

# Radiology Board Claim They Are Unable To Reduce Exam Fees

The American Board of Radiology revealed recently that it has experienced “persistent barriers” in preventing them from reducing exam fees following its transition to a virtual test-taking model.

The board is making the switch away from in-person certification in 2021 after radiologists demanded alternatives for their safety amid the COVID-19 pandemic. One of the “perceived potential benefits” of the change was a reduction in costs and user fees, making the test more available to low-income students. However, leaders with the Tucson, Arizona, doctor-certification group said insecurity amidst the pandemic is preventing them from changing pricing.

“There are persistent barriers to fee abatement at the time of this writing,” Executive Director Brent Wagner, MD, MBA, and American Board of Radiology’s President, Vincent Mathews, wrote in the latest issue of the Beam. Those include the new exam structure’s unproven track record, a lack of dependable forecasting, long-term financial commitments for in-person exam centers, and unpredictable costs tied to the virtual exam software.

However, both Wagner and Mathews said their organization is committed to managing costs and optimistic that reduction will be achievable in the future.

“Despite these obstacles, the board members view themselves as responsible stewards of ABR resources, both financial and otherwise,” they concluded. “In this vein, they consistently challenge each other, and the ABR staff, to reduce costs and, subsequently, fees, to the extent possible.”

ABR has been under criticism from the American College of Radiology in recent years over its finances, alleged secrecy and “power imbalance” over members of the specialty. A report from ACR’s Task Force on Certification estimated the average rad spends \$14,680 during their career to maintain accreditation—one of the highest totals among medical specialties. A Tennessee radiologist twice attempted to sue ABR over its program, but a judge tossed the claim in January.

The report said high fees are one of the chief complaints from radiologists. Residents and fellows pay about \$640 a year for ABR’s services, on top of high student debt loads, while the board has tens of millions in assets and annual revenue of \$14 million in 2018.

A Texas neuroradiologist, blogger and outspoken ABR critic, Ben White, questioned the board’s reasoning in a post shared Tuesday.

“Does any stakeholder believe that ~\$50 million in cash reserves isn’t enough to deal with ‘a lack of dependable forecasts of the future steady-state expense structure,’” White wrote Feb. 23. “Transparency, transparency, transparency. Anything less is just self-love,” he added later.

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## **Cyber Security Attack Breaches St. Margaret’s Health**

This past weekend, on a Sunday morning, a breach in security occurred in the patient information of St. Margaret’s Health

in Spring Valley,

However, the healthcare provider has no evidence of the breach and is unsure how it even occurred. Linda Burt, VP of Quality and Community Services, said the organization is taking all the steps to make sure a breach won't occur again.

"We have a number of software applications that are put in place to prevent this," Burt said. "We have not determined yet how this was able to bypass some of those systems. That's why the experts are here."

The breach was detected by the IT department of the facility and forced their network into a shut down. Any web-based operation is not out-of-use for the time being, including email and patient portals.

St. Margaret's Peru systems were not breached since they have not yet been merged. But St. Margaret contacted cyber security experts as soon as the attack occurred. They are more performing a thorough analysis of their system. The Spring Valley location can still use telephone and fax services until the rest is determined safe to use.

Burt said the organization is prepared to continue to operate despite current limitations.

"We have drills, and we have practiced for computer downtime," Burt said. "Our computer systems periodically undergo updates that require the system to be shut down. So we just implemented all of our paper processes."

St. Margaret's Spring Valley will be diverting diagnostic imaging procedures to the Peru branch when possible. This came as a recommendation of their radiologist to ensure nothing will be missed when analyzing high-definition images.

Until a return to normalcy, the Spring Valley branch will be operating in the old-school capacity making the best of paper

charts and tests.

The incident points to the recent increase in cyber-attacks on healthcare providers and the importance of having more intense protection on systems in order to protect patient information.

St. Margaret's Spring Valley is asking for patience and cooperation as staff work toward resolving the issue.

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## **7 Bites Of News And Commentary From The Endocrinology World**

**A quick list of facts about what's happening in Endocrinology's neck-of-the-woods.**

The Philadelphia Inquirer reported that healthcare providers are watching carefully for new cases of diabetes when a November study found that 15% of hospitalized COVID-19 patients developed diabetes.

A modified-release hydrocortisone therapy helped to improve morning and early afternoon biochemical control for adults with congenital adrenal hyperplasia in a phase III study. However, the trial missed its primary endpoint of change in 24-hour standard deviation score of androgen precursor 17-hydroxyprogesterone. (From the Journal of Clinical Endocrinology & Metabolism)

JAMA Network Open recently shared a study that found that Medicare Advantage patients with type 2 diabetes were less likely than commercially insured patients of a similar age to be treated with newer classes.

