



Volume 1 | Issue 3
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Asian Oceanian Society of Radiology Newsletter

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Thoughts from the President's Office

*Evelyn Lai-Ming Ho MBBS, MMed Radiology, FAMM, FAMS
AOSR PRESIDENT 2021-2023*



It is one Asian Oceanian Congress of Radiology (AOCR Feb 2023) after another (AOCR Sep 2022)

If you missed AOCR in Sep 2022, Seoul, South Korea, then you must not miss the 21st AOCR in

February 2023 in

Bangkok, Thailand. We look forward to the pandemic stabilizing so that more can attend the AOCR2023 in person. The theme for **AOCR2023** is **Redefining Possibilities in Medical Imaging**.

AOCR2022 themed **"Together! Toward a New Era of Radiology"** was full of educational opportunities, scientific updates, fun (the host, Korean Society of Radiology (KSR) had many creative activities with gifts for participation) and social events with memorable performances. Despite the requirement for on arrival rt-PCR testing (and attendant facility quarantine if tested positive), there were onsite 336 foreign and 2334 Korean delegates. In total including online registrants, there were 4078 participants from 40 countries with just over 600 overseas delegates. Abstracts totaled 1,201 with 652 received from foreign delegates and an impressive 737 presentations from 28 countries. Thank you KSR for hosting an outstanding 20th AOCR.

Join us in congratulating **Dr Mary C. Mahoney** who was conferred **AOSR Honorary Membership** and **Dr Dinesh K. Varma**, the recipient of the **AOSR Gold Medal** at the AOCR2022. Read more about them in this newsletter.

Join us too in welcoming our 2nd individual member, **Dr Silanath Terpenning**, working in Wake Forest Baptist Health, Wake Forest School of Medicine, USA. Individual membership is open to radiologists and our allied community from anywhere in the world.

Meet **Dr Tamara Razon Cuenza**, another AOSR MR Safety Ambassador and her message on MR Safety (find out the ABCDE) and Make MR Safety A Habit, A Practice and A Standard!

<https://youtu.be/OM1tRNCibIY>

AOSR-wide Webinars has been going on since December 2021. I hope many have attended it live or accessed it at our AOSR YouTube channel. It is always good to know that the webinars have an impact. One viewer personally communicated to me, that he replayed one of the MR Safety webinars to the staff in his radiology department,

Enjoy this issue of the newsletter as we 'meet' yet another AOSR councilor, get to know about the Mongolian Society of Radiology and more! If you missed any of our AOSR-wide webinars, check out the recordings in the AOSR YouTube channel

<http://tiny.cc/AOSR>

CHECK OUT ASIASHAFE at www.asiasafe.org

followed with a briefing from himself and his chief radiographer in their twice a month department CME. In addition, for the AI Webinar – he invited his CEO to attend, to see the medical impact of AI and future department purchases. Thanks to all the efforts of AOSR committees organizing these webinars.

Action Based on the Value Based Radiology (VBR) Survey was the focus of the 2nd AOSR President's/AOSR Panel Roundtable on Oct 8, 2022

We appreciate everyone who spent time participating in the VBR Survey. The preliminary report has been circulated in late August 2022 and downloadable from our website. It was very insightful and gave a better understanding of challenges facing our members in various parts of Asia Oceania. Meantime, on Oct 8, 2022, the 2nd AOSR roundtable was convened to discuss what would be pragmatic, resource-stratified next steps in advancing VBR. We have narrowed down the areas which would be practical for advancement throughout the region – namely improving communications skills with patients, caregivers/family and non-radiology colleagues, appropriate use criteria/guidelines to reduce redundant/unnecessary examinations and assisting in the promotion and adoption of structured templates for reporting in addition to our continued plan to develop a digital database for template reporting. Quite a few regions in Asia Oceania do not have PACS or digital medical records yet. A member society shared the fact that after digitalizing of the medical system and connection with other public hospitals – the number of repeats did not reduce, until specific steps had been made to have pop-up prompts to inform the requesting physician of a recent similar examination in the recent months.



The other item brought forward from the 1st Roundtable in Dec 2021 was Education/Training. We made some progress there, as an AOSR guideline on minimum modules in the residency and fellowship training would be welcomed by several members. The first step was to ascertain the diversity of training in our region before coming up with any guidelines/standard. In addition, leadership and communication were recommended to be part of the training curricula for reasons of risk management as well as being able to deal with management, governing bodies and articulating needs in our allied professions.

