready to have a barium enema or a myelogram I would either kneel down or sit on a chair at eye level so I could say hello to the patient, shake his or her hand and ask about the reason for the procedure.

I honestly believe simple acts of kindness like this enhance our professional relationship with patients and evoke in them a receptivity for our personal regard for them.

Senior and/or Retired Section Steering Committee

Catherine Everett, MD, MBA, FACR—Chair  
Nicolas Argy, MD, JD  
Donald Banicki, MD, FACR  
Sidney Belshe, MD, FACR  
Lawrence Bigongiari, MD, FACR  
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Richard Taxin, MD, FACR

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Announcements

Join us for the first meeting of the Senior and/or Retired Section at ACR 2016!

Where: Room Washington 1, Marriott Wardman Park Hotel, Washington DC  
When: Monday, May 16, 2016, 5-6:30pm  
Why: The first meeting of the SRS will be a reception and panel discussion, with speakers presenting on topics including preparing for retirement, international volunteering and the do’s and don’ts of financial management while in retirement. A question and answer session will follow the presentations. Refreshments provided! A detailed agenda of the meeting is included on the SRS website.

Please RSVP to Catherine Jones if you are interested in attending this event, open to all ACR retired members and members age 65+ and their guests.

We want to hear from you!

The first issue of the Senior and/or Retired Section Newsletter was made possible by contributions from readers like you! The SRS Steering Committee is always interested in personal stories or interests, including photographs, shared by fellow SRS members for inclusion in the newsletter. Topics for consideration may be varied and are not limited to radiology. If you are interested in contributing to our next newsletter, please send any materials for consideration to Catherine Jones at cjones@acr.org. We appreciate variety and creativity with any and all submissions. Questions? Just let us know!