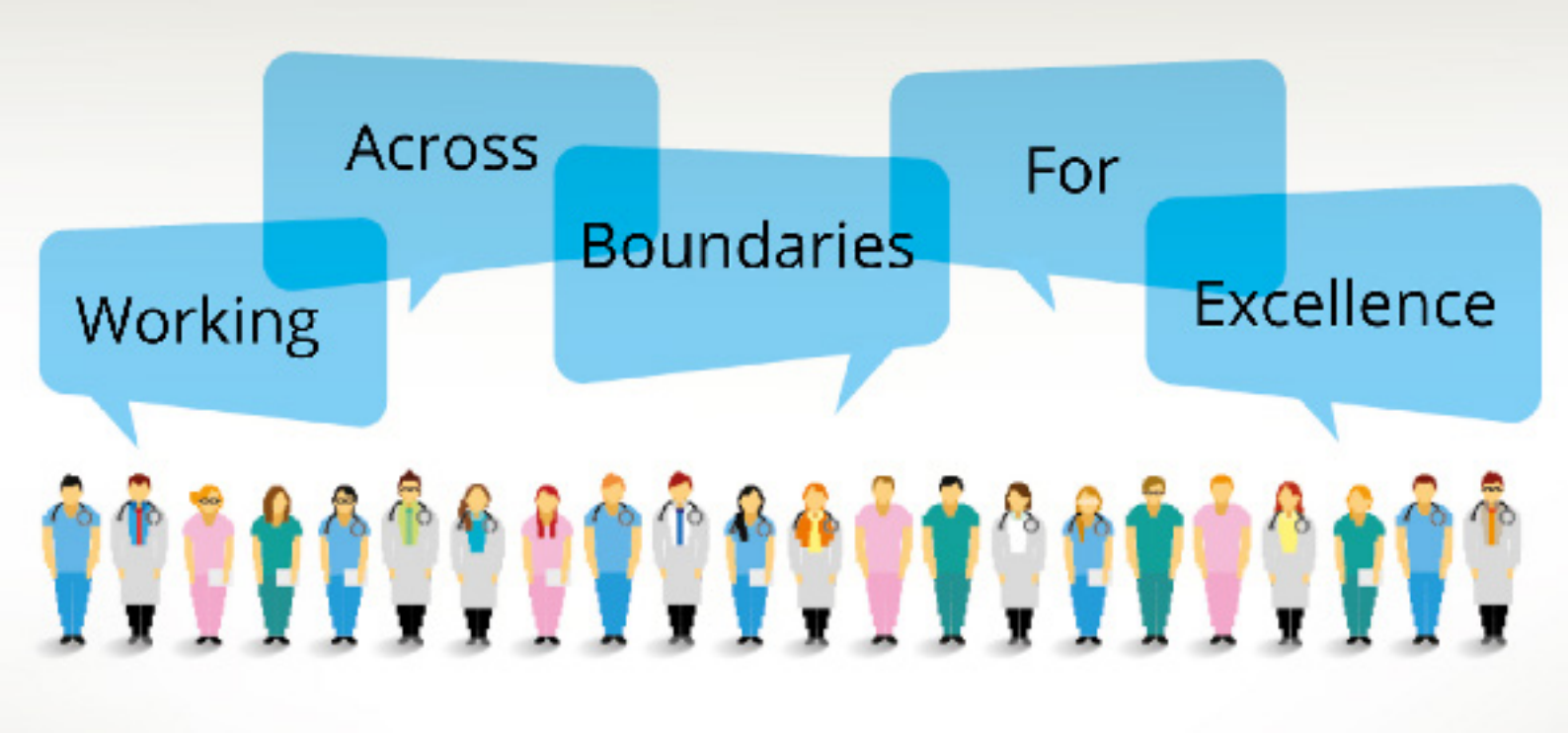
BIR
The British Institute of Radiology

bir.org.uk



BIR ANNUAL CONGRESS 2021

4–5 November 2021
Virtual event

#BIRAC21

CPD: Up to 18 credits

BIR Annual Congress 2021

The BIR Annual Congress continues to grow. After being sold-out consecutively in 2018 and 2019, and a phenomenal registration in 2020, we are back this year with six exciting streams and seven topics that offers a comprehensive programme on the latest innovations in imaging and treatment to medical imaging professionals.

Taking place over two days, the virtual event provides excellent opportunities to engage and interact with attendees, speakers and industry representatives in an open and relaxed format.

Schedule of events

Day 1

09:15 Welcome speech by the BIR President
09:30 Lectures begin
17:30 Close of day

Day 2

09:30 Lectures begin
17:00 Close of event

Who should attend?

This multidisciplinary event will appeal to anyone within radiology, radiation oncology and the underlying sciences, including radiologists, physicists, radiology managers, radiographers, oncologists, clinical scientists, physicians, heads of department, decision makers, radiation protection advisers and supervisors.

Five reasons to attend

1. Enhance your knowledge
2. Hear from experts in the field
3. Network with colleagues and peers
4. ePoster and clips exhibition
5. Meet industry representatives

Working across boundaries for excellence

CPD credits

The Congress is worth up to 18 CPD credits. Watch any talks you miss on-demand available online after the event.

ePostersand clips

We once again see the return of electronic posters and clips but in an online format, which can be viewed anytime from a computer, laptop or mobile device.