The **AOSR Position Statement on The Multidisciplinary Approach to Patient Care** has been published on our website. It is one aspect of VBR and AOSR ensured it had stratified recommendations based on resources available.

<https://theaosr.org/about/statements.php>

ASIASHAFE is an AOSR initiative. Thank you, Prof Kwan Hoong Ng, for spearheading this and putting AOSR on the radiation safety world map. Yet, ASIASHAFE (at AOSR's request) is more than just radiation safety, which is why MR Safety comes under its belt too. Prof Ng proposed this to the AOSR in 2017. ASIASHAFE was officially launched in July 2021 AOCR Kuala Lumpur. Since July 2021, ASIASHAFE is semi-autonomous and part of the broader Quality, Safety and Standards Committee.

Chamaree:
***I am currently a
 Healthcare Executive
 at Charoen Pokphand
 Group Co., Ltd.
 Bangkok, Thailand.***



Getting to Know Your AOSR Honorary Secretary

Chamaree Chuapetcharasopon, M.D

After finishing my medical school and residency training at Ramathibodi Hospital, Faculty of Medicine, Mahidol University, in Bangkok, Thailand, I continued my fellowship training in Vascular and Interventional Radiology and Body Imaging at the University of Texas MD Anderson Cancer Center, in Texas, USA.

I joined Bumrungrad International Hospital as Chief of Radiology Department in 2001 where I established the first total digital radiology department in Thailand. I took further career in administration joining Bumrungrad International Executive team since 2002 as Associate Medical Director. Under my leadership as a medical director (2008 – 2012), Bumrungrad International received its fourth Joint Commission International (JCI) accreditation in 2011; breaking records by achieving the highest score in the hospital's history.

I firmly believe that medical administration must not come at the sacrifice of medical knowledge. Therefore, I continue to be actively involved in National Professional Organizations domestically and internationally; giving lectures based on my knowledge in Radiology, Medical Informatics and Leadership. In my

involvement in the National and International Professional Organizations, I took on various roles, some of which includes being the President of the Thai Medical Women's Association, under the Royal Patronage of Her Majesty the Queen (2012 - 2014), President of the Radiological Society of Thailand (2015-2018). I was awarded honorary membership in 2015 when RSNA celebrated its 101st anniversary.

I am currently the President of Thai Medical Informatics Association and Honorary Secretary of Asian Oceanian Society of Radiology (AOSR).

I am now living in Bangkok, next to my sisters and her parent's house (family picture attached). My father is 96 and my mother is 94 and are still quite healthy. My father was the vice chairman of the organizing committee of the 4th AOCR held in Bangkok in 1983. The 21st AOCR will be held in Bangkok again from 9-12 February 2023 after 40 years of the last one.

Other than my work and NGO time, I also enjoy reading fiction books, watch series both Thai and international especially K-drama and food shows. My husband is a doctor running his own business. My two daughters are living abroad, one in Vancouver, Canada and one in Seattle, USA.



2019: Visiting daughters



2022: With sisters and parents



AOSR Gold Medalist

Dinesh K. Varma Awarded the Gold Medal of the Asian Oceanian Society of Radiology at the AOCR2022

The Asian Oceanian Society of Radiology (AOSR) awards the Gold Medal, the most prestigious and highest honor to be awarded by the AOSR to a person from Asia Oceania who has rendered outstanding and exceptional service or benefactions to the development, teaching, or practice of radiology. In particular, prolonged and exceptional service to the AOSR in a more or less continuous nature, including holding one or more of the high offices of the AOSR.

Dinesh Kumar Varma, the AOSR Immediate Past President and Chair of the AOSR Archives Committee, began his involvement in the AOSR in 2009, when he was in the organizing committee of the 14th AOCR/63rd RANZCR Annual Scientific Meeting that was held in Sydney, Australia. Subsequently he became an ordinary councilor, Treasurer, Secretary, President-Elect, and President from 2018-2021. During his tenure in the AOSR, he worked to bring about improvements in governance in financial transparency and fiscal responsibility. He mooted the AOSR Strategic Planning Workshop that took place in 2018.

He is currently Deputy Director and Head of Trauma and Emergency Radiology at The Alfred, and Clinical Associate Professor, Department of Surgery, Monash Medical School, Melbourne.

