# 出國報告

(出國類別:開會)

# 第55屆美國神經放射線醫學會年會

服務機關:國防醫學院三軍總醫院

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## 摘要

一年一度的美國神經放射線醫學會年會今年是在洛杉磯加州長灘的長灘會 議及娛樂中心舉行。這個會議整合了許多的學會,包括美國功能性神經放射線醫 學會、美國頭頸部放射線醫學會、美國小兒神經放射線醫學會、美國脊椎放射線 醫學會、美國神經介入外科醫學會、美國神經放射線醫學會健康政策委員會、美 國神經放射線醫學會電腦科技及資訊學、美國神經放射線醫學會研究科學家委員 會、美國神經放射線醫學會、以及國際水腦影像工作小組/腦脊髓液流工作小組 等。光是把這些學會機構列出來,就可以一窺2017年美國神經放射線醫學會年 會將在哪些領域上提供美國乃至於世界頂尖的研究成果。

短短幾天的會議,內容相當豐富,既深且廣,鉅細靡遺。前兩天的研討會, 國際級的大師們已經以最前瞻的議題為這場會議揭開了序幕。年會中每日個案都 令人想破了頭而未必能切中答案,也算是要勉勵我們在診斷的路上要持續進修、 終身學習。每一種疾病的偵測、診斷、定性、定量、預後的預測、治療後的追蹤 等,似乎都有了嶄新的進步。

每個領域都有一群頂尖的研究學者投入,每個研究成果或多或少也都帶來了一些改變。來到這裡,基本上就是來體驗一下這研究領域的進步到底有多快。另一方面,也看看我們的研究在該範疇是否具有競爭力,了解本身的力量(Strength)、弱點(Weakness)、機會(Opportunity)、與威脅(Threat)究竟在何處。

工欲善其事,必先利其器。正當看著世界日新又新的進步的同時,我們回顧 一下我們的國家,看一看所處的醫院,再檢視一下自己。面對 2018,世界神經 放射學聯合會研討會(World Federation of Neuroradiology Symposium;WFNRS) 將在台灣舉行。這是台灣向國際社會展示我們的努力與成果的時候,也將會是台 灣每個醫院可以將觸角伸到地球每一個角落的機會。培養及訓練新一代的人才, 發展具競爭力的診斷及研究工具,深耕台灣特定領域的疾病研究,開發與維持跨 領域的合作,將會是我們未來要不斷操練的作業。

本次會議結束之後,期待 2018 甚至將來,我們可以持續為神經放射領域做 出一番貢獻。

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## 一、 目的

這次出國開會的源起是來自於一次偶然的機會與住院醫師一起閱片,看 到一份聽神經瘤的磁振造影影像,正如往常所看到的。當下,我們很好奇神 經內外放射科等專家學者是如何看待聽神經瘤,也想進一步知道神經放射科 在聽神經瘤可以扮演什麼樣的角色。

為了回答上述的問題,我們查閱期國際刊文獻。除了得到一些答案之外, 卻也發現了一些問題尚待回答。測量聽神經瘤所需的時間與測量的準確性是 我們首先關心的問題。於是我們開啟了一項簡單的研究,就是使用公認為標 準的平面測量法與一些體積估算公式來測量聽神經瘤的體積並記錄每次測 量所花的時間。有了初步的研究成果之後,一方面開始文章的投稿,另一方 面剛好遇上美國神經放射線醫學會年會的徵稿,於是就開起了這趟美國之 行。

本次參加會議的目的有三。

- 第一、指導:指導並陪伴住院醫師參與國際會議的口頭發表:
   研究成果能夠獲得美國神經放射線醫學會年會得以上台口頭報告,這是對住院醫師來說將是一個相當難得且難忘的經驗,不能搞砸。
- 第二、了解:了解目前神經放射領域發展的現況: 神經放射診斷與治療是這領域不變的兩大方向。這次來可以趁機 會了解一下各個診斷領域發展的狀況,作為回國後臨床服務的重 要參考。
- 第三、探索:探索未來發展的方向 由於我們持續有研究正在進行,了解一下外在環境,知道從事類 似研究主題的陣營的方向與進度是很有幫助的。此外,藉此若能 發現一個未來可以投入而且可能會有成果也很重要。

## 二、 過程

- 第一、準備:問題問了,研究做了,成果也有了。剩下來的就是專心在口頭 報告的準備。由於第一次出國參加國際會議,沒有經過任何的緩衝就 得全程以英文在國際舞台發表口頭報告,如何能夠準確地控制時間並 且簡明扼要的介紹我們的研究變成為了何醫師最大的挑戰。我們得將 繁複的研究數據加以精簡,去蕪存菁,成為可以在六分鐘報告完的投 影片,。接下來是反覆練習,修正,希望熟能生巧。終於在報告當天 早上可以不多不少,恰好以六分鐘的時間順利完成報告。
- 第二、交通:到加州長灘開會在交通上來說是一件很友善的過程。從台灣出 關、搭機、洛杉磯機場入關,都相當順暢。從洛杉磯機場到會場有許 多選擇,從自行開車、搭公車、捷運、以及 UBER 都可以。自行開 車與搭 UBER 所需時間最短,只需 30 分鐘就可以抵達,但是最貴。 搭公車最便宜,但是時間最久,至少要兩個鐘頭到三個鐘頭。搭捷運 可以說是最佳選擇,優點多多。第一、系統與台北相似,只要搭乘捷 運綠線再接捷運藍線,簡單不易搞混,唯一的問題就是上了車後卻睡 過頭。第二、價格便宜:只要先花美金1元購買 tap card,然後再加美 金 1.75 元加購行程比如說 one-way trip,就可以搞定。第三、可以親 身體驗當地人的交通與生活方式。
- 第三、網路:機場、飯店與會議中心都有免費的網路,有了網路就等於有了 世界,樣樣都可以搞定。沒有網路的地方也可以使用離線導航的功能, 可以事先下載離線導航 APP,在機場、飯店與會議中心三地之間就不 用怕迷路了。當然也可以購買網路卡,直接就可以隨時隨地都可上網 了。
- 第四、會議:這裡有各式各樣的研討會、演講、課程、報告、電子海報、與 傳統海報。會議場地相當大,同時有多個投射螢幕可以同時滿足坐在 前排或後排,左側、中間、或右側觀眾的需求。即時網路線上作答與 統計,這個就厲害了,有的會議中會開放觀眾即時限時上網作答,即 時公布正確答案並統計各個答案觀眾選擇的百分比。你看你作答、你 被評估、你知道全部人回答問題的分布。會議最後還會即時統計每個 觀眾的成績,也就是答對率,並且公布成績最高的前三名,獎金分別 為1500、1000、及 500 美元。





### 第五、論文報告之內容:

- 一、論文題目: Estimating the Volume of Acoustic Neuromas Using "Ice Cream Cone" Method Compared with the ABC/2 Formula and the Planimetry Method
- 二、論文發表類別:口頭報告
- 三、論文英文摘要:

# Purpose:



To estimate the volume of acoustic neuromas by a newly proposed "ice cream cone" method in comparison with the ABC/2 formula and the planimetry method.