Headline sessions

The BIR Sir Godfrey Hounsfield lecture and awards

Professor Vicky Goh
Professor of Clinical Cancer Imaging
King's College London
Thursday 4 November 14:00

BIR Canon Mayneord award and lecture

Professor Clive Kay
Chief Executive
King's College Hospital NHS Foundation Trust
Friday 5 November 14:00

THE BIR ANNUAL CONGRESS 2021 WELCOMES ITS INDUSTRY PARTNERS

Platinum Sponsors

Advanced Accelerator Applications, S.A. (AAA), a Novartis company, is an innovative medicines company developing targeted radioligand therapies and precision imaging radioligands for oncology. We are committed to transforming patients' lives by leading innovation in nuclear medicine. AAA currently has over 1,000 employees working across 31 sites in 12 countries (Canada, France, Germany, Israel, Italy, the Netherlands, Poland, Portugal, Spain, Switzerland, the UK and the US). The company also has global manufacturing capabilities with 19 facilities in eight countries, and six research & development sites. For more information, please visit: https://www.adacap.com/

Bayer's Radiology business is well placed to be the partner of choice in helping NHS trusts to address the many challenges faced today including the increasing need for governance to demonstrate best practice and improving patient care within increasing financial constraints. With market-leading contrast media and power injector systems, Bayer is able to offer innovative patient care and with the addition of its informatics platform, it can support radiology departments in driving protocol standardisation and easily accessible audit data that enable departments to meet further challenges faced around contrast and radiation dose management. 0118 2063999 www.radiology.bayer.co.uk

GE Healthcare is a leading provider of medical imaging, monitoring, and life science technologies. GE Healthcare enables precision health in diagnostics, therapeutics and monitoring through intelligent devices, data analytics, applications and services to help providers, researchers and life sciences companies in their mission to improve outcomes for patients around the world.

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At Siemens Healthineers, our purpose is to enable healthcare providers to increase value by empowering them on their journey towards expanding precision medicine, transforming care delivery, and improving patient experience, all enabled by digitalising healthcare. An estimated 5 million patients globally everyday benefit from our innovative technologies and services in the areas of diagnostic and therapeutic imaging, laboratory diagnostics and molecular medicine, as well as digital health and enterprise services. We are a leading medical technology company with over 170 years of experience and 18,000 patents globally. With more than 48,000 dedicated colleagues in 75 countries, we will continue to innovate and shape the future of healthcare. For more information and latest product line, please

PHILIPS

Enabling better health and better care at lower cost Philips is a leading health technology company focused on improving people`s lives across the health continuum - from healthy living and prevention, to diagnosis, treatment and home care. Applying advanced technologies and deep clinical and consumer insights, Philips delivers integrated solutions that improve people`s health and enable better outcomes. Partnering with its customers, Philips seeks to transform how healthcare is delivered and experienced. The company is a leader in diagnostic imaging, image-guided therapy, patient monitoring and health informatics, as well as in consumer health and home care. www.philips.co.uk/healthcare

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Aidence rallies the brightest minds in deep learning and radiology to create Veye Lung Nodules, an AI-based assistant for lung nodules on chest CT. Cutting through the hype around AI, we bring applications that add value for radiologists. Veye Lung Nodules is currently running in Lung Health Checks pilot sites and in routine practice across the UK.

annalise.ai

annalise.ai fuses the highest quality imaging data with the very best in computer science to produce comprehensive AI clinical decision support solutions. The company's first solution is Annalise CXR, the world's most comprehensive AI clinical decision support chest X-ray solution on the market.

Assisting clinicians to interpret radiological imaging studies, Annalise CXR detects 124 findings, empowering clinicians to make accurate, faster decisions.

Our patient-first approach is proudly clinician-led and comes from a deep understanding of the challenges faced in medical imaging. AI provides clinicians with a second set of eyes, allowing them to detect with confidence and drive better health outcomes for all patients.

https://annalise.ai/

BD is a global medical technology company that is advancing the world of health by improving medical discovery, diagnostics and the delivery of care. BD leads in patient and health care worker safety and the technologies that enable medical research and clinical laboratories. The company provides innovative solutions that help advance medical research and genomics, enhance the diagnosis of infectious disease and cancer, improve medication management, promote infection prevention, equip surgical and interventional procedures and support the management of diabetes.

BD Interventional – Peripheral Intervention focuses on being at the forefront of developing innovative medical devices that solve the challenges of healthcare professionals and improving the quality of patients' lives. We are committed to pursuing technological innovations that offer superior clinical benefits while helping to reduce overall health care costs.

NeoDynamics AB (publ) is a Swedish Medical Technology Company dedicated to improving diagnostics and care to optimize the outcome of individualized treatment in cancer. Our innovative pulse biopsy system, NeoNavia® is designed to offer clinicians and patients accurate lesion targeting and high tissue yield for correct diagnosis.

We focus on minimally invasive cancer diagnostic methods.

Our innovative precision biopsy system, NeoNavia® is built on a patented pulse technology, based on research at the Karolinska Institutet in Sweden. The technology enables a more precise way to target lesions and secure high-quality tissue samples in both breast and axilla with flexibility for all types of Ultrasound Guided (USG) biopsies. The NeoNavia system ensures optimal needle control, with maximum tissue yield for any lesion type, size or location.

TeraRecon is a leader in advanced visualization and artificial intelligence solutions. Our flagship product, Intuition, is the market share leader for radiology and cardiology advanced visualization. Our AI division was awarded the best new radiology vendor for 2018 as well as nominated for best new software in 2019. Further, we were recently named the 2020 & 2021 KLAS Category Leader for Advanced Visualization. We are committed to redefining advanced visualization by leveraging machine learning and improving radiology workflows through personalized automation that increases efficiency.

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As the leading global teleradiology provider Everlight helps over 180 UK hospital sites meet growing demand for high quality, responsive radiology reporting. Speak with us on stand to learn more about our unique 'follow the sun' global reporting network and international and UK career opportunities.

Resonance Health is an Australian healthcare company specialising in the development and delivery of non-invasive medical imaging software and services. Our products are used by clinicians in the diagnosis and management of human diseases and by pharmaceutical companies in their clinical trials. Resonance Health has gained endorsement by leading physicians worldwide for consistently providing high quality quantitative measurements essential in the management of particular diseases.

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Please consult product labels and instructions for use for indications, contraindications, hazards, warnings and precautions.