Insulin remained stable even after exposure to varying temperatures, according to a new study. "These results can serve as a basis for changing diabetes management practices in low-resource settings, since patients won't have to go to hospital every day for their insulin injections," said study co-author Philippa Boule, MBBS, of Médecins Sans Frontières Switzerland in a statement. (PLOS One)

Reported in The Lancet Diabetes & Endocrinology: an 18-year study in Britain found cancer to be the leading cause of death among those with type 1 or type 2 diabetes.

Over 25% of patients on dialysis died from COVID-19 in a recent Canadian study of over 12,501 patients. (CMAJ)

Crinetics Pharmaceuticals announced a phase I study is now underway for an investigational, oral adrenocorticotrophic hormone antagonist, CRN04894, aimed at the treatment of congenital adrenal hyperplasia and Cushing's disease.

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## **Study finds Amyloid Blood Tests for May Cut Need for PET in Half**

Study authors suggest that the positive result of using the blood test methods may lead to faster clinical trial recruitment.

A recent study by authors Ashvini Keshavan, Josef Pannee, et al. aimed to evaluate population-based blood screening for preclinical Alzheimer's disease in a British birth cohort at age 70.

Alzheimer's disease affects more than 5 million Americans and is characterized by normal cognition and abnormal brain biomarkers, to mild cognitive impairment and then clinically apparent dementia.

"Using either [liquid chromatography-mass spectrometry] method to screen before PET scanning has the potential to yield significant savings for clinical trial recruitment, affording further reductions in the required number of PET scans compared to the number of scans needed without pre-screening or when using age, sex and APOE4 carrier status for screening," Schott and team wrote.

Consistent with prior studies, the researchers also noted that most of the discordant cases were "plasma-positive, PET-negative," and this persisted despite changing the PET positivity cutoff. Similar to CSF results, the data suggested that plasma amyloid-beta may become abnormal before a threshold for cortical amyloid-beta positivity is reached. If PET can be eliminated, it would be most beneficial as PET is costly, relatively inaccessible, and involves ionizing radiation.

Apart from affordability, plasma screening might enable screening of more diverse populations at scale and reduce screen failures, leading to faster clinical trial recruitment.

Addressing the issue of false positives and the possibility that amyloid-positive individuals might never develop cognitive symptoms in their lifetime, the researchers stated that "any use of plasma biomarker-based screening will require clear protocols for counselling and communicating plasma test results to prospective participants, including that a positive result is likely to require confirmation with another more definitive modality (PET or CSF)."

"Our study strengthens a growing body of evidence that plasma screening can reduce the numbers of amyloid PET scans required

to identify amyloid- $\beta$ -positive individuals, for recruitment to clinical trials or ultimately for giving anti-amyloid therapies, and suggests that this may be feasible in a preclinical cohort,” they concluded.

These innovations can change the future of research for Alzheimer’s studies.

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## **Pulmonary Nodules: What Radiologists Should Recommend**

Recently, it was acknowledged that radiologists vary widely in whether they recommend follow ups for pulmonary nodules. But this is something that deeply needs examination.

A new study by Brigham and Women’s Hospital, published Sunday in JACR, claims organizations need to reform this.

They remind us that lung cancer is still the deadliest form of the disease in the U.S., and pulmonary nodules are one of the most common reasons for repeat CT exams. Typically, guidelines for radiologists dictate how they should respond in such scenarios, noted specialists with the Boston-based institution. However, Brigham found significant differences in the probability of making a follow-up recommendation among physicians in the same subspecialty division.

“Unwarranted variation for pulmonary nodules could have significant downstream implications on not only frequency of repeat imaging, but overall medical costs and quality of patient care,” Neena Kapoor, MD, the Quality and Patient Safety officer in Brigham and Women’s Department of Radiology, and colleagues wrote February 7. “How to alter radiologist

behavior and reduce variation in reporting of follow-up recommendations is a challenging problem that likely requires multiple interventions and stakeholder engagement.”

Logically, the only way to help is to better understand the issue, therefore Kapoor and co-authors analyzed 142,000 chest and abdominal reports, gathered between 2016 to 2018 in its abdominal, thoracic and emergency radiology subspecialty divisions. Kapoor’s team harnessed a natural language processing tool to pinpoint 24,512 reports with pulmonary nodules during that period that ended up being benign.

Altogether, the team found that 4,939 (20%) of reports had a follow-up recommendation for pulmonary nodules. The majority were CT scans of the chest (76%), outpatient studies (63%), and interpreted by thoracic rads (64%). Study authors calculated a 4.3-fold difference between radiologists in the probability of making a follow-up recommendation for a pulmonary nodule.

What are some of the other possible reasons for lack of follow-up? Kapoor et al. also learned that studies for male patients and abdominal CTs were less likely to have a pulmonary nodule follow-up recommendation. On the other side, older patients, the presence of a trainee, inpatient and ED examinations were all associated with higher rates. The authors, however, did not delve into the reasons for these discrepancies. If the sense of urgency leads radiologists to subconsciously push follow ups more often, this needs to be studied and addressed in order to catch early diagnoses of the awfully aggressive disease.