### Materials and Methods:

Approved by a local institutional review board, 100 acoustic neuromas examined by MRI during January 2011 to November 2015 were enrolled retrospectively. Informed consent was waived. Volume of acoustic neuromas was estimated by an ice cream cone method (D^2H/4 + ABC/2) and the ABC/2 formula by 2 observers when compared to the volume measured by the planimetry method as gold standard. Patients were further classified into 3 subgroups according to tumor volume, including small (<1 ml; n=34), medium (1 ml ~ 4 ml; n=33), and large (>4 ml; n=33) groups. Estimation error was evaluated. Statistical analysis included intraclass correlation coefficient (ICC), linear regression analysis, one-way analysis of variance, and paired-t test with P <0.05 considered as statistical significance.

#### **Results:**

The overall tumor size was  $4.80 \pm 6.8$  ml (mean ±standard deviation). All ICCs were



no less than 0.992. The tumor sizes estimated ABC/2 formula and the ice cream cone method were both highly correlated with that measured by the planimetry method (both R-squared>0.991, P<0.001). The ABC/2 formula overestimated tumor size by 21.85  $\pm$  13.15% than the ice cream cone method (11.01  $\pm$  10.47%) significantly (P<0.001). Subgroup analysis showed significant

difference between 2 methods only in medium and large size groups (P<0.001).

## Conclusions:

The ice cream cone method allows quantifying the volume of acoustic neuromas more accurate than the ABC/2 formula.

- 四、論文重點摘錄:
  - (一) 創新概念與創新方法:本篇論文所提出用以評估聽神經瘤 體積的 Ice Cream Cone Method(ICCM)是以前研究領域所為 曾提出過的創新概念與創新方法。
  - (二) 創意來源:本篇論文的創意來源就是來自於聽神經瘤本身因為會從內耳道(internal acoustic canal)擴展到小腦橋腦腳池(cerebellopontine angle cistern)而形成類是冰淇淋的特殊型態。
  - (三) 重要結果:本研究發現我們所提出的 ICCM 想對於過往較 常被使用的 ABC/2 公式而言,可以顯著較低的絕對誤差百分 比與誤差百分比(Absolute Percentage Error; APE)以及絕對 百分比與誤差百分比(Percentage Error; PE)。進一步說,ICCM 可以把 ABC/2 公式的代表測量準確的絕對誤差百分比與誤 差百分比平均值(mean APE)由 21.9%降低一倍到 11.0%,而 把代表測量偏差的誤差百分比與誤差百分比平均值(mean PE) 由 20.2%降低十二點五倍到 1.6%。也就是說 ICCM 無論在測 量的準確度與偏差方面都遠遠優於時下流行的 ABC/2 公 式。
- 第六、報告後續相關議題:
  - (一) 下一個報告恰好就是美國 IOWA 大學 G Bathla, B Policeni, 還有 M Hansen 等人,以 ABC/2 公式來測量聽神經瘤的體積。而 他在摘要所列出的五篇參考文獻當中就有我們團隊過去曾經發 表過的兩篇文章,分別是在 2009 年在 Acta Radiologica 所發表的 Volume-dependent overestimation of spontaneous intracerebral hematoma volume by the ABC/2 formula,以及在 2013 年在 Clin Neurol Neurosurg 所發表的 Calculating the tumor volume of acoustic neuromas: comparison of ABC/2 formula with planimetry method。這篇文章採用我們在 Acta Radiologica 的文章中所提出的 ABC/2 對於大腦血塊體積測量誤差會因為血塊體積大小而不同的 概念。也因此,我們團隊在體積測量方面的研究成果已經在 2017 年美國神經放射線醫學會年會,經由 IOWA 團隊的介紹而揚名國 際了。

- (二) 會後用餐也遇到來自美國的放射科醫師來詢問 ICCM 是如何 測量等相關的問題。在這當中,我們有機會與美國當地的醫師針 對聽神經的診斷與治療等相關議題彼此交換心得與意見。回想起 來,這何嘗不是給我們年輕一輩的住院醫師一種肯定與鼓勵呢。
- 第七、會議內容分享:

以聽神經瘤為例子,放射科醫師在聽神經瘤扮演什麼樣的角色?

- 一、找到腫瘤:找到大的腫瘤並不稀奇,如何找到小的腫瘤,隱而未現的腫瘤成為研究學者爭相競逐的目標。
- 二、鑑別診斷:這個議題在這次會議中並沒有受到太大的注意。
- 三、避免顯影劑的注射:非顯影之影像與對比劑顯影的影像似乎可以 達到旗鼓相當的腫瘤偵測準確度。如此,對於特定的病患例如對 對比劑過敏或是腎功能不全者是一大福音,因為非顯影之影像照 樣可以相當準確的偵測到聽神經瘤。

以聽覺喪失為例子,影像相較於過去有什麼樣的進步?

- 一、降低掃描時間,卻維持相當影像品質:例如 compressed sensing 重組技術可以允許比 Nyquist 定律更少的 K 空間取樣,進而減少 80%的掃描時間,卻又同時維持足夠的診斷影像品質。
- 二、評估耳蝸的膜質迷宮 (membranous labyrinth of cochlea)的信號: FLAIR 影像與對比劑顯影之 FLAIR 影像 對於 Meniere's disease 而言,皆可觀察到相當的信號增加。再一次挑戰非顯影 MR 影像 對於疾病的價值並不亞於顯影 MR 影像。
- 三、評估耳蝸細微結構,R2角度與深度:使用原本用來來評估顳骨 3DT2 權重影像來評估,耳蝸R2角度與深度。做為未來評估發 育性耳蝸異常 Scala Communis 之基礎。

以唾液腺腫瘤為例子,今年的會議有什麼新的亮點?