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CE 0344

BD

Thursday 4 November

STREAM A: MUSCULOSKELETAL WITH TRAUMA (AM)
CHALLENGING CASES (PM)

09:15	**President's welcome and introduction** Dr Sridhar Redla, Consultant Radiologist, Princess Alexandra Hospital NHS Trust
Chair: Drs Marcela de la Hoz Polo and Kannan Rajesparan	
09:30	**Don't be traumatised by these injuries – commonly missed musculoskeletal injuries in trauma** Dr Ramy Mansour, Consultant Radiologist, Oxford University Hospitals NHS Trust
10:00	**The soft approach to trauma – imaging soft tissues in trauma** Dr Dimitri Amiras, Consultant Musculoskeletal Radiologist, Imperial College Healthcare NHS Trust
10:30	**Little people, many injuries – common paediatric musculoskeletal injuries** Dr Rob Hawkes, Consultant Paediatric Radiologist, Royal Manchester Children's Hospital
11:00	**Break**
11:30	**Watch your back! – an approach to spinal imaging in trauma** Professor Elizabeth Dick, Consultant Radiologist and Honorary Senior Lecturer, Imperial College NHS Healthcare Trust
12:00	**Dual energy for high energy – dual energy CT in trauma** Dr Krystal Archer-Arroyo, Assistant Professor, Emory University School of Medicine
12:30	**Acute non-traumatic musculoskeletal presentations to the emergency department** Dr Emma Rowbotham, Consultant Radiologist, Leeds Teaching Hospitals NHS Trust
13:00	**Lunch**
13:15	**Lunchtime symposium: 'Supporting patients and clinicians in radiology'** Dr Ounali Jaffer, Royal London Hospital; Dr Ralph Jackson, Newcastle Hospitals NHS Foundation Trust; Dr Stephen Cooper, NHS Ayrshire and Arran; and Professor Hans-Ulrich Laasch, Minnova UK BD
13:45	**Lunch**
14:00	**The Sir Godfrey Hounsfield award and lecture: 'PET-MR: Integrating the best of both modalities for cancer care'** Professor Vicky Goh, Professor of Clinical Cancer Imaging, King's College London
15:15	**Break**
15:45	**Case 1 and Q&A with Dr Ramy Mansour**
16:00	**Case 2 and Q&A with Dr Dimitri Amiras**
16:15	**Case 3 and Q&A with Dr Rob Hawkes**
16:30	**Case 4 and Q&A with Professor Elizabeth Dick**
16:45	**Case 5 and Q&A with Dr Krystal Archer-Arroyo**
17:00	**Case 6 and Q&A with Dr Emma Rowbothan**
17:15	**Close of day**

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Veye Lung Nodules is CE-marked as a second or current reader

Veye Lung Nodules

your AI lung nodule management assistant

Clinical features

Detection

- >= 3mm and <=30 mm in size
- Solid and sub-solid nodules

(part-solid/ground-glass opacity)

Quantification

- Diameters: long axis, perpendicular short axis, and the average axial diameter
- Volume: per-slice segmentation and 3D visualisation

Growth assessment

- Growth percentage
- Volume Doubling time (VDT)

Integration

- Seamless integration with any PACS

Why radiologists choose Veye Lung Nodules:

"I love the detection indications. It is a simple yet effective solution that really helps me to report nodules faster. I directly know where to find them."

Dr. Caroline McCann, Liverpool Heart and Chest Hospital NHS Trust Foundation (UK)

"Veye helps us read CT chest scans faster because it provides clear markers for nodules."

Dr. Floris Rietema and Dr. Paul Algra, Northwest Clinics (the Netherlands)

www.aidence.com

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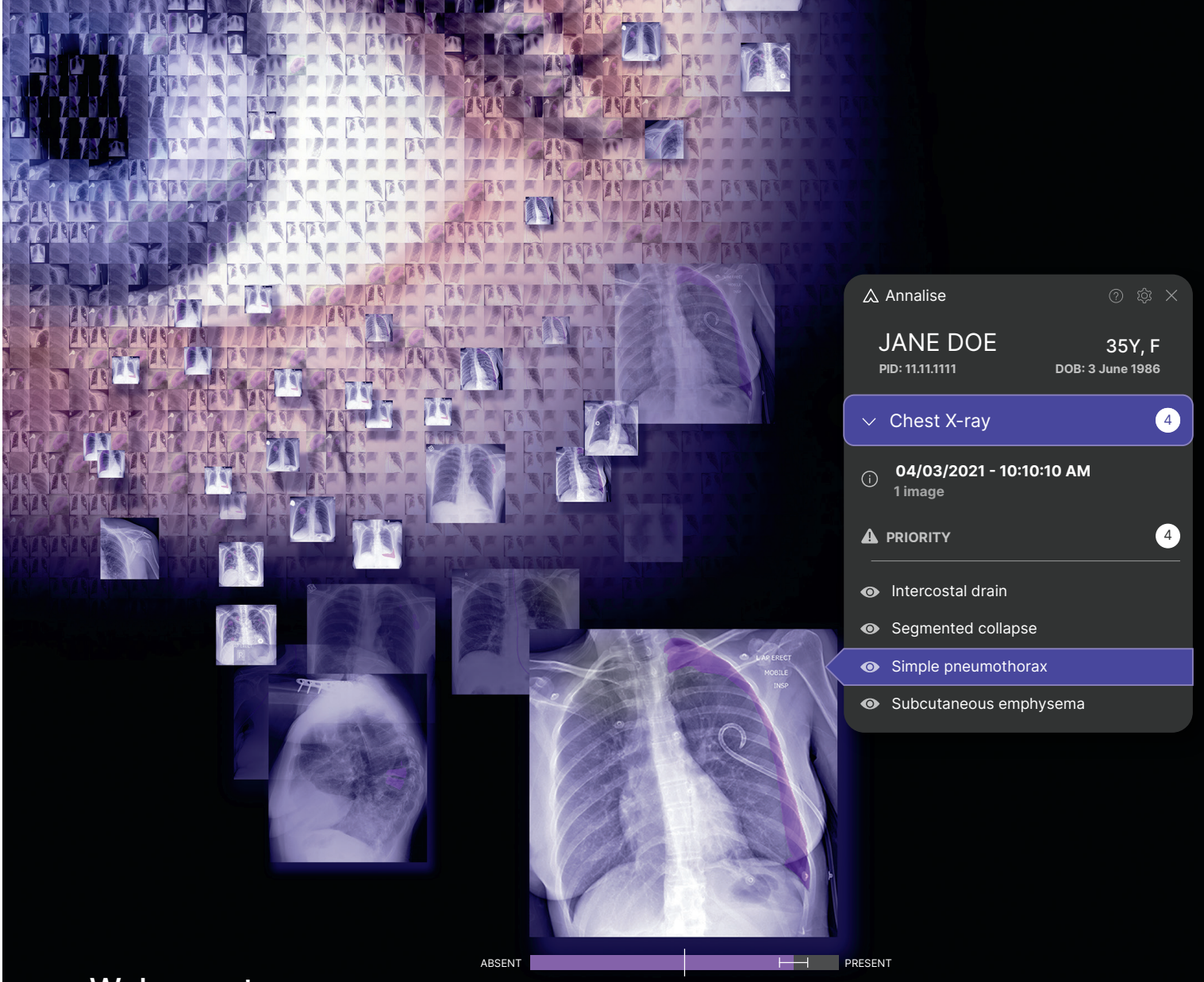