“Our work serves as a first step for future work to quantify the magnitude of variability in follow-up recommendations for pulmonary nodules,” the team concluded. “Further studies will need to determine the downstream implications of variation in follow-up recommendations, including the clinical appropriateness of radiologist recommendations, variability in

length of follow-up or imaging modalities used, and downstream imaging costs and quality of care.”

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# **Breast Cancer Named Most Diagnosed Form Of Cancer Over Lung Cancer**

Breast cancer exceeded lung cancer as the most diagnosed form of cancer in the world for the first time in history, experts found.

The American Cancer Society calculated about 19.3 million new cancer cases occurred last year, 10 million of which ended in patients not making it. Breast cancer in women was diagnosed in 2.3 million cases (11.7%) followed by lung (11.4%), colorectal (10%), prostate (7.3%) and stomach (5.6%) cancers.

In countries where rates have been historically lower, cases are rising there as well, according to the American Cancer Society and the International Agency for Research on in a joint report released Feb. 4.

“Dramatic changes in lifestyle and built environment have had an impact on the prevalence of breast cancer risk factors such as excess body weight, physical inactivity, alcohol consumption, postponement of childbearing, fewer childbirths, and less breastfeeding,” Hyuna Sung, PhD, who is the principal scientist in cancer surveillance research for the ACS, and co-authors wrote in the journal CA.

However, lung cancer is still the leading cause of mortality in cancer, with 1.8 million deaths (18%) in 2020, followed by

colorectal (9.4%), liver (8.3%), stomach (7.7%) and female breast (6.9%) cancers.

Specialists are predicting an estimated 28.4 million new cancer cases will occur in 2040, a roughly 47% increase from last year.

The authors also point out the grim effects of coronavirus as it greatly limits the availability to doctors and care.

“Delays in diagnosis and treatment associated with the concerns of individuals, health system closures—including suspension of screening programs, and reduced availability of and access to care—are expected to cause a short-term decline in cancer incidence followed by increases in advanced-stage diagnoses and cancer mortality in some settings,” Sung and co-authors noted.

Northwestern University radiologist Sarah Friedewald, MD, wrote in blog post on Thursday that these trends have started to materialize. She reports of cases where delayed breast cancer diagnoses by a missed screening led to dire consequences. At the peak of the pandemic, radiologists witnessed breast imaging volume declines as high as 94%, and data will eventually confirm the long-term ramifications of such interruptions.

Friedewald expects a drop in scheduled appointments from March to May this year since patients weren't screened at the same time in 2020. But she urged in the ACR's Voice of Radiology Blog that this is a “prime opportunity” to both reach out to patients who missed their mammogram, and court those who have never had one.

“Our outreach is critical to decrease the negative impact of COVID-19 on our patients,” Friedewald, vice chair of clinical operations and women's imaging and an associate professor of radiology at Northwestern's Feinberg School of Medicine, wrote Feb. 4.

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# Report Finds Pandemic Intensified Burnout Among Specialties While Radiology Sees Reprieve

A new survey has found that COVID pressures have hit workplace fatigue among many physician specialties, but radiology seems to be relieved of this.

Medscape found that burnout rates landed at 42% concerning 29 areas of medical expertise, according to a survey of 12,339 doctors, between August and September.

Critical care (51%), rheumatology (50%), and infectious disease (49%) all saw burnout increase by at least 4 percentage points compared to 2019. Radiology, on the other hand, experienced a 10 percentage-point drop in 2020, down to 36%, the survey discovered.

Female physicians have been hit hardest by the pandemic, Medscape noted, with roughly 51% reporting symptoms of burnout compared to 36% among their male counterparts. Women in medicine have typically reported higher rates of fatigue in Medscape polls, but the gender gap appeared to worsen in 2020. Numerous recent writings in journals have highlighted COVID's outsized impact on female radiologists, often forced to take on additional homecare duties without a commensurate decrease in work responsibilities.

"It's already known that women assume more responsibilities in the home than do men," Carol Bernstein, MD, a psychiatrist with Montefiore Medical Center in New York City, told the

publication. “The pressures have increased during COVID-19: having to be their child’s teacher during homeschooling; no childcare; and the grandparents can’t babysit. Those all bring enormous pressure and burdens.”

Although 79% of physicians said their burnout began before the pandemic, factors such as lack of protective equipment, long hours, and grief over losing patients have only worsened things since March. Happiness among doctors dropped from 69% prior to the pandemic down to 49%, the survey found.

About 20% of physicians said they’ve experienced clinical depression, while 69% said they’ve suffered the “colloquial” variety (feeling down, sad). 13% of docs said they’ve had thoughts of suicide, including about 12% of the radiologists surveyed. OB/GYN specialists topped the list at 19%.

In comparison, a recent report from Medscape found that only about 6% of radiologists are anxious about their future, placing the specialty near the bottom of the list, just ahead of plastic surgeons and nephrologists at 4%. Rheumatologists reported the highest level of anxiety at 14%.

Read more on Medscape to find the full 2020 report.