- 一、以外科手術觀點切入:認為準確的描述腫瘤的範圍、神經侵犯 及淋巴結侵犯的可能性,以及是否有轉移相當重要。
- 二、 腫瘤本身的組織特異性並不影響外科手術策略的選擇與決定。

以唾液腺腫瘤為例子,今年的會議有什麼還沒回答的問題?

- 如何分辨淋巴癌與非淋巴癌:淋巴癌的治療方式並非手術切除,
   而是化學治療。因此,術前能診斷淋巴癌還是相當重要的。
- 二、如何分辨沃辛瘤(Warthin's tumor)與其他腫瘤:比起其他腫瘤, 沃辛瘤不但是良性腫瘤,也幾乎不會惡性轉型(malignant transformation)。治療策略上是可以不手術切除,單單觀察的。因此,若術前能診斷沃辛瘤也是相當重要的。這一點我們已經有研究成果,正在投稿過程當中,若能獲得評審的青睞,將有機會避

免沃辛瘤的患者因為接受手術切除所導致的各項後遺症,包括面神經麻痺、唾液滲漏、傷口感染等問題。

三、 唾液腺惡性腫瘤的影像特徵是否可以成為治療效果,乃至於預 後的預測因子。在這個資料探勘與深度學習的時代當中,這個問 題將在不久的將來獲得答案。

## 三、 心得及建議

這次的心得有三:

- 第一、他山之石,可以攻錯。他山之縫,可以生存。出了國門,一方面可以 知道自己不足之處,繼續努力;另一面也可以了解別人所遺留下來的 問題,可以放手一搏,指引後進一個方向。
- 第二、學海無涯,生命卻有盡頭。如何在有限的光陰裡,找到一片可以耕耘, 耕耘後又看到成果的田地,將成為每個後起之秀有趣的課題。
- 第三、以一己之力,難以竟天下之功。如何找到夥伴,形成一個跨領域且多功能的團隊,又是另一個值得拿來消磨時間的新境界了。這次看到台北榮總由郭萬祐部長所帶領的研究團隊在 4-dimentional digital subtraction angiography 等血管攝影領域有多篇報告,台北醫學大學附設醫院由陳震宇研究副部長及中華民國神經放射線醫學會理事長所帶領的研究團隊發表 mild Traumatic Brain injury 之神經纖維受損及放射基因體學在膠質母細胞瘤的相關研究。其實同時台灣有相當多的神經放射影像領域的專家例如本院的高鴻文醫師等也在同時間也到美國夏威夷參加第 25 屆國際磁振造影學會年會並發表。此外,我們與逢甲大學的研究團隊也有兩篇論文被接受在該會議發表。

這次的建議有二:

- 第一、感謝科技部的支持,讓我們可以出國開拓視野,也為國家研究盡一份 心力。建議可以提供更充裕的經費補助,讓更多研究專家學者走出去 為國爭光。
- 第二、2018年,世界神經放射學聯合會研討會將在台灣舉行。根據神經放 射線醫學會陳理事長所透露,這個會議將邀請高達兩百多位國際知名 學者參與並演講。相信若有國家層級的支持與經費補助,2018年將 會是台灣在國際舞台上再次綻放光芒的一年。

# The Foundation of the ASNR Symposium 2017: *Discovery and Didactics* April 22-23, 2017

# ASNR 55<sup>th</sup> Annual Meeting: *Diagnosis and Delivery* April 24-27, 2017



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#### Jacqueline A. Bello, MD, FACR **ASNR 2017 Program Chair/President-Elect** Programming developed in cooperation with and appreciation of the... **American Society of Functional Neuroradiology (ASFNR)** Kirk M. Welker, MD American Society of Head and Neck Radiology (ASHNR) Rebecca S. Cornelius, MD, FACR American Society of Pediatric Neuroradiology (ASPNR) Susan Palasis, MD American Society of Spine Radiology (ASSR) Joshua A. Hirsch, MD, FACR, FSIR Society of NeuroInterventional Surgery (SNIS) Blaise W. Baxter, MD American Society of Neuroradiology (ASNR) **Health Policy Committee** Robert M. Barr, MD, FACR **Computer Sciences & Informatics (CSI) Committee** John L. Go, MD, FACR **Research Scientist Committee** Dikoma C. Shungu, PhD and Timothy, P.L. Roberts, PhD The International Hydrocephalus Imaging Working Group (IHIWG)/CSF Flow Group William G. Bradley, Jr., MD, PhD, Harold L. Rekate, MD and Bryn A. Martin, PhD

Abstract Deadline: Friday, December 9, 2016 Please visit www.asnr.org/2017 for more information

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#### ASNR 55<sup>th</sup> Annual Meeting

c/o American Society of Neuroradiology



ASFNR ASHNR ASPNR ASSR SNIS The foundation of the ASNR

**Come to the beach!** Please join us in Long Beach, California, April 22-27, 2017, for the 55<sup>th</sup> Annual Meeting of the ASNR. Known for its 5.5 miles of Pacific Ocean waterfront, this southern California beach resort boasts a blend of city sophistication and seaside serenity. ASNR is delighted to provide a **"4D"** focus for this meeting, as depicted by our meeting logo: **Discovery and Didactics** for The Foundation of the ASNR Symposium 2017: **Diagnosis and Delivery** for the ensuing Annual Meeting Program.

Centered on Discovery and Didactics, the symposium will feature sessions on "What's New?" in the role neuroimaging plays defining CNS disease mechanisms and how to best prepare for "What's Next?" for our subspecialty in terms of training, teaching, and leading the process of lifelong learning. The annual meeting programming will address best practices in Diagnosis and Delivery, as we strive to provide value, promote quality in better health and care and consider cost. Our discussions will consider how to navigate the changing landscape of healthcare reform and reimbursement as subspecialists in a field that is changing at an equally "fast forward" pace!