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Top 10 Considerations for Selecting an Advanced Visualization Provider

If there's an advanced visualization project on your horizon, there are some must-haves and non-negotiables you should put on your checklist. Selecting your viewing partner according to how they rank on the following items will ensure a great fit for your organization. Consider how you might achieve more by consolidating AV and AI into a single, powerful, subscription-based platform.

- ☐ **Server-based solutions**
  Is the solution a stand-alone workstation or is it server-based? If it is server-based, is it a true thin client or web client that allows you to access your data from anywhere with minimum hardware footprint?

- ☐ **Enterprise solutions**
  Does the solution meet the visualization needs of more than one department? Of many? Could you eliminate redundant, departmental viewers and replace them with this one potential solution?

- ☐ **AI-Driven Workflows**
  Does the solution offer AI-driven pre-processing and workflow automation? Is AI an included feature and not sold separately?

- ☐ **Ease of Use**
  Is the user interface intuitive across various specialties and viewing devices - desktop / laptop / mobile / etc.?

- ☐ **Workflow**
  Does the solution offer sophisticated workflow for physicians or technologists by preparing scenes and viewing protocols for further review?

- ☐ **Multi-specialty Toolkit**
  Is the toolset expansive enough to meet the needs of multiple specialties across the organization?

- ☐ **Personalization / Customization**
  Do physicians have the ability to set up reusable user-specific or user-group-specific views, workflows, and presentation states?

- ☐ **Scalability**
  Can the solution be rolled out department-by-department? Can it accommodate a few very advanced users in a few departments, then scale to thousands of various user types enterprise-wide? Is the solution specific to a brand of scanner or can it work with any vendor?

- ☐ **PACS and VNA integration**
  Does the vendor have integrations across a variety of PACS and VNA vendors? Is the solution aligned to or owned by one particular vendor? Do they specialize in enterprise viewing or do they also offer storage or worklist components, really making them a PACS?

- ☐ **Dictation and Worklist integration**
  Is the system able to integrate with dictation and worklist systems?

- ☐ **Subscription offering**
  Does the provider offer flexible subscription-based pricing with no need for capital budget cycles or vendor-lock?

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Thursday 4 November

STREAM B: ARTIFICIAL INTELLIGENCE

09:15	**President's welcome and introduction** Dr Sridhar Redla, Consultant Radiologist, Princess Alexandra Hospital NHS Trust
Chair: Dr Amrita Kumar	
09:30	**Current landscape of AI in healthcare across NHS – who are all the stakeholders involved** Eleonora Harwich, Head of Collaborations, AI Lab – NHSX
10:00	**AI embedded into the ultrasound workflow** Mr Chad McClennan, Chief Executive Officer, Koios Medical
10:30	**Update on post-Brexit regulation for healthcare specialists** Dr Hugh Harvey, Managing Director, Hardian Health
11:00	**Supporting NHSE's targeted lung health check programmes with AI lung nodule technology: Lessons learned** Dr Lizzie Barclay, Medical Director, Aidence
11:15	**Break**
11:30	**Implementing AI into clinical practice – a national collaboration** Dr Kiruba Nagaratnam, Consultant Stroke Physician and Geriatrician and Clinical Lead for Stroke Medicine, Royal Berkshire NHS Foundation Trust
12:00	**Panel discussion: Implementing AI within the NHS – challenges and learnings** Drs Amrita Kumar, Kiruba Nagaratnam and Claire Bloomfield
13:00	**Lunch**
13:15	**Lunchtime symposium: 'Supporting patients and clinicians in radiology'** Dr Ounali Jaffer, Royal London Hospital; Dr Ralph Jackson, Newcastle Hospitals NHS Foundation Trust; Dr Stephen Cooper, NHS Ayrshire and Arran; and Professor Hans-Ulrich Laasch, Minnova UK BD
13:45	**Lunch**
14:00	**The Sir Godfrey Hounsfield award and lecture: 'PET-MR: Integrating the best of both modalities for cancer care'** Professor Vicky Goh, Professor of Clinical Cancer Imaging, King's College London
15:15	**Break**
15:30	**From code to clinician – putting comprehensive AI into practice** Dr Catherine Jones, Thoracic Radiologist and Chest Lead, annalise.ai
15:45	**Path to procurement and evaluation of AI in the NHS** Mr Dominic Cushnan, Head of Imaging, NHSX
16:20	**Developing commercial value framework for the NHS** Drs Claire Bloomfield, Deputy Director for Value of Data; and Kelly Lin, Deputy Director for Commercial Delivery, NHSX
17:00	**Close of day**

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The new Philips Spectral CT 7500 is your fast, always on, low-dose path to precision diagnosis for scanning a wide range of patients. With advances in cardiac imaging and zero compromise scanning, Spectral CT 7500 supports imaging that's first time right. It's spectral-detector CT that allows you to expand your cardiac and ED/trauma capabilities, and opens up new possibilities in interventional and radiation oncology procedures.

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A fresh pair of eyes to unlock medical equipment efficiencies and reshape cancer service processes for improved patient care

Even before Covid-19, frontline healthcare services were under increasing constraints from growing patient numbers, capacity pressures and work-force shortages. Whilst a positive of the global pandemic has been a promise of more funding and increased equipment provision, will this come fast enough to help boost the energies of hospital staff and catch up on the mounting numbers of patients waiting to be seen?