His involvement in the Royal Australian and New Zealand College of Radiologists (RANZCR) began in 2002, and he has worked in various roles in the RANZCR including that of President in 2011, Chief Censor 2016-2018 and now, inaugural Chief of Professional Practice since 2019. He received the RANZCR Roentgen Medal in 2019 in recognition of his very valuable contributions to the RANZCR over a significant period of time.

His passion in trauma and emergency radiology has materialized in various ways including being founder Chair of the Australian and New Zealand Emergency Radiology Group (ANZERG), a special interest group under RANZCR, and currently is President-Elect of the Australian and New Zealand Trauma Society. In 2019, he was appointed Deputy Chair, Traumatic Brain Injury (TBI) Mission, an Australian Government Federal Health Ministerial appointment that has granted AUD50million over 10 years for research in TBI.

The AOSR is proud to confer the Gold Medal to Dinesh Kumar Varma in recognition of his outstanding contributions to the field of radiology and long-standing invaluable service to the Asian Oceanian Society of Radiology.

AOSR Honorary Membership



Mary C. Mahoney, MD Awarded Honorary Member of the Asian Oceanian Society of Radiology at the AOCR2022

The Asian Oceanian Society of Radiology (AOSR) awards the Honorary Membership, the highest accolade of the AOSR to a person outside of Asia Oceania who has rendered outstanding service or benefactions to the development, teaching, and practice of radiology. This may include contributions to Asia Oceania/AOSR.

Dr Mary Catherine Mahoney is the Benjamin Felson Endowed Chair and Professor of Radiology at the University of Cincinnati (UC) College of Medicine and Chief of Imaging Services for UC Health. As a prominent woman leader in medicine, Mary has been active in numerous national leadership positions. She is Immediate Past President of the RSNA, and past Chair of the Board of Directors of RSNA. She is currently a member of the Board of Chancellors of the American College of Radiology and a member of the Society of Chairs of Academic Radiology Departments.

Mary is a Fellow of both the American College of Radiology and the Society of

Breast Imaging and a graduate of the Executive Leadership in Academic Medicine (ELAM) program. She has authored numerous publications and spoken all around the world. Mary has been a nationally recognized proponent and is a staunch advocate of patient-centered radiology. She has been involved in numerous initiatives through organizations such as the RSNA and ACR, campaigning to encourage and facilitate radiologists' meaningful engagement in the patient experience. She has been given many awards and honors including Leading Woman of Cincinnati in 2005 and has been on the Best Doctors in America list for many years, 2007-2019.

Mary has been and is very supportive of RSNA collaborations with the AOSR. The AOSR is proud to confer Honorary Membership to Dr Mary Catherine Mahoney, for her outstanding international achievements, collaboration and leadership in radiology.



**RSNA IVP -
Suyash Mohan:**
*'... it was a very
productive, very
successful and a
truly memorable
experience...'*



The AOSR (AOSOR)-RSNA International Visiting Professor (IVP) Program June 13-24, 2022 in Hybrid Format: Nur-Sultan, Kazakhstan

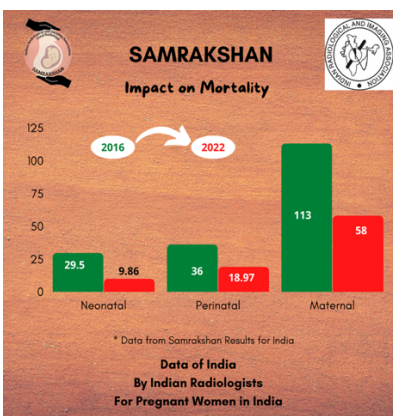
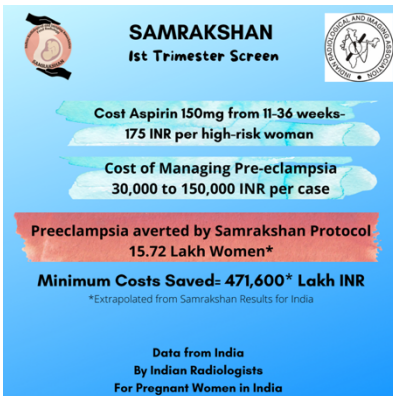
The specialties covered for the IVP was Emergency, Abdominal, Cardiac and Neuro Radiology. Our speakers from AOSR were Yon-Cheong Wong, So Yeon Kim, Hyungjin Rhee, Ijin Joo and Ja Kyung Yoon. Representing the RSNA were Suyash Mohan (in person on site) and Carolina Souza. The AOSR-RSNA IVP was held in collaboration with the Astana Tutorial. Participants came from Kazakhstan as well as neighbouring countries of Kyrgyzstan, Uzbekistan and Mongolia. The Radiological Society of Kazakhstan (RSK), Central Asian School of Radiology, Medical University Astana, University Medical Center; National Research Cardiac Surgery Centre and National Center of Neurosurgery were venue hosts. Thank you, RSK and in particular Dr Tairkhan Dautov, who was the primary coordinator of the local host organizing committee and the Asian Oceanian School of Radiology (AOSOR) for AOSR.

