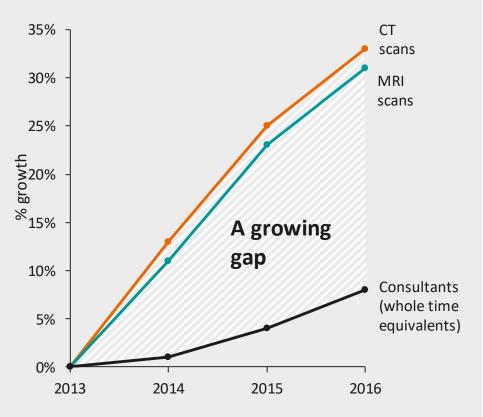
Muskuloskeletal radiologi

Hvordan sikrer vi bedst den muskuloskeletale radiologi i fremtiden?





The workload of radiologists increases



Growth in the number of consultant radiologists and imaging examinations in England



More and more exams need to be evaluated.

But who will do it?

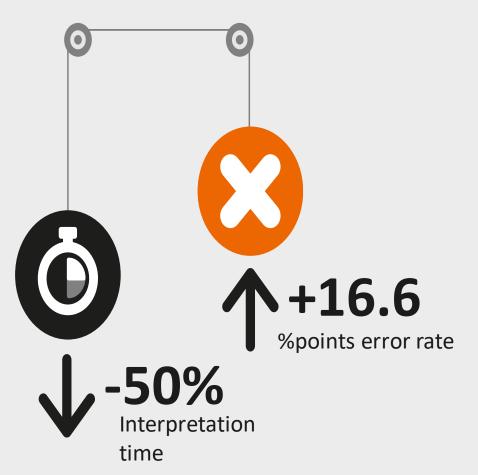
In many countries, the number of CT and MRI exams explodes, but the number of experts does not grow proportionately. As a result, the workload per radiologist increases dramatically. 100 studies per day and 12+ hour workdays are not unusual.

Approximately 60% of all diagnostic examinations are MSK (including spine) at BFH hospitals

Around 2015 GPs in DK were allowed to send to MRI of spine shoulder and knee

Less interpretation time means higher error rates





- 1) Berlin L (2007): Radiologic Errors and Malpractice: A Blurry Distinction.
- 2) Lee C, Nagy PG, Weaver SJ and Newman-Toker DE: Cognitive and System Factors Contributing to Diagnostic Errors in Radiology.
- 3) Berlin L: Faster Reporting Speed and Interpretation Errors: Conjecture, Evidence, and Malpractice Implications.

With shorter turnaround time, the error rate rises.

The retrospective error rate among radiological exams is 30%. Studies show that cognitive factors significantly contribute to diagnostic errors. 2

Cutting in half the interpretation time of radiologists increases the interpretation error rate percentage by 16.6%.³

Traumatic diseases

RA

OA incl
Degerative
spine disease

Metabolic Bone diseases

Crystal deposition diseases

Musculoskeletal diseases Inflammatory spine diseases

Sports-related disease incl.
Overuse injuries

Psoriatic arthritis

Muscle diseases

Tendon diseases

Conventional MRI +/Contrast

Conventional X-ray Imaging

Conventional CT

Diffusion weighted MRI DWI (ADC, DTI)

Whole-body MRI Imaging options MSK Patient

Dual energy CT

PET-CT

PET-MR

Ultrasound - /+ i.v contrast

SPECT-CT

Abnormalities found on scans in asymptomatic people

1,211 - age 20 - 70 **Disk Bulging = 87%**Nakashima et al. (2015). Spine

51 men - age 40 - 70
Partial R.C Tear = 22%
Bursal thickening = 78%
Overall abnormalities = 96%

Girish et al. (2011). Am J Roent

Systematic review - 3,110

Disk Degeneration =

37% (20 y/o) to 96% (80 y/o)

Brinjikji et al. (2015) Am J Neuroradiol

Systematic review 5,397 knees (>40yrs / <40yrs) OA = 19 - 43% / 4 - 14%

CartilageDefect = 43 % / 11% Meniscal Tear = 19% / 4%

Culvenor et al. (2018). BJSM

Systematic review - 2,114 asymptomatic hips

CAM Deformity = 37%

Pincer deformity = 67%

Labral Injury = 68%

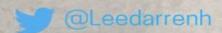
Frank et al. (2015). Arthroscopy

48 - mean age 47

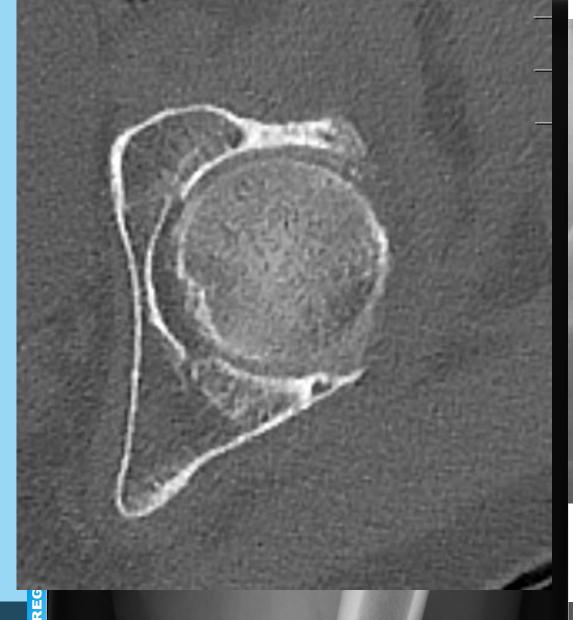
Mortons Neuroma = 54% Symeonidis et al. (2012). Foot Ankle Int

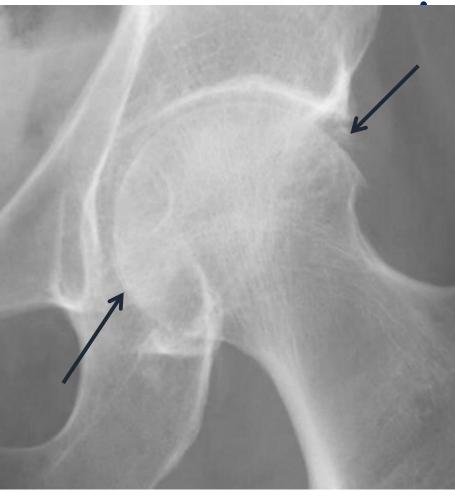
320 MRIs - Median age 51

ATFL pathology = 37%
O'Neil et al. (2017). Foot Ankle Ortho



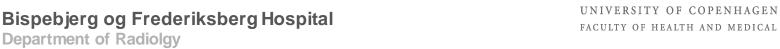




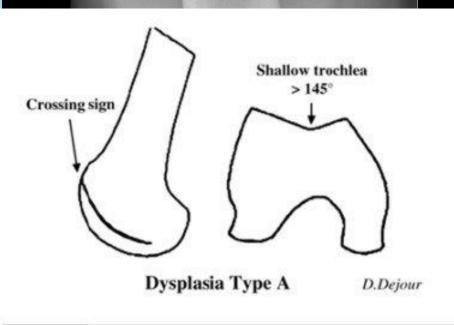


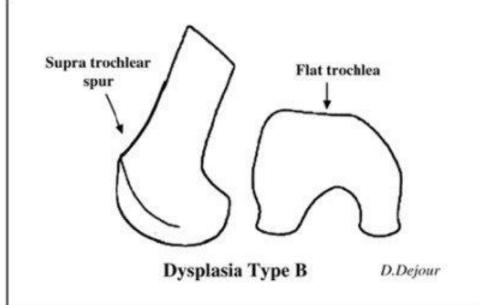
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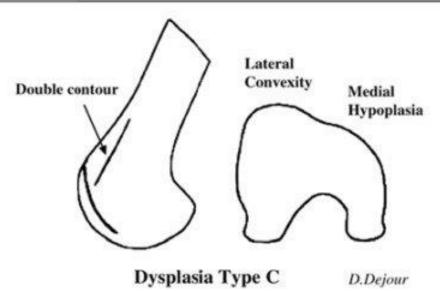


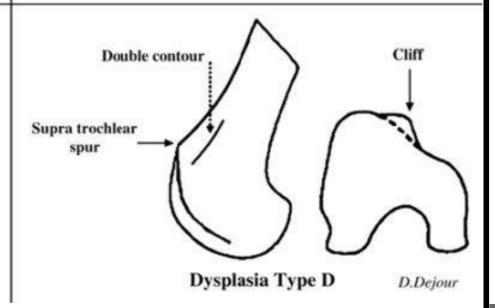








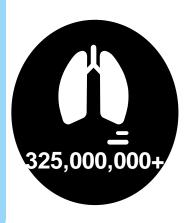




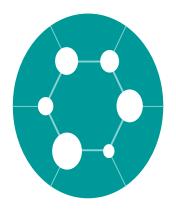
Open Orthop J. 2012;6:327-39. doi: 10.2174/1874325001206010327. Epub 2012 Jul 27.



Can Al can help radiologists tackle these challenges?



- Over 325 million images, reports and clinical reports together with clinical collaborations
- 600,000 imaging, laboratory and pointof-care systems
- Touching 240,000 patients every hour
- Dedicated Structured Reading team



- Regional supercomputing data centers
- Al competence center with awarded data scientists
- Close clinical collaborations





Aim Higher

Mikael Boesen

Bispebjerg and Frederiksberg Hospital Bispebjerg Bakke 23 Copenhagen 2400 DENMARK

Wednesday, January 16, 2019

Subject: E! 12835 X-AID is approved Reference: 12835/20/32866/Ae

Dear Mikael Boesen,

Following our previous letter, E! 12835/20/Q, we are pleased to inform you that project application E! 12835 X-AID has been approved, and your organisation has been earmarked for funding.

Funding is allocated and poid according to the rules and procedures of the relevant National Funding

Viewpoint

ONLINE FIRST

January 7, 2019

Curbing Unnecessary and Wasted Diagnostic Imaging

Ohad Oren, MD1; Electron Kebebew, MD2; John P. A. Ioannidis, MD, DSc3,4

» Author Affiliations | Article Information

JAMA. Published online January 7, 2019. doi:10.1001/jama.2018.20295

Despite modest effects from initiatives such as the Choosing Wisely campaign, unnecessary diagnostic imaging remains a substantial problem in the United States. Significant between-country differences probably reflect largely wasted overuse. The United States occupies top usage ranks, with population rates of annual computed tomography (CT) scans (245 per 1000 people) and magnetic resonance imaging (MRI) scans (118 per 1000 people) that are 5 and 3 times higher than those of Finland, respectively. With aggressive testing, the yield of useful information increases only slightly. Further, some diagnostic tests generate the detection of mostly incidental findings ("incidentalomas") with the frequency proportional to the excess of testing performed....!!!

January 7, 2019

Curbing Unnecessary and Wasted Diagnostic Imaging

One set of strategies may involve education of physicians most likely to order tests. Medical school, residency, and continuing medical education can sensitize physicians about diagnostic waste. Clinicians can be educated to routinely answer the following questions before ordering any radiographic test:

- Is it necessary?
- What are the consequences of performing the test?
- What are the alternative options (and their associated benefits and risks)?
- What is the likely outcome with no further workup?

CERTIFICERING Dansk Selskab for Muskuloskeletal Radiologi

v. Christa Bluhme

CERTIFICERING

2015/16:

 idé om at højne faglighed af faget og øge respekten for faget

 idé om systematisk efteruddannelse

CERTIFICERING

- Vi er her for patienternes skyld
- Dokumentation af kvalifikationer
- Fastholdelse og højnelse af vores faglighed
- Rekruttering
- Bredere konsensus om faglighed og kompetencer

CERTIFICE

Kick-off arbejdsgruppe bestående af

Zoreh Rastiemadabadi (region H)

Inger Fog (region Syd, Sønderjylland)

Christa Bluhme (region Syd, Esbjerg)

Nye speciallæger i radiologi

Kvalificerende til specialeansvar

CERTIFICERING

Den europæiske model:

- Curriculum (Målbeskrivelse)
 - Viden
 - Færdigheder
 - Kompetencer
- Certificeringsproces level III
 - ESSR medlemskab
 - Log
 - Kursusaktivitet, årsmøder, forskning mv.
 - Eksamen (mundtlig + skriftlig)

Level I : I-læge + 1. og 2. kursist-år

Level II: 3.+4. kursusår / speciallæge

Level III : Certificeret speciallæge

CERTIFICERING

Den danske model:

- HVORDAN opnår og måler vi det ?
 - Metodeafsøgning :
 - Log / portefølge ?
 - Case database, evt. perifert afh. af kvalifikationer
 - Fokuserede ophold? Dels MSK-rad dels klinisk afd.
 - CME
 - Subspecialiseringsstilling
 - Eksamination mundtlig + skriftlig

Strukturering af og organisering for efteruddannelse Hvordan kan kompetencerne (Curriculum) opnås – og valideres?

- Fellowships er det en vej ?
- Tests?
- RIS dokumentation?
- Hvordan kvalitetssikrer vi efteruddannelsen af MSK radiologer?
- Inddragelse af hele landet
- De organisatoriske rammer skal sikres
- Vedligeholdelse af kompetencer
- Samarbejde med Videreuddannelsen og Sundhedsstyrelsen
- Økonomi

Det europæiske initiativ ESSR og EULAR:

News letter from Chairman of the ESSR arthritis subcommittee

Development of Consensus/ recommendation papers
-The papers we decided on in Amsterdam are now well on the way.
We will give an update on the progress that has been made at the ECR meeting.

We will collaborate with the EULAR standing committee on msk imaging. Two ideas for collaboration have been proposed:

- 'Recommendation statement on communication between the rheumatologist and the radiologist'.
- 'Recommendation paper on interventional musculoskeletal procedures in arthritis'.



Det europæiske initiativ ESSR og EULAR:

Project grant application

Project proposal

Project title	Development of EULAR Protocols on Bidirectional Interaction between Rheumatology and Radiology Departments (i.e. Referral and Report Requirements) for RMDs in Clinical Practice
Project leader	Esperanza Naredo (Spain), Mikael Boesen (Denmark), Peter Mandl (Austria)



Recent project Involvements of the MSK group BFH:

- Clinical academic group (CAG):
 - Associate member "Physical Activity and Sports in Clinical Medicine – Disease Prevention, Treatment and Rehabilitation" 2017 (M. Kjær, F. Dela)
 - Board member ROAD Artrose 2018 (A.Troelsen, S. Jacobsen)
- Radiobotics A/S (OPI) computer algorithms for automatic detection of MSK diseases on X-rays (X-AID EURO-star application Sept 2018, Rated number 1 af all projects in EU)
- FTI Horizon 2020 application board member: Standardization of DCE-MRI in MSK diseases across platforms
- **JOINT venture between DIMS and ESSR** for organisation of the 2020 ESSR congress in Stockholm (Sports Medicine imaging)

Dept. of Radiology: MSK Imaging research group 2016-18



Mikael Boesen



Philip Hansen



Janus Damm Nybing



Bettina Thestrup

Post Doc's



Monica Bayer 2016-17



Elisabeth Bandak 2018



Ph.D defended 2018

Bjarke Hansen



Ph.D defended 2017

Robert GC Riis



Ph.D defended 2017

Signe R Madsen



Ph.D defended 2018

Stine Hangaard

Imaging Ph.D's



Senior

Staff

2018

Felix Müller

Regional research collaborations 2016-2018



Cecilie L. Daugaar Nikolaj Mølkjær M.-Clausen



Anne-Sofie Agergaard

Medical students 2018

Christopher

Cecilie

Signe





Monica Talibi



Miki Hadzic



Urszula Ciochon Zoreh Rasti



Jacob Grindsted



Engin Kurt



Mette L Harving