Understanding the utilisation rates of diagnostic imaging equipment and gaining new ideas from a specialist partner has been hugely helpful at St Helens and Knowsley Teaching Hospitals NHS Trust, located in the Merseyside region of the North West of England. This insight has helped to reshape its Imaging and Upper Gastrointestinal (GI) cancer services.

Making the most of imaging resources already in place

Working in collaboration with GE Healthcare, the radiology team has gained a fresh perspective to generate efficiency gains by extracting valuable equipment use data to see where additional patient throughput can be created in the heavy workload areas of MRI and CT. This has helped to develop strategies to smooth the peaks and troughs of imaging workload and create a calmer, more productive working environment. This, in turn, has numerous benefits for the delivery of care to patients in the region.

"Our imaging workload is increasing 5-10% year on year, and across our acute and cold site hospitals we typically perform 320,000 exam-inations per annum. We are one of the busiest A&Es in our area, in addition to also handling inpatient imaging demands. Like all hospitals, we urgently needed to make the most of our current equipment resources to help balance the capacity versus demand conundrum," states Sue Conroy, Operational Departmental Lead for the Radiology Service at St Helens and Knowsley Teaching Hospitals NHS Trust.

> "The tools and techniques that GE Healthcare introduced, such as utilisation data dashboards, assisted us to take a step back and look at the way we work in detail."
>
> Sue Conroy, Operational Departmental Lead for the Radiology Service, St Helens and Knowsley Teaching Hospitals NHS Trust

She continues: "In radiology we often feel like we are on a hamster wheel – so busy we can't stop to look around us. The tools and techniques that GE Healthcare introduced, such as utilisation data dashboards, assisted us to take a step back and look at the way we work in detail. This has helped create a calmer environment for our staff and helped more patients to be seen."

Balancing every minute of imaging capacity and patient demand

The imaging equipment utilisation project commenced by looking at CT and MRI data. It calculated the average time for a patient to go onto a scanner, the procedure time, and then the time to take the patient off again. It very soon highlighted opportunities for time efficiencies. This included some examinations that only took 10 minutes in total but were booked into 15-minute slots, and some MRI exams conducted on a

1.5T that should be booked onto the 3T to increase the throughput speed.

"The detailed knowledge of how we use the systems has generated new ideas of how we can make our equipment work harder and more efficiently. It has highlighted the areas we need to improve or reshape. For example, it showed us that the way we structure the scanner diaries needs to change. At present, everything is booked into 15 minutes slots, even if it might be a head examination that takes 10 minutes. Procedures that may take 20-25 minutes go into a 30-minute slot and so on. Losing five minutes here and 10 minutes there really adds up during the working day. By resetting the diaries, we can maximise efficiency from the equipment we already have to help bring patient waiting lists down," expands Conroy.

Creating a more predictable day for the wellbeing of staff

At a time when the subject of health staff morale and radiology burnouts feature heavily in the headlines, utilisation management is not just about getting more patients seen during the working day, but also about the positive effect on radiology workforce wellbeing.

"If appointments are not booked efficiently throughout the day, 20 patients can feel like 100 patients to working radiographers. Better management of appointments with less waiting around between patients and a smoothed workflow without the adrenaline peaks and troughs, helps alleviate stress to create a much calmer working environment," explains Conroy. "Creating predictability to the imaging day is much better for our staff and for our patients.

"An understanding of how we work and equipment usage patterns also helped with managing imaging backlogs and the recovery of services after Covid-19 lockdowns. We had the data to look at a typical pathway of a patient to work out the additional time needed for extra cleaning between patients and social distancing measures. This meant we didn't lose capacity, but used our capacity better," adds Conroy. "The partnership with GE Healthcare is part of a 20-year Managed Equipment Service in year 13 – it has been invaluable in making our department work more smoothly and making it a desirable place to work."

Specialist project management skills introduced to improve cancer care quality

In addition to equipment utilisation, the GE Healthcare team also provided quality improve-ment project management skills to the Upper GI cancer care teams to speed up patient diagnosis and access to palliative care.

"Upper GI is a complex speciality with three distinct and separate oncology teams in different hospitals. Our workload has been increasing over the years at the same time as staffing shortages, and outcomes for this group of patients is universally poor with low rates of operability and survival. Overall, about 75-80% of patients need palliative care," states Anil Kaul, Consultant Surgeon and Lead Clinician Upper GI Services at St Helens and Knowsley Teaching Hospitals NHS Trust. "We had identified multiple issues to improve our pathways, for example earlier patient diagnosis and access to palliative care, so we started our own comprehensive internal improvement process plan – when GE Healthcare joined in, it really boosted the focus and drive to achieve our goals."

> "The number of patients receiving decisions on treatment earlier in their care pathways has increased significantly."
>
> Caroline Dawn, Assistant Director of Operations, Clinical Support Services, St Helens and Knowsley Teaching Hospitals NHS Trust

Delivering quicker MDT decision making

The Upper GI cancer care process overhaul involved setting up a weekly 30-minute clinical prioritisation and optimisation (CPOM) meeting prior to the scheduled multidisciplinary teams (MDT) meeting. This multi-professional meeting ensures that all patient cases are ready to be productively discussed in the MDT forum for swift care planning decisions. This includes checking that scans are reported on and that biopsy results are in to prepare for clinical discussion. Should anything be missing, it can be chased up in time so that participants in the MDT have the complete picture to make patient care decisions.

Caroline Dawn, Assistant Director of Operations, Clinical Support Services at St Helens and Knowsley Teaching Hospitals NHS Trust states: "The number of patients receiving decisions on treatment earlier in their care pathways has increased significantly. This is very positive, meaning that our patients are having a better experience by being seen quicker, and that smarter decisions are being made about their care."