The photos shown are courtesy of Suyash Mohan and Carolina Souza.



An Additional 5 minutes Helps Save Maternal and Fetal Lives in India: The IRIA Samrakshan Program- Practising Value Based Radiology in India

By: *Dr.Rijo Mathew Choorakuttil, Founder & Chairman, IRIA Samrakshan & Dr.Praveen Nirmalan, Chief Research Mentor, Amma Healthcare Research Gurukul- A unit of Amma Centre for Diagnosis & Preventive Medicine Pvt.Ltd, Kochi,Kerala, India(which provided the research support for IRIA Samrakshan Project).*

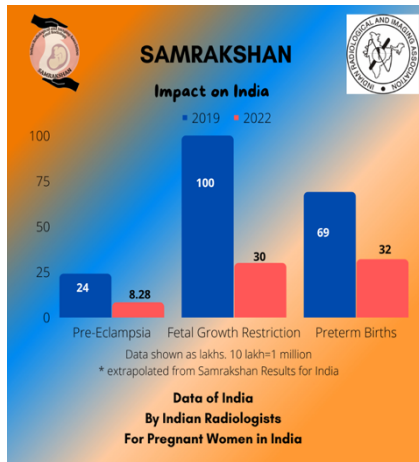


India remains a major contributor to the global perinatal mortality pool although there is a consistent improvement over the past few decades. Conventional approaches to perinatal mortality and morbidity in India include obstetricians, neonatologists, social scientists, and development specialists with little recognition of radiologists. The Indian Radiological and Imaging Association (IRIA) recognized that fetal radiologists in India could play a major role in the reduction of perinatal mortality through the use of easily available, accessible, and affordable ultrasound and Doppler technology.

The IRIA initiated the Samrakshan Program in July 2019 to achieve this integration with antenatal care and reduce perinatal mortality in India. The Samrakshan program encouraged radiologists in India to spend an additional 5 minutes in each antenatal

assessment for fetal Doppler studies and estimate a customized risk for each woman for preterm pre-eclampsia (PE) and fetal growth restriction (FGR). Low dose aspirin 150 mg daily once at bedtime was started for high-risk pregnant women identified during the 11-14 weeks screening in consultation with the obstetrician.

The 3rd-trimester screening focused on staging FGR and protocol-based management for childbirth and risk assessment for PE. The results of the Doppler assessments and fetal growth status were discussed with the obstetrician to plan for repeat assessments, monitoring and optimal timing and mode of childbirth. These few steps that took up to an additional 5 minutes per patient and at little additional cost have resulted in significant improvement in the perinatal statistics of India through its impact on



preterm PE, FGR, and Preterm births (see the charts on the left). Perinatal, neonatal, and maternal mortality rates significantly better than the targets for 2030 set by the Sustainable Development Goals-3 were achieved in the Samrakshan Program.

Based on these results, Samrakshan has now expanded to a community-

integrated multidisciplinary model involving obstetricians, neonatologists, district and village level health workers, social workers and district level health administration in Guna and Harda districts of Madhya Pradesh (a state with a high perinatal mortality rate) in central India to provide a more complete package of care through pregnancy and childbirth

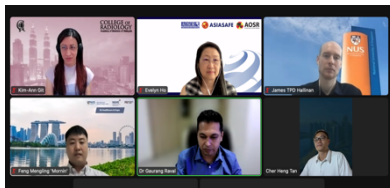
For further reading:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6958882/>
Indian J Radiol Imaging. 2019 Oct-Dec; 29(4): 412–417

Samrakshan: An Indian Radiological and Imaging Association program to reduce perinatal mortality in India

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9200467/>
Indian J Radiol Imaging. 2022 Mar; 32(1): 30–37

Reducing Perinatal Mortality in India: Two-Years Results of the IRIA Fetal Radiology Samrakshan Program



Robust Discussions and Questions at the AOSR Limitations & Potential of AI Webinar on Oct 1, 2022

By Dr Gaurang Raval, AOSR Emerging Trends Committee Member

The AOSR Emerging Trends (ET) Committee recently concluded the second part of Artificial Intelligence in Radiology webinar series. It was titled “Potentials and Limitations of AI in Radiology - End users’ perspective”. It took place on 1/10/2022, 2-4 PM SGT. The webinar was spearheaded by the Chairman of the ET Committee- Dr Cher Heng Tan (SRS) and committee member Dr Gaurang Raval (IRIA) helped in the coordination of the event.

There were three lectures by an eminent faculty from Asia-Oceania:

1. How to select an AI product - Dr. Git Kim Ann (Malaysia)
2. How to increase productivity through AI- Dr. James Hallinan (Singapore)
3. Who should be responsible for application of AI in practice - Dr Mengling ‘Mornin’ Feng (Singapore)

This was followed by a robust panel discussion moderated by Dr Cher Heng Tan. Live questions from the online audience were taken. There was a rich exchange of views on real life implementation of AI in day-to-day practice. The webinar had a registration of close to 100 people. The direct feedback received on the webinar was phenomenal with the audience wanting more parts in the AI series across Asia-Oceania.

Watch this recorded webinar at our AOSR YouTube channel

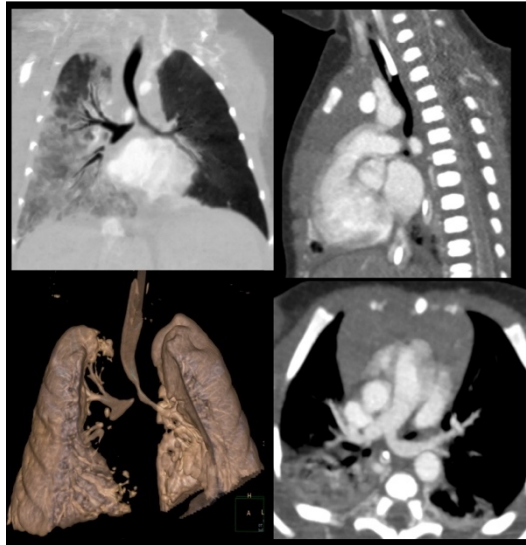
<http://tiny.cc/AOSR>

Radiology Quiz

Contributed by: Prof. Ramiah Rajeshkannan, Amrita institute of medical sciences, Kochi, India

QUIZ - What Is Your Answer?

1. Double aortic arch
2. Aberrant origin of left subclavian artery
3. Aberrant origin of left pulmonary artery
4. Anomalous pulmonary vein



A six-day old baby was delivered through meconium-stained liquor. The baby did not cry after birth and developed respiratory distress soon after and was started on nasal cannula flow. With progressive tachypnea, increasing FiO₂ requirement and hypercarbia, the baby was electively intubated and connected to mechanical ventilator. Since echo showed features of a vascular ring, CT angiogram of chest was done.

Fostering a Culture of Safety. Create a Just Culture: An Introduction

Dr Evelyn Ho

Is not safety automatically on everyone's minds and actions, especially in healthcare and radiology? As humans, errors will occur. Our aim is to minimize them, and to prevent fatal errors. Learn from near misses, improve the design layout, equipment and processes in which we work. The environment (workplace culture, technology, equipment and systems) has to be conducive for safety.

Steps to be taken:

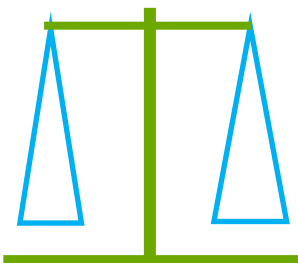
1. We need to start with ourselves: Commitment & Determination
2. Everyone in the workplace needs to agree or find out what will work for each other: Collaboration & Agreement
3. Management needs to value safety and not consider it only as "waste" of resources, since activities and steps taken for safety will entail cost. They must commit to a budget that addresses safety for staff and patients: Management Buy-In
4. Create an environment that does not assign individual blame but enables all in the staff hierarchy to be able to speak up,

point out issues, share ideas and have the common goal of making work safer and a happy place to work in. Recognize when credit is due, be kind to each other and patients. Be genuinely caring. Create a Just culture.

In order to speak up, we must first get over the fact that it is human nature that we do not want to look "bad" or be blamed. The questions should be "what went wrong", rather than "WHO's fault is this", "Who did or allowed this to happen", "Who forgot", "it was not me!" – I think you get the idea. We also must be aware when we experience *schadenfreude* – i.e., we are secretly happy or gloating over the fact that it was someone else's mistake or misfortune, not our own.

It is often a series of events leading to a mishap or incident. Let us use this example. This situation is not uncommon: MR service after office hours. A nurse bringing a patient in for an urgent MR was not screened for metal as the radiographer

**To Err Is Human,
To Forgive Divine
- Alexander Pope**



in charge had just stepped out to check the register at reception. After office hours, there are usually skeletal staffing after all. Everyone had long stopped listening to the metal detector beep, and what is so unsafe when I cannot feel the difference when I am in the less than 5,000 and between 5,000 and 10,000 Gauss line. Many times, nurses from other wards had been allowed in the control room (ACR Manual on MR Safety – Zone 3) to help with the patient (a No-No, by the way to enter Zone 3 if you have not been screened).

When a mishap occurs- are you surprised? It is easy reading this to point out what went wrong. Imagine when you are the radiographer providing the service, tired and probably had not been able to have a meal, and been getting away with the situation by pure chance in the past – what actually went wrong?

-Did the organization and radiology department ensure an adequately MR safety trained staff is always on duty any time of the day?

-Is there MR safety education for radiology department and hospital staff outside of radiology and MR service providers on a regular basis, so that all are continually reminded.

- How often should it be considered regular safety awareness training? Annual, biannual, quarterly, monthly?

- Who should be included?

-Is there a department and hospital wide MR incident reporting and postmortem system?

- Are staff able to speak up when they see some mistake or some safety lapses or an unsafe environment even if it is pointing this out to a more senior staff or management?

For Further Reading:

1. Culture of Safety. Patient Safety Network, Agency for Healthcare Research and Quality. <https://psnet.ahrq.gov/primer/culture-safety>
2. How We Do It: Operationalizing Just Culture in a Radiology Department. Jennifer C. Broder et al. American Journal of Roentgenology. 2019; 213:986-991 <https://www.ajronline.org/doi/full/10.2214/AJR.19.21566>
3. Just Culture: A Foundation for Balanced Accountability and Patient Safety. Philip G. Boysen. Ochsner Journal. 2013 Fall; 13(3):400-406 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3776518/>
4. Improving Safety through Human Factors Engineering. Bettina Siewert & Mary G. Hochman. Radiographics 2015; 35: 1694-1705 <https://pubs.rsna.org/doi/full/10.1148/rg.2015150107>
5. To Err is Human – and Let's Not Forget It. Pat Croskerry. Canadian Medical Association Journal. CMAJ March 23, 2010.183 (5) 524 <https://www.cmaj.ca/content/182/5/524>



The Mongolian Society of Radiology

Radiology had been introduced in Mongolia by the establishment of the first X-Ray room at the First Central hospital of Mongolia in 1934. Since then Mongolian radiology field has been continuously developed and dedicated to serve the health care needs of the general public through the qualified radiological service.

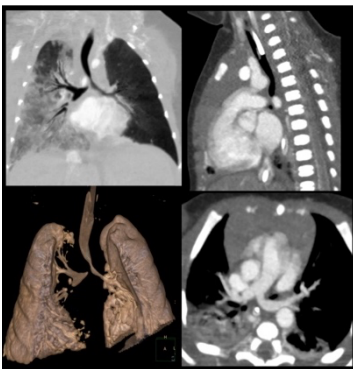
The Mongolian Society of Radiology (MSR) was founded in 1995 by the efforts and initiative of young radiologist Dr Gonchigsuren, known as current president of the MSR. MSR is the official

society representing all physicians and technicians of Mongolia in the field of Radiology. MSR aims to provide policy and regulation with respect to development and innovation of the radiology sector as well as to promote and coordinate the scientific, academic and professional activities of Radiology in Mongolia through the national and international educational program and congresses. To achieve this goal, we operate with a president, 4 Secretaries and advisory board.

The Mongolian Society of Radiology presently has over 600 active members and hosts Mongolian Congress of Radiology every year. Furthermore, partnering with 19 member associations, the society organizes a variety of workshops, conferences and meetings on various subjects from time to time throughout the year.