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	The Foundation of the ASNR Symposium 2017: Discovery and Didactics	The Foundation of the ASNR Symposium 2017: Discovery and Didactics	ASNR 55th Annual Meeting: Diagnosis and Delivery	ASNR 55th Annual Meeting: Diagnosis and Delivery	ASNR 55th Annual Meeting: Diagnosis and Delivery	ASNR 55th Annual Meeting: Diagnosis and Delivery	CSF/IHIWG - Work Flow Group
	Sat., 4/22	Sun., 4/23	Mon., 4/24	Tues., 4/25	Wed., 4/26	Thurs., 4/27	Fri., 4/28
	The Foundation of the ASNR 2017	The Foundation of the ASNR 2017	ASNR 55th Annual Meeting (SNIS/ASFNR/ASSR)	ASNR 55th Annual Meeting (ASHNR/SNIS/ASSR/SILAN/ AOSNHNR/ASFNR)	ASNR 55th Annual Meeting (ASHNR/ASPNR/ESNR/CSF)	ASNR 55th Annual Meeting (ASPNR/ASHNR/SNMMI/CSF)	CSF/IHIWG - Work Flow Group
Morning		Breakfast Concession Stands	Breakfast Concession Stands	Breakfast Concession Stands	Breakfast Concession Stands	Breakfast Concession Stands	Breakfast Concession Stands
		A Look to the Future of Cerebrovascular Treatment and Training	One Hour SAM Session - Pediatrics (AR) (SAM)	One Hour SAM Session -ASHNR: (AR) (SAM)	One Hour SAM Session - Vascular (AR) (SAM)	One Hour SAM Session - Spine (AR) (SAM)	CSF/IHIWG Work Group-All Day (Registration & Fee Required)
		One Hour SAM Session - TBD (AR) (SAM)	Special Session: Taking the Lead!	Healthcare Policy Programming Updates	ASPNR: Making the Call: Abusive CNS Trauma	ASHNR: Diagnosis: Important Concepts in Head & Neck Cancer Imaging	
				AJNR Report	ESNR Session	ASPNR: The Present and Future of Pediatric Brain Tumor Neuroimaging CSF/IHIWG Working Group:	
						Hydrocephalus	
				ASNR Annual Business Meeting	Evidence Based Medicine: Measuring the Quality of MIPS Quality Measurements (SAM)- (Arliss Pollock Memorial Lecture)	ASNR/SNMMI Session	
		Morning Beverage Break	Morning Beverage Break	Morning Beverage Break	Morning Beverage Break	Morning Beverage Break	
	Opening Remarks	Machine Learning Artificial Intelligence	Special Session: Subspecialty & Regional Society Papers, Dyke Award, Foundation of the ASNR Papers	Special Session: "Meet the Pres"	Parallel Paper Sessions	Neuroradiology Aspects of Emerging and Re-emerging Infectious Diseases	
	Advanced Imaging Techniques in Head and Neck: Current and on the Horizon		Parallel Paper Sessions			Young Professional Programming, Parallel Paper Sessions	
	Lunch Concession Stands	Lunch Concession Stands	Lunch Concession Stands	Lunch Concession Stands	Lunch Concession Stands	Lunch Concession Stands	Lunch Concession Stands
Afternoon	How-To Session - TBD	How-To Session - TBD	How-To Session - TBD SNIS: Best Practices in Diagnosis of ELVO Stroke Patients (AR) (SAM)	How-To Session - TBD ASSR: Spine Oncology (SAM) (AR)	How-To Session - TBD ASHNR: Cased Based Approach to Head & Neck Malignancies (AR) (SAM)	How-To Session - TBD Parallel Paper Sessions	
	What's New in Pediatric Neuroimaging	Neuroimaging for Functional Neurosurgery	ASSR: Vertebral Augmentation	SNIS: Healthcare Reforms Impacts on Neurointerventional Surgical Care	Young Professional Programming	ASPNR: Childhood Encephalomyelitis (AR) (SAM)	
			ASFNR: New Platforms for Functional Neuroimaging	Training Across Continuum	Evidence Based Medicine: Imaging Thyriod Nodules-What is the Evidence? How Should We Deal with It?	Session - TBD	
			Healthcare Policy Programming: Value Matters in Health Policy	SILAN Session	Parallel Paper Sessions		
					CSF/IHIWG Programming: Chiari I and Syringomyelia	CSF/IHIWG Work Group- Afternoon (Registration & Fee Required)	
	Afternoon Beverage Break	Afternoon Beverage Break TBD Session	Afternoon Beverage Break	Afternoon Beverage Break AOSNHNR Session, Parallel	Afternoon Beverage Break		
	Turning Down and Dealing with the Noise	TBD Session	Advanced Imaging: MRS of 2HG	Paper Session	ASHNR: Delivery: Value Added Head and Neck Imaging		
	Point Counterpoint fMRI Fact, Fiction, and Future	Neuroradiology from Dusk til Dawn	Parallel Paper Sessions	Evidence Based Medicine: Speed Journal Club to Review New Evidence in Literature on Hot Topics in Neuroradiology	Parallel Paper Sessions		
			SNIS: Delivery of (ELVO) Stroke Patients-Improving Systems of Care	ASSR: Advanced Imaging: The Latest and Greatest	Pediatric Interesting Case Session (AR)		
			ASSR: The Traumatized Spine	ASFNR: Evidence Based Best Practices for Clinical Functional Imaging	Neuroradiology Education		
		Closing Reception of the Symposium - performance by Woodie and the Longboards	ASFNR: Clinical Anatomy of Functional Imaging (AR) (SAM)	Young Professional Programming (AR) (SAM)	Parallel Paper Sessions		
			Canadian Session Clinical Translation of Functional and Diffusion MRI Study Group (non-CME)	Parallel Paper Sessions Intracranial and Vessel Wall Imaging Study Group (non-CME)	Imaging Genomics Study Group (non-CME)		
			Opening Reception with Technical Exhibitors				

# Schedule - ASNR 55th Annual Meeting | Diagnosis and Delivery

April 26<sup>th</sup>

Time	General Session – Grand Ballroom (Upper Level) Capacity=1627	Breakout #2 - Room 202 – (Upper Level) Capacity=350	Breakout #3- Room 103 – (Main Level) Capacity=311	Breakout #4- Room 104A – (Main Level) Capacity=292	Breakout #5- Room 104B – (Main Level) Capacity=292	Breakout #6 – Room 104C – (Main Level) Capacity=266	Breakout # 7 – Room 203AB – (Upper Level) – Capacity=225	Breakout # 8 – Turbo Talks – Room 102BC (Main Level) Capacity=198
6:00am - 8:30am	Breakfast Concession S	Stands						
7:15am - 7:55am	How To Session: GE He	ealthcare HTS-GE						
8:00am - 9:00am	Wednesday Morning SAM- Vascular- Audience Response (AR) Self Assessment Module (SAM) 16A							
9:00am - 10:30am	ASPNR Programming: Making the Call: Abusive CNS Trauma 17A	Evidence Based Medicine Programming: Measuring the Quality of MIPS Quality Measurements- J. Arliss Pollock Memorial Lecture Audience Response (AR) Self Assessment Module (SAM) 17B	CSI Programming: Structured Reporting: Pros and Cons 17C	ASNR/SNMMI Programming 17D		ESNR Session: Imaging Biomarkers in Clinical Practice 17F		
10:30am - 11:00am	Morning Beverage Brea	ık						
11:00am - 12:15pm	Parallel Paper Session: Head and Neck Imaging – Can You Hear Now? 18A Moderators: Laurie A. Loevner, MD; Gul Moonis, MD 11:00 AM - 12:20 PM Grand Ballroom (Upper Level) 11:00 Imaging of AM - Tinnitus and 11:08 Sensorineural AM Hearing Loss: Less May Be More Alexander Copelan M.D. 11:08 MRI screening AM - of the internal 11:16 auditory canal: AM is gadolinium necessary to detect intrabyrinthine schwannomas? Johnathan Valesano, MD	Parallel Paper Session: Pediatric Neuroradiology: Potpourri a "Must See!" 18B Moderators: Nicholas Stence; Kevin R. Moore, MD 11:00 AM - 12:20 PM Room 202 (Upper Level)	Parallel Paper Session: Imaging Points of Interest: Practical and Prescient 18C Moderators: Christopher P. Wood, MD; Rivka R. Colen, MD 11:00 AM - 12:15 PM Room 103 (Main Level)	Parallel Paper Session: Brain Tumor Imaging: Here and On the Horizon 18D Moderators: Angela Lignelli, MD; Thomas C Booth, MBBS, PhD 11:00 AM - 12:15 PM Room 104A (Main Lobby)	Parallel Paper         Session:         Excerpta:         Adult Brain         Topics: "Real         and Rare"         Really? 18E         Moderators:         Sana Ali, MD; Peter         H.B. McCreight, MD,         FACR         11:00 AM - 12:20         PM         Room 104B (Main         Lobby)         12:16 Multiple         PM - Peripheral         12:20 Fusiform         PM Cerebral         Aneurysms         from Atrial         Myxoma:         Diagnostic         Imaging and         Interventional         Management         Ali Malik, M.D.         11:00 CNS         AM - Involvement in         11:04 Hypereosinophill         AM         Syndrome         Rachel L.         Delfanti, M.D.	Parallel Paper Session: TBI: Understanding "Undone" 18F Moderators: Greg Zaharchuk, MD, PhD; Michel Bilello, MD, PhD 11:00 AM - 12:15 PM Room 104C (Main Lobby) 11:00 Distribution of AM - Subarachnoid 11:08 Hemorrhage as AM a Predictor of Diffuse Axonal Injury David Li 11:08 Prevalence of AM - Microhemorrhage 11:16 Following AM Blast-Related Mild Traumatic Brain Injury in Military Service Members Using Susceptibility- weighted MRI Christopher Morley	Parallel Paper Session: "Seizing" Opportunity 18G Moderators: Noriko Salamon, MD, PhD; Ramin Saket, MD 11:00 AM - 12:20 PM Room 203AB (Upper Level)	Parallel Paper Session: TURBO & TOUR: Advanced Imaging: Now and Next 18H Moderators: Kirk M. Welker, MI Mohit Maheshwar MD 11:00 AM - 12: PM Room 102BC (Ma Level)

Time	11:16 Diagnostic Utility AM <u>Genéran</u> pressed 11:25e Setwing SPACE AM GrándAC MRI Bailrooming (Upise Colen) Capacity = (627 MD	11:00 Improved Fat AM - Suppression 11:08retakroog #2eity AM Rovith 2021⊻ON (Ujiµeire:Svin) Cajadosty≈350 Pediatric Spine Imaging at 3	11:00 Initial Clinical AM - Experience 11:03rbbbkoinc#3- AM Roomବlesated (Mଧିନାୟଙ୍କାvel) Caବିଣଙ୍କୋଙ୍କ11 Arterial Spin Labeling for	11:00 Machine AM - learning 11:03 Redgcoult##s-for AM Robindiging_GBM (Main Weiven) tterns Capacity#2920 ced and delayed- contrast MRI:	11:04 Multimodality AM - Imaging of 11:08 Carketur#5- AM R Corrys to 48 Dating (Malintice ven pis - Catjating ui29 bng imaging characteristics	11:16 SWI Patterns of AM - Cerebral 11:29-79-84-60 # #6 - AM Robienta of the (Maiffusovérional Calpiatity=266 Correlation with GCS at	11:00 Quantitative AM - assessment of 11:05reakolat#gral AM Robin:2033ABPal (Upigentexbatton CajatettyP225 epilepsy patients with unilateral	11:00 Transient AM Bréakebre# løjur 11:03 Trifteo At Siksele AM – Ikbombaric 102 Bro (Mairo Leven)00 Ft Calpatetty = Rk9 din Aircrew
	MD	Tesla	Non-Contrast	feasibility	and literature	Admission	mesial temporal	Training? MR
	11:24 Correlation of	Cory Pfeifer	3D MR	demonstration	review of a very rare entity	Andres	sclerosis.	Evaluation of High Altitude
	AM - Quantitative		Angiography in Complex	Yael Mardor		Rodriguez	Kiran M Sargar	Exposure Upr
	11:32 Analysis on AM FLAIR and	11:08 The Diagnostic AM - Utility of	Geometries	11:08 Comparison	Vasant Garg	11:24 Perfusion	4715179, MD	the Brain
	enhanced	11:16 Isotropic	Prateek Sanan	AM - Study of	11:12 Beta-Amyloid	AM - Deficits	11:08 Determination of	Jeremy M
	FLAIR with	AM Balanced	Flateek Sallali	11:16 Radiogenomics	AM - Angiitis: An	11:32 Identified in	AM - Hippocampal	Bernot, M.D.
	Auditory Test in	Steady State	11:08 Assessment of	AM Association and	11:16 Atypical	AM Blast-TBI	11:16 Epileptogenicity	
	Sudden Hearing	Free Precession	AM - Extracranial-	Prognostic Value	AM Radiographic	Subjects	AM on the basis of	11:03 FNCI directed
	Loss	Imaging (bSSFP)	11:16 Intracranial AM Bypass by 3D	Between MR Dynamic	Appearance	Jalal B Andre,	Alteration of Clinical 3T MR	AM - Assessment c 11:06 NeuroVascula
	Eun Soo Kim	Sequence For	ASL-based	Susceptibility	Tee Yin Tracy	M.D.	Microarchitecture	AM Uncoupling in
	11:48 Evaluation of the	the Evaluation	Non-contrast	Contrast	Teo, MsEDU MBA DO	11:32 Resting	alone in the	Concussion
	AM - Cochlear R2	of Spinal Drop	MRDSA	Perfusion	mbA bo	AM - Cerebral	Absence of	Patients
	11:56 angle and Depth	Metastases	Kazuhiro	Weighted Imaging and	11:16 Varicella Zoster	11:40 Perfusion	Volume or Signal Change	Dr. E. Bruce
	AM on 3D T2	Karen Buch	Tsuchiya, MD	Diffusion	AM - Virus	AM Deficits and	•	McIff, MD,
	Weighted Images of the	11:16 Reduced FOV	11:16 TRANCE	Imaging in	11:20 Meningoencepha AM	alitis Relation To Cognitive	Vivek Gupta, MD	FACR, FSIR
	Temporal Bone	AM - Diffusion Tensor	AM - (TRiggered	Patients with	Arbab lqbal	Outcomes in	11:16 Amygdala and	11:06 Effects of
	in Children	11:24 Imaging and	11:24 Angiography	Newly	11:20 Early	Chronic	AM - Hippocampal	AM - Sports-Relate
	without	AM Fiber	AM Non Contrast	Diagnosed Glioblastoma	AM - Hemodynamic	Traumatic Brain	11:24 Enlargement in	11:09 Head Impact
	Sensorineural Hearing Loss: A	Tractography of the Pediatric	Enhanced) MRI of the		11:24 Response	Injury	AM Temporal Lobe Epilepsy	AM Exposure on Cerebral Bloc
	Potential Tool for	Cervical and	Intracranial	Xiang Liu, MD,Ph.D	AM Assessment of	Jeffrey B.		Flow in Deep
	the Diagnosis of	Thoracic Spinal	Vasculature at 3	,	Stereotactic Radiosurgery	Ware	Aristides A Capizzano, MD	Gray Nuclei
	Scala	Cord Injury	Tesla:	11:16 Investigating	for a Cerebral	11:40 Hyperbaric	Capizzano, MD	Yvonne
	Communis	Mahdi Alizadeh	Preliminary Experience in	AM - Dynamic 11:24 Susceptibility	Arteriovenous	AM - Oxygen	11:24 Signal changes	Nguyen
	Timothy N	11:24 Developing	Children	AM weighted	Malformation	11:48 Therapy Can	AM - of the temporal	6751906
	Booth, MD	11:24 Developing AM - Imaging Pulse	Jeffrey H.	Contrast	using 4D Flow MRI	AM Induce Angiogenesis	11:32 pole can be seen AM in non mesial	11:09 Occupational
	11:56 Evaluation of	11:32 Sequences for	Miller, MD	enhanced (DSC)		and	temporal lobe	AM - Hazards of
	AM - Mid-aperture	AM Miniature Swine	- ,	Perfusion MR	Charles Qingchuan Li,	Regeneration	epilepsy	11:12 Flying Pigs: A
	12:04 Measurement of	Traumatic	11:24 Ultrafast High-	Imaging in Posterior Fossa	MD	of Nerve Fibers	Emiko Morimoto,	AM Swine Model
	PM the Endolymphatic	Spinal Cord Injury Model	AM - Spatial 11:32 Resolution MR	Tumors:		in Traumatic Brain Injury	MD,PhD	for Hypobaric Induced
	Duct on MRI in		AM Angiography of	Differences and	11:24 Computed AM - Tomographic	Patients	11:32 Subcortical linear	Neuronal Inju
	Children without	Dheeraj Muddasani,	the Head Using	Similarities with Supratentorial	11:28 Angiography of	Sigal Tal, DR	AM - high intensity in	Mariya
	Sensorineural	M.D.	Differential	Tumors.	AM the Head in		11:40 the temporal pole	Gusman, MD
	Hearing Loss with CT		Subsampling with Cartesian	Matia Martucci,	Extracorporeal	11:48 Subconcussive	AM is related with	
	Comparison.	11:32 Connectome AM - Mapping with	Ordering	Matia Martucci,	Membrane Oxygenation	AM - Impacts in High 11:56 School Football	mesial temporal lobe epilepsy	11:12 MRI in Mesial AM - Temporal Lob
	Timothy N	11:40 Edge Density	(DISCO)			AM Alter MEG		11:15 Epilepsy – is
	Booth, MD	AM Imaging	James	11:24 Predicting	Jay Acharya	Measured	Emiko Morimoto, MD,PhD	AM Hippocampal
		Separates	Drummond,	AM - Genomic 11:32 Features of	11:28 TEMPI	Default Mode	110,1 HB	Astrogliosis a
		Persons with Pediatric Mild	MBBS	AM Lower Grade	AM - Syndrome	Network	11:40 Hybrid [(18) FDG]	Distinct Entity
		Traumatic Brain	11:32 High Resolution	Gliomas with	11:32 Case with AM Multiple	Elizabeth	AM PET/MRI in 11:48 patients with	Elke Hattinge Professor
		Injury from	AM - Velocity	Diffusion and	Neurological	Davenport, PhD	AM temporal lobe	Professor
		Controls	11:40 Encoded PC-	Signal Intensity Based	Findings		epilepsy	11:15 The Role of
		Cyrus A Raji,	AM MRA (4D Flow): Image Quality	Compartmentaliza			Cornelius	AM - MRI in Therm
		MD	Comparison	to Account for	Elevated erythropoietin		Deuschl	11:18 Laser Ablation AM for Epilepsy
		11:40 Normal Basion-	with 3D Time of	Tumor	level and			
		AM - Cartilaginous	Flight MRA	Heterogeneity	Erythrocytosis,		11:48 Laterality of AM - Anterior Temporal	Nadja Kadom MD
		11:48 Dens Interval	Warren Chang,	Scott N Hwang, PhD, MD	Monoclonal		11:56 Lobe Glucose	MD
		AM (BCDI) in Children	MD, MBA	FIID, MD	gammopathy, Perinephric-		AM Metabolism in	11:18 Imaging
			11:40 Imaging	11:32 Quantitative	fluid		Extra Temporal	AM - temporal Lob
		Achint Singh, MD	AM - Characteristics	AM - multimodal MRI	collections, and		Focal Cortial Dysplasia.	11:21 Epilepsy: AM Beyond the
			11:48 Associated with	11:40 improves the AM predictive power	Intrapulmonary			Hippocampus
		11:48 MRI markers of	AM Clinical Outcomes in	of survival	shunting)		Hajime Yokota, MD, Ph.D	Joseph
		AM - degenerative	Posterior	models for	Samuel B		· ·	Whitlock, MD
		11:56 disc disease in AM a population of	Reversible	glioblastoma	Bergamaschi, MD			
		young patients	Encephalopathy	patients				
		with Multiple	Syndrome	Josep Puig				
		Sclerosis	Andrew D					
		Rafael Glikstein	Schweitzer 6297306					

12:04 Estimating the	11:56 Why Do	11:48 Exploring	11:40 Sodium Imaging	11:32 Cavernous	11:56 Decreased	11:56 Language	11:21 Chorda
PM Ge Welkame of	AM - Intracranial	AM - atypical PRES -	AM - and Gliomas	AM - Sinus	AM - Hippocampus	AM - Network Plasticity	AM Br Trance and
12:566storptic	12:081 Garrow (#12 -	11:556reateoine #pical?	11:4B3reakout#4-	11:36relakooutg#ema:	12: <b>Break oun #s</b> dala	12: Breakoup#al-	11:24 Mulbio Talks
PMGranduromas	PMRoomposArise in		11:4Breakout #4- Lucidio Portella	AM Roomanse	PM Roomungerin_	PM Rodan 2003 Alb abe	AM_ Roomal Nerve
Ballision"lce	(UppePinevel)	AMRoom 103 – Andrew	AMRoom 104A – Nunes Neto , (Main Lowel)		(MBatiestew)ith	(Upppilepever)atients	102BOYMAANti
	,	(Main Level) Charles	(Main Level) MD	(Main Level) Maximilian		,	
(Upper trevel)e"	Capagity∺350	Capacity=311 McClelland	Capacity=292	Capacity=292 Cho, M.D.	Capacitye±266 rain	Capacttym⊉255y	Level)P
Calphatingd=1627	Preliminary		11:48 Early Tumor		Injury Are	Results from a	Capacity=195 Marin Alisa
Compared with	Hypothesis	11:56 Application of	AM - Growth Between	11:36 A Rare	Associated with	Clinical fMRI-	McDonald,
the ABC/2	John H. Rees,	AM - Deep Learning	11:56 Initial Resection	AM - Presentation of	Decreased	study	MD/PhD
Formula and the	MD	12:04 in	AM and	11:40 Cerebral	Post-traumatic	Olivia	
Planimetry		PM Neuroradiology:	Radiotherapy of	AM Proliferative	Stress Disorder	Foesleitner	11:24 Neuroimagin
Method	12:04 The Incidence of	Automated	Glioblastoma:	Angiopathy	Resilience		AM - Manifestation
Hsing-Hao Ho	PM - Pituitary Cysts in	Detection of	Incidence and	with	Siddhartha	12:04 Semi-Automated	11:27 of Hematolog
MD	12:12 Children may be	Basal Ganglia	Impact on	Subarachnoid	Kosaraju	PM - Stereo-	AM Malignancies
	PM Underreported	Hemorrhage	Clinical	Hemorrhage.	Roburuju	12:12 Electroencephalog	
12:12 Tumor Volumes			Outcomes		12:04 Near term	PM Electrode	Compartment
PM - in Vestibular	James F	Vishal Desai,		Matthew	PM - decrease in	Localization	Approach
12:20 Schwannomas:	Haigney, BS	MD	Javier	Christopher	12:12 brain volume		
PM Do the ABC/2			Villanueva-	Bean,	PM following mTBI	Richard Gorniak,	Krystal C
Method and 3D	12:12 Implications of	12:04 Automated	Meyer	MD/PGY2	is detectible in	M.D.	Buchanan, M
Planimetric	PM - Regional TSC1	PM - Diagnosis of		44.400	the context of		44.0714
Method	12:20 Gene	12:12 Basal Ganglia	11:56 Longitudinal	11:40 Brainstem	pre-injury	12:12 FLAIR Fusion in	11:27 Multicenter
Correlate?	PM Expression on	PM Diseases Using	AM - Relationship	AM - Venous	stability	PM - Multiple Sclerosis	AM - Study on the
Concidie :	Cerebellar	a Customized	12:04 Between DWI	11:44 Congestion	stability	12:20 Follow up : an	11:30 Prognostic
GIRISH	Development	Image-	PM and DTI	AM from	Adam	PM Unavoidable Tool	AM Utility of
BATHLA,	and Behavioral	Processing	Parameters in	Craniocervical	Goldman-	for Private	Diffusion
MBBS, DMRD,	Abnormalities in	Pipeline	Glioblastoma	Junction Dural	Yassen	Practice	Weighted
FRCR, MMeD	Patients with	Coupled with	Following	AV Fistula: A		Stéphane Cantin,	Imaging in
	Tuberous	Bayesian	Treatment	Rare Cause of		MD	Patients with
	Sclerosis	Networks	Kofi-Buaku	Brainstem		ind in the second secon	Brain
	Complex	loffroy Dovid		Dysfunction			Metastases
	Yi Li, MD	Jeffrey David Rudie, MD PhD	Atsina, MD	Young Park,			Yin Jie Chen,
		Rudie, MD FID	12:04 Diagnostic	MD			MD
			PM - Accuracy of	MD			WD
			12:12 Centrally	11:44 A Dissecting			11:33 Analyzing
			PM Restricted	AM - Posterior			AM - Imaging
			Diffusion in the				11:36 Manifestation
			Differentiation of	11:48 Cerebral Artery AM Aneurysm			AM of
			Radiation	Mimicking a			Neurosarcoid
			Necrosis from	Pineal Mass			A Retrosepcti
			Tumor	and Causing			review
			Recurrence in	Obstructive			Allan Wang,
			High Grade	Hydrocephalus.			MD
			Gliomas	Pattana			
			Nader Zakhari	Wangaryattawa	nich,		11:36 Management
			Dr	MD			AM - and treatment
							11:39 of headaches
				11:48 Reversible			AM based on
				AM - Cerebral			neuroradioloc
				11:52 Vasoconstriction	;		findings
				AM an			
				underdiagnosed			Mohamad
				entity for			Goldust
				thunderclap			
				headaches.			
				Rafay Ahmed			
				44-501/			
				11:52 Vessel Wall			
				AM - Enhancement			
				11:56 in Delayed-			
				AM Onset			
				Intracranial			
				Herpes Zoster			
				Vasculitis			
				Yun Sean Xie,			
				MD			

Time

	General				11:56 Multiple Brain AM - Arteriovenous			Breakout # 8
	Session -	Breakout #2 -	Breakout #3-	Breakout #4-	12:000 Wakfour #5 ons	Breakout #6 –	Breakout # 7 –	– Turbo Talks
Time	Grand	Room 202 –	Room 103 –	Room 104A –	PMR(000001190)4B-	Room 104C -	Room 203AB -	– Room
	Ballroom	(Upper Level)	(Main Level)	(Main Level)	(Massoneisters) with	(Main Level)	(Upper Level) –	102BC (Main
	(Upper Level)	Capacity=350	Capacity=311	Capacity=292	Cabbaltinde £92al Nodular	Capacity=266	Capacity=225	Level)
	Capacity=1627				Hyperplasia			Capacity=195
					(FNH) of the			
					liver: A Rare			
					Syndrome			
					Paulo Puac MD			
					, MD			
					12:00 Multifocal			
					PM - Progressive			
					12:04 Intracerebral			
					PM "Aggregomas":			
					Novel Clinical,			
					Imaging and			
					Pathologic Findings			
					-			
					Sonya Khan			
					12:04 Melanotic PM - Schwannoma:			
					12:08A Rare Cause			
					PM of Accessory			
					Nerve Palsy			
					Laura			
					Elizabeth Nash, MBChB,			
					BSc (Hons)			
					12:08 Extraventricular			
					PM - Subependymoma	a		
					12:12 Of The PM Cerebellopontine	<b>x</b>		
					Angle In An			
					Adult Patient			
					Matthew			
					Joseph			
					Sondag 12:12Calcifying			
					PM - Pseudoneoplasm	ı		
					12:16 of the Neuraxis			
					PM (CAPNON)			
					Involving the			
					Central Skull Base:			
					Uncommon			
					Location for an			
					Uncommon			
					Lesion			
					Marinos			
					Kontzialis			
10:30am - 1:30pm	Lunch Concession Stan	ds						
12:30pm - 1:15pm	How To Session: Toshil	ba Medical HTS-Toshiba	Medical					
12:30pm -	How To							
1:30pm	Session: Toshiba Medical							
	HTS-Toshiba Medical							
4.00								
1:30pm - 3:00pm	ASHNR Programming:		Evidence Based Medicine	Parallel Paper Session:	CSF/IHIWG (International	Parallel Paper Session: Spine	Parallel Paper Session:	Parallel Paper Session: Gd,
0.000000	Diagnosis: Cased Based		Programming: Incidental	Pediatric Neuroradiology:	Hydrocephalus Imaging Work	Imaging: Pain and	Neuroimaging Clues, Reviews,	Gd Everywhere
	Approach to		Findings in	Clinical	Group)	Procedures	and News to Use	Cause for
	Head & Neck Maligancies		Neuroradiology- What is the	Development and Imaging	Programming: Chiari I and	19F	19G	Pause, and Think! 19H
	Audience		Evidence? How	Developments	Syringomyelia			
	Response (AR) Self		Should We Deal with It? 19C	19D	19E			
	Assessment Module (SAM)							
	19A							

Time	General Session – Grand Ballroom (Upper Level) Capacity=1627	Breakout #2 - Room 202 – (Upper Level) Capacity=350	Breakout #3- Room 103 – (Main Level) Capacity=311	Breakout #4- Room 104A – (Main Level) Capacity=292	Breakout #5- Room 104B – (Main Level) Capacity=292	Breakout #6 – Room 104C – (Main Level) Capacity=266	Breakout # 7 – Room 203AB – (Upper Level) – Capacity=225	Breakout # 8 – Turbo Talks – Room 102BC (Main Level) Capacity=195
3:00pm - 3:30pm	Afternoon Beverage E	Break						
3:30pm - 4:45pm	ASHNR Programming: Delivery: Value Added Head and Neck Imaging 20A	Parallel Paper Session: Fetal and Pediatric Imaging Feats: Way to Grow! 20B	Parallel Paper Session: Imaging of Cognitive Impairment - Not in the Know? 20C	Parallel Paper Session: Imaging of MS - White Matter Matters! 20D	Parallel Paper Session: Imaging of Headache, Across the Pressure Spectrum 20E	Parallel Paper Session: Excerpta: Pediatric ProblemsCan you Solve Them? 20F	Parallel Paper Session: Aneurysms: Search and Destroy Mission - to Find, Fix and Follow 20G	Parallel Paper Session: Mixture of Interest 20H
5:00pm - 6:30pm	Pediatric Interesting Case Session (AR) Audience Response 21A	Neuroradiology Education 21B	Parallel Paper Session: Cancer of the Head and Neck: Reality Check - from the Rare to the Response 21C	Parallel Paper Session: Aneurysm Treatment - Conversion to DiversionWhen and Why? 21D	Parallel Paper Session: Cost- Effective Imaging in the Era of the Triple Aim 21E	Study Group: Imaging Genomics (Non-CME) 21F	Parallel Paper Session: More Aneurysm Management: Dealing with the Unruptured and Unknown 21G	Parallel Paper Session: Dissection Collection and CTA Today 21H