The value of partnerships to deliver improved ways of working

"Quality improvement of any hospital project requires a specialist skill set," concludes Kaul. "What GE Healthcare is able to do is unlock the professionalism of our clinical teams and streamline our processes whilst keeping the patient at the very heart of the objective – this is hugely valuable to improve patient care."

neodynamics

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NeoNavia consists of a **base unit**, a handheld **driver** and **three** different **types of** biopsy **needles**.

Each needle type is driven by **micro-pulses** enabling high precision and control when inserting and positioning the biopsy needle in a suspicious lesion.

Thursday 4 November

STREAM C: THERAPEUTIC ONCOLOGY

09:15	**President's welcome and introduction** Dr Sridhar Redla, Consultant Radiologist, Princess Alexandra Hospital NHS Trust
Chair: Drs Nicola Blacker, Gopi Gnanasegaran and Ms Amanda Webster	
09:30	**Practice of radical thoracic re-irradiation for non-small cell lung cancer** Dr Rob Rulach, Clinical Research Fellow, The Beatson West of Scotland Cancer Centre and University of Glasgow
09:50	**Radiomics and AI in nuclear medicine** Professor Gary Cook, Professor of PET Imaging, King's College London
10:10	**Motion control in liver and pancreas radiotherapy** Dr Luis Aznar-García, Consultant Clinical Oncologist, Nottingham University Hospitals NHS Foundation Trust
10:30	**Abdominal compression or gating in liver SBRT – a radiographers perspective** Ms Lynsey Barwell, Therapeutic Radiographer, Nottingham University Hospitals NHS Foundation Trust
11:00	**Break**
11:30	**The impact of radiotherapy late effects on patients** Ms Lisa Durrant Macmillan, Consultant Radiographer Radiation Late Effects Service, Beacon Radiotherapy Centre, Taunton
12:00	**Adaptive radiotherapy – implementing plan of the day** Ms Amanda Webster, Therapeutic Radiographer, University College London Hospitals NHS Foundation Trust
12:30	**Adaptive planning using CBCT – introduction and workflow physics and radiographers** Mrs Rachel Hollingdale, Radiotherapy Physicist, Royal Surrey County Hospital NHS Foundation Trust; and Selina Reinlo, Royal Surrey County Hospital NHS Foundation Trust
13:00	**Lunch**
13:15	**Lunchtime symposium: 'Supporting patients and clinicians in radiology'** Dr Ounali Jaffer, Royal London Hospital; Dr Ralph Jackson, Newcastle Hospitals NHS Foundation Trust; Dr Stephen Cooper, NHS Ayrshire and Arran; and Professor Hans-Ulrich Laasch, Minnova UK BD
13:45	**Lunch**
14:00	**The Sir Godfrey Hounsfield award and lecture: 'PET-MR: Integrating the best of both modalities for cancer care'** Professor Vicky Goh, Professor of Clinical Cancer Imaging, King's College London
15:15	**Break**
15:30	**Spectral CT 7500 in radiation oncology – every patient, every scan. Every photon counts.** Dr Matthijs Kruis, Senior Clinical Scientist CT and Radiation Oncology, Philips
15:45	**Comparative breast planning study – forward planned IMRT – f-IMRT 'vs' VMAT breast solutions** Mr Simon Coughlan, Principal Dosimetrist, Royal Devon and Exeter NHS Foundation Trust
16:05	**Molecular imaging in assessing treatment response – current role and challenges** Dr Teresa Szyszko, Consultant in Nuclear Medicine, Royal Free London NHS Foundation Trust
16:25	**Immunotherapies and radiotherapy – the abscopal effect** Dr Toby Talbot, Consultant Clinical Oncologist, Royal Cornwall Hospitals NHS Trust
16:45	**The introduction and clinical experiences of tattooless radiotherapy treatments** Ms Deirdre Dobson, Therapeutic Radiographer, Guy's and St Thomas' Hospital NHS Trust
17:15	**Close of day**

Friday 5 November

STREAM A: MANAGEMENT AND WELLBEING (AM)
RADIATION ISSUES FOR THE FRONTLINE STAFF (PM)

Session: Management and wellbeing

Chair: Dr Teik Choon See

09:30	**Implementing a successful imaging network** Mr Andy Howlett, Director of Diagnostics, Medicines and Pharmacy Improvement, NHS England and Improvement
10:00	**Value-based imaging** Dr Adrian Brady, Consultant Radiologist, Mercy University Hospital and University College, Cork, Ireland; and First Vice President, European Society of Radiology
10:30	**Maximising your impact in online communication** Ms Cath Baxter, Voice Coach, Voice for Business
11:00	**Reflections on resilience – the 'what, when and how?' of staying well** Dr Susannah Hunt, Professional Wellbeing and Clinician Support, Cambridge University Hospitals NHS Foundation Trust
11:30	**Break**

Session: Using team working and networks for optimisation

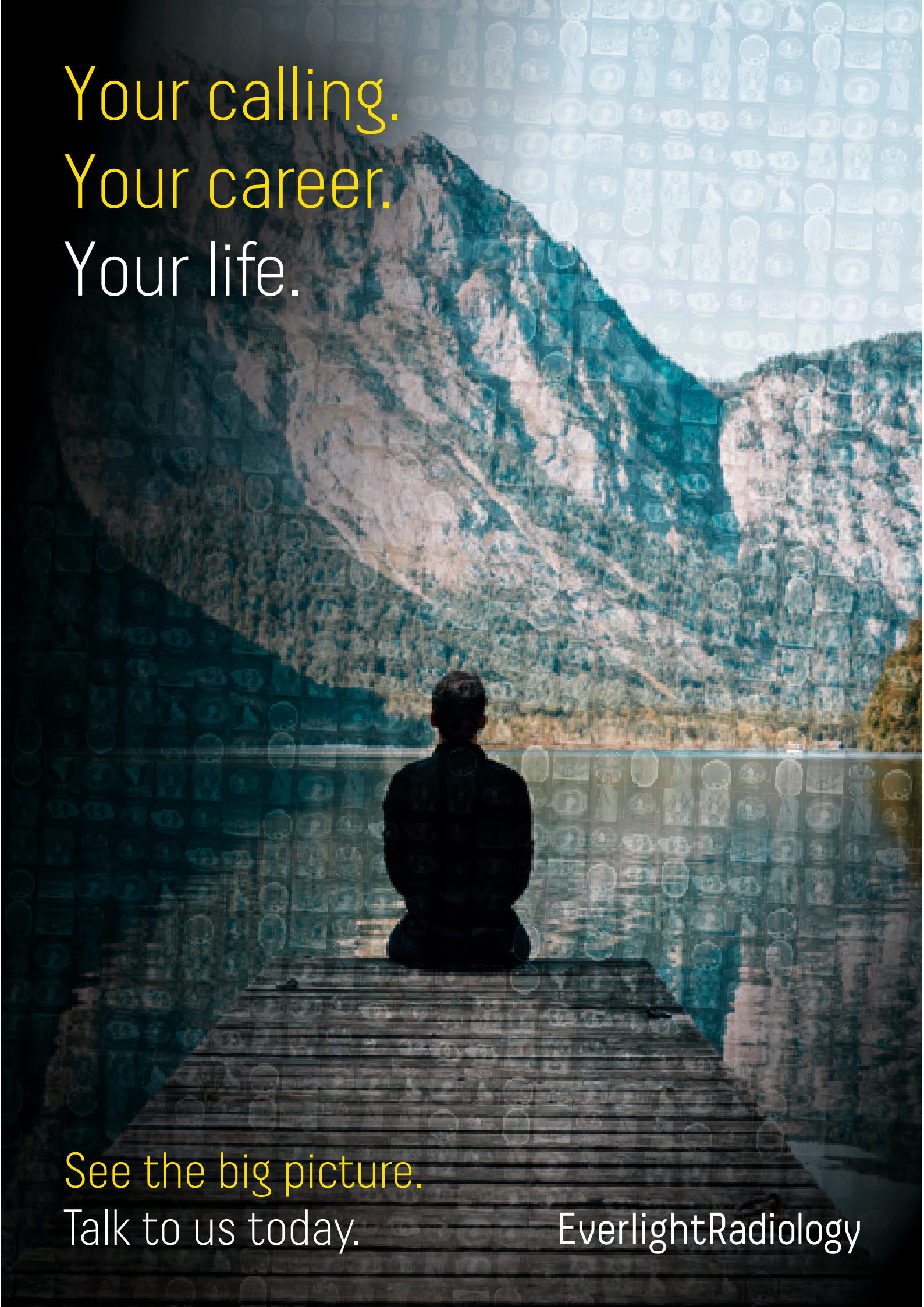
Chair: Mr Andy Rogers

12:00	**CT protocol optimisation across multiple organisations; the Scottish Experience** Dr Mark Worrall, Head of Medical Physics, Ninewells Hospital, Dundee
12:25	**Team working for successful procurement – specification and evaluation** Mr Andy Rogers, Lead Interventional Medical Physics Expert, Nottingham University Hospitals NHS Trust
12:50	**Panel discussion** Dr Mark Worrall and Andy Rogers
13:10	**Lunch**
14:00	**BIR Canon Mayneord award and lecture: 'Integrated Care – reasons to be cheerful and reasons to be watchful'** Professor Clive Kay, Chief Executive, King's College Hospitals NHS Foundation Trust
15:00	**Break**

Session: Innovations in equipment performance evaluation

Chair: Mr Andy Rogers

15:30	**QC Lite – The Netherlands' approach** Arjen van Hulzen
16:00	**Innovative local quality control for radiographers – easy does it!** Jonathan Cole, Principal Physicist, Royal Free London NHS Foundation Trust
16:30	**Image quality assessment – the computer way is 'Human'** Professor Nick Marshall, Medical Physicist, Department of Radiology, UZ Gasthuisberg and Medical Imaging Research Centre, Medical Physics and Quality Assessment, Katholieke Universiteit
17:00	**Close of day**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Friday 5 November

STREAM B: INCIDENTALOMAS AND INCIDENTAL FINDINGS (AM) CHALLENGING CASES (PM)

Session: Incidentalomas and incidental findings

Chair: Professor Stuart Taylor

09:30	**Cystic pancreatic lesions** Dr Raneem Albazaz, Consultant Radiologist, Leeds Teaching Hospitals NHS Trust
10:00	**Imaging of the adrenals** Dr Dylan Lewis, Consultant Radiologist, King's College London
10:30	**Adnexal cysts and masses** Dr Sue Freeman, Consultant Radiologist, Addenbrooke's Hospital
11:00	**Break**
11:30	**Incidental bone lesions** Dr Ian Pressney, Consultant Radiologist, Royal National Orthopaedic Hospital
12:00	**Thyroid nodules** Dr Simon Morley, Consultant Radiologist, University College London Hospitals NHS Foundation Trust
12:30	**Incidental findings on brain MRI** Dr Harpreet Hyare, Honorary Associate Professor, University College London
13:00	**Lunch**
14:00	**BIR Canon Mayneord award and lecture: 'Integrated Care – reasons to be cheerful and reasons to be watchful'** Professor Clive Kay, Chief Executive, King's College Hospitals NHS Foundation Trust
15:00	**Break**

Session: Challenging cases

Chair: Professor Stuart Taylor and Dr Andrew Nanapragasam

15:30	**Challenging cases** Dr Hameed Rafiee, Consultant Radiologist, Norfolk and Norwich University Hospitals NHS Foundation Trust
16:15	**Challenging cases** Dr Mary Roddie, Consultant Radiologist, Imperial College Healthcare NHS Trust
17:00	**Close of day**

Friday 5 November

STREAM C: LEARNING FROM EXPERTS AND ERRORS (AM) CHALLENGING CASES (PM)