One of the main pillars of accelerating

and advancing radiology in Mongolia is establishing good working partnership with international societies. Therefore, the MSR is a member of Asian Oceanian Society of Radiology. Hence, we are pleased to broaden our international cooperation on not only academic research, and projects but also professional development and leadership to achieve social good.



Answer to the Radiology Quiz

CTA findings:

Aberrant origin of left pulmonary artery is noted from the right pulmonary artery. It is thereafter seen to course between the esophagus (represented by nasogastric tube) and the distal trachea and carina, causing airway compression.

Discussion

Aberrant left pulmonary artery, also known as pulmonary sling, represents an anatomical variant characterized by the left pulmonary artery arising from the right pulmonary artery and passing above the right main bronchus and in between the trachea and esophagus to reach the left lung. It may lead to compression and focal stenosis of the trachea. Compared to other vascular rings from aortic anomalies which run behind the esophagus, pulmonary vascular sling anomaly course between trachea and esophagus.

The formation of a pulmonary sling (anomalous left pulmonary artery) is the result of a failure of the proximal left 6th arch to properly involute. An anastomotic vessel, connecting the primitive pulmonary circulations, becomes the anomalous left pulmonary artery, arising from the right pulmonary artery. This vessel then travels above the main pulmonary bronchus to reach the left lung hilum by passing between the trachea and esophagus, often leading to a compression of these structures. They were found to make up approximately 4% of congenital vascular anomalies. Common presenting complaints are wheezing, stridor, vomiting and feeding difficulties

References:

1. Newman B, Cho Y. Left pulmonary artery sling—anatomy and imaging. *Semin Ultrasound CT MR.* 2010; 31:158-170
2. Grover FL, Norton JB, Jr, Webb GE, Trinkle JK. Pulmonary sling. Case report and collective review. *J Thorac Cardiovasc Surg.* 1975; 69:295–300

QUIZ - What Is Your Answer?

1. Double aortic arch
2. Aberrant origin of left subclavian artery
3. Aberrant origin of left pulmonary artery
4. Anomalous pulmonary vein

The AOSR has appointed two more MR Safety Ambassadors to continue to add to the MR Safety Messages and remind everyone that “accidents hurt. Safety does not.”

Messages from AOSR MR Safety Ambassadors: Dr Tamara Razon Cuenza and Dr Rijo Mathew

AOSR-ASIA SAFE MR SAFETY PYRAMID

Are you ready to build the MR safety pyramid in your department?



Dr Rijo Mathew
MR Safety Ambassador
Chief Coordinator, National Preventive Radiology Programme, IRIA



MAKE MRI SAFETY a HABIT, a PRACTICE and a STANDARD

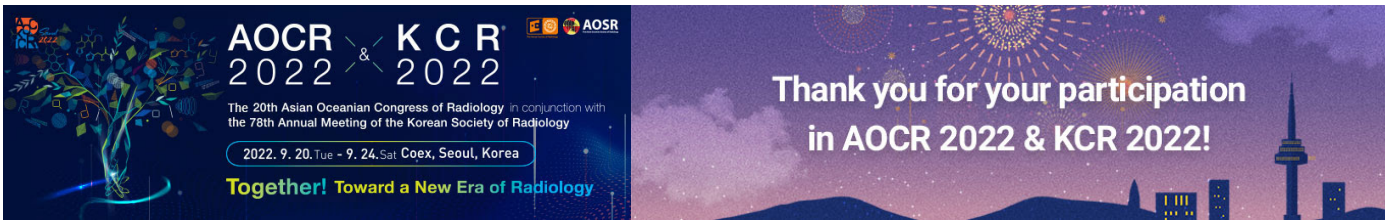
In my institutions one essential "safety net" we prioritise is the MRI Safety Checklist filled out by the patients. These are checked and double checked by our staff prior to entering the MRI zone. MR Safety Checklists are an important tool for determining what potential patient devices or implants may be MR safe, MR unsafe, and MR conditional. In my particular field of cardiac MRI this can potentially be more challenging as we commonly have patients with pacemakers, vascular stents, heart valves, and sternotomy wires.

Our staff ranging from Radiologists, Radiology trainees, Radiographers, and allied professionals that are engaged in the care of patients undergoing an MRI procedure are knowledgeable (through education sessions) about these potential issues so they in turn may properly screen patients and thus keeping them safe during their scan.



I view MRI safety as a practice, a habit, and essentially a standard that is embedded into our day to day protocols.
MAKE IT YOURS TOO!

Tamara Razon Cuenza MD, FCTMRISP
AOSR MR Safety Ambassador 2022
MR and Cardiac Imaging Consultant
Radiologist, Medical Center Manila and The Medical City Clark, Philippines



INFOGRAPHICS: AOCR2022 REPORT

Source: AOCR-KCR 2022 Org Committee E-mail to all participants on Oct 6, 2022

Congress Report

Registration Status



4,078 participants from **40** countries (Korean 3,468, overseas 610)

Scientific Program Overview



344
invited
speakers



156
sessions



737
lectures &
presentations

1 Congress Lecture	4 Plenary Lectures	8 AI Specialized Programs
8 Multidisciplinary Team Sessions	16 Special Focus Sessions	16 Refresher Courses
19 Joint Symposiums	40 Scientific Sessions	10 RINK-CR / RANK-QS
5 Case-based Review Sessions	29 Other sessions	Total 156

Exhibition



65 companies representing **255** booths
Exhibition Hall D, Coex (**7,281m²** of exhibition space)

Message from the President, Organizing Committee AOCR2022

Dear participants of AOCR 2022 & KCR 2022,

On behalf of the Organizing Committee of the 20th Asian Oceanian Congress of Radiology held in conjunction with the 78th Annual Meeting of the Korean Society of Radiology (AOCR 2022 & KCR 2022), we would like to extend our heartfelt appreciation to you for your valuable participation in AOCR 2022 & KCR 2022 that took place from September 20 (Tue) to 24 (Sat), 2022. A total of 4,078 participants (3,468 Koreans, 610 overseas) from 40 countries registered, and up to 1,200 participants visited on-site per day, making the total accumulated number of visitors 5,015 (4,128 Koreans, 887 overseas). Everyone helped to make the Congress truly international.

Under the theme "Together! Toward a New Era of Radiology," AOCR 2022 & KCR 2022 proposed a rich scientific program that allowed participants to deepen their knowledge and have active discussions including 1 Congress Lecture, 4 Plenary Lectures, and 156 sessions and 737 presentations by 539 prominent domestic and foreign invited speakers from 28 countries.

AOCR 2022 & KCR 2022 was able to host outstanding Joint Symposium programs thanks to the cooperation between 19 Asian societies and Korean associations. The sessions offered a productive opportunity to develop new ideas for current and future studies and meet eminent radiology professionals and scientists from various countries.

Moreover, 65 companies and institutions operated 255 exhibition booths in Exhibition Hall D, Coex (7,281m² of exhibitions space) further enriching AOCR 2022 & KCR 2022. In particular, this year, SPACE AI (AI-related company exhibition area) was expanded, and AI Refresher Course, AI Hands-on Workshop Session, and AI Scientific Session were also proposed to enhance the experience of participants in AI technology applications in radiology.

Under the ongoing COVID-19 situation, the development both in size and quality of our scientific meeting could be achieved thanks to your continuous participation and help. We ask for your generous understanding if there was anything that was left to be desired, and hope you will point them out to us so that we can continue to grow and improve in the future.

Once again, we would like to express our deepest thanks for your support in making the Congress such a great success. As an international Congress conducted in English, we hope that KCR will keep on attracting outstanding presenters from abroad as yourself. We ask for your continued interest and participation, and look forward to seeing you again at KCR 2023 to be held from September 20 (Wed) to 23 (Sat) at Coex, Seoul, Korea.

Sincerely yours,



Jeong Min Lee, MD, PhD
 President, Organizing Committee
 The 20th Asian Oceanian Congress of Radiology in Conjunction with
 the 78th Annual Meeting of the Korean Society of Radiology (AOCR 2022 & KCR 2022)



Register for the AOCR2023, 9-12 Feb 2023, Bangkok, Thailand

www.aocr2023.com



21st
AOCR
and 59th RST-RCRT Congress

AOCR 2023

Redefining
the possibilities in medical imaging

9th - 12th February 2023

Centara Grand & Bangkok Convention Centre at CentralWorld
Bangkok, Thailand

AOSR
The Asian Oceanian Society of Radiology



Important Dates

ABSTRACTS



Submission Open
9th September 2022



Submission End
15th November 2022



Acceptance Notice
30th November 2022

REGISTRATION



Early Bird Rate
8th October 2022



Regular Rate
1st January 2023



On-Site Rate
8th February 2023

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