Session: Radiological discrepancy

Chair: Dr Simon Jackson

09:30	**Why errors occur in radiology** Dr Giles Maskell, Consultant Radiologist, Royal Cornwall Hospitals NHS Trust
09:50	**Celebrating excellence: An alternative approach to errors in radiology** Dr Jonathan Smith, Consultant Radiologist, Leeds Teaching Hospitals NHS Trust
10:10	**Panel Q&A** Drs Giles Maskell and Jonathan Smith
11:00	**Break**
11:30	**"Looked but failed to see" errors in radiology and elsewhere** Professor Jeremy Wolfe, Professor of Ophthalmology and Professor of Radiology, Harvard Medical School; and Director, Visual Attention Lab
11:50	**Medico-legal update for radiologists** Dr Shawn Halpin, Consultant Neuroradiologist, University Hospital of Wales
12:10	**Panel Q&A** Professor Jeremy Wolfe and Dr Shawn Halpin
13:00	**Lunch**
14:00	**BIR Canon Mayneord award and lecture: 'Integrated Care – reasons to be cheerful and reasons to be watchful'** Professor Clive Kay, Chief Executive, King's College Hospitals NHS Foundation Trust
15:00	**Break**

Session: Challenging cases

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16:15	**Challenging cases** Dr Mary Roddie, Consultant Radiologist, Imperial College Healthcare NHS Trust
17:00	**Close of day**

BIR ANNUAL CONGRESS 2021

Reviews from BIR Annual Congress 2019–2020

"This was yet again an excellent congress. With three so good streams it is difficult to choose between them."

"The variety of topics, it educated me on topics I never thought to learn about."

"Good range of topics, well delivered, reinforced my knowledge, even where one already knew the facts it's reassuring to have this confirmed and reinforced, also picked up some useful take-home points. Very pleasant and informative day."

"Pleasant atmosphere; good learning environment."

"Learning something about a topic important to my work."

BIR Annual Congress 2021 ePosters and clips

All of this years' ePosters and clips can be viewed on our new Posters and Clips platform. To view, please login to your MyBIR profile and click on the 'education' tab at the top of your home screen. Please then select 'posters and clips' which will take you to the platform. You can view all of this years' successful abstracts and filter by category or even search key words/terms.

Highlighted = top 20 scored abstracts

Presenting author	Hospital/University/Institution	Abstract title	Category
Abdullah Hussain	Shaikh Zayed Hospital Lahore, Pakistan	The Spectrum of MRI Findings for Morbidly Adherent Placenta: A Need for Standardization	Genitourinary
Abdullah Murhaf Al-Khani	Sulaiman Al Rajhi University	Cerebral CT angiogram characteristics in patients with subacute ischemic cerebrovascular events	Neuro
Abeer Ahmed Al Helali	Dar Elteb Radiology Centre, Egypt/ Department of Radiology, Sheikh Khalifa Medical City, Abu Dhabi, UAE.	CT-3D volumetry: valuable diagnostic tool post gastric sleeve surgery. Case series.	Gastrointestinal
Abhinaya Shivakumar	Maidstone and Tunbridge Wells NHS trust	Extreme Stenting of GI tract	Gastrointestinal
Abhishikta Saha	Royal Oldham Hospital	Neuroimaging in Dementia With Lewy Bodies	Radiography - diagnostic
Abinaya Ezhil	Queen Elizabeth University Hospital, Glasgow	Comparing the performance of radiologists and an AI solution at quantifying the severity of COVID-19 on volumetric CT.	Artificial intelligence / machine learning
Ahmed Aljawadi	Manchester University NHS Foundation Trust	Radiological Remodelling of Gentamicin Eluting Bone Graft Substitute for Patients with Gustilo IIIB Open Fractures	Musculoskeletal and soft tissue
Ahmed Maiter	The Newcastle upon Tyne Hospitals NHS Foundation Trust	Does the rCBV ratio help to differentiate disease progression and treatment-related change in glioblastoma?	Neuro
Akira Arai	Kousei Sendai Clinic, Sendai, Japan	Development of an Accurate and Reproducible Evaluation Method for Amyloid Plaque Imaging by Phase Difference-Enhancing (AP-PADRE): Application of Mathematical Morphology.	Nuclear medicine and molecular imaging
Alice Spencer	St Bartholomew's and the Royal London Hospitals	MRI as an accurate tool in stratifying indeterminate adnexal masses.	Genitourinary
Ammaarah Said and Madiha Hussain	University College Hospital	The use of remote teaching methods in radiology training amidst the Covid 19 pandemic: A single centre quality improvement project	Other
Amy Wang	Department of Radiology, Queen Elizabeth University Hospital, Glasgow.	Trends in CT pulmonary angiography: Referral and positivity rates during the pandemic	Audit
Andrew Refalo	Guy's and St Thomas' Hospital	An audit of Acute Pancreatitis Imaging at a Central London Teaching Hospital	Audit
Anjali Meena	All India Institute of Medical Sciences, Rishikesh, Uttarakhand, India	ROLE OF 99mTc METHYLENE DIPHOSPHONATE BONE SCINTIGRAPHY WITH SPECT/CT TO ASSESS THE BONE ALLOGRAFT INCORPORATION	Nuclear medicine and molecular imaging

Anston Vernon Braggs	Father Muller Medical College	The Assessment Of Stomach On Trans-Abdominal Sonography - An Invaluable Modality	Gastrointestinal
Aone Sethibe	Basildon and Thurrock University Hospital	An Assessment Of The Outcomes Of Low Dose Unenhanced CTKUB Scans Requested For Acute Renal Colic	Audit
Brian Morrissey	NHS Grampian/University of Aberdeen	Quality of CTPA in ECMO patients: Is our rate of non-diagnostic examination too high?	Audit
Brian Tsang	Basildon and Thurrock University Hospitals	Best practice reporting in MRI prostate imaging in accordance with PI-RADS v2 classification for suspected prostate malignancy	Audit
C Devery	St. James's Hospital & TU Dublin.	Protocol standardisation - a first step in the Optimisation process.	Audit
Catarina Janicas	Centro Hospitalar de Lisboa Ocidental	Spontaneous bladder perforation: a rare complication of emphysematous cystitis	Genitourinary
Chetna Sharma	Royal Derby Hospital	Audit of adequacy of magnetic resonance imaging of the shoulders	Musculoskeletal and soft tissue
Chloe Sew Hee	Southampton General Hospital	Improving radiology registrar knowledge of IV contrast administration	Audit
Cleofina Furtado	UHNM	Neurological Manifestation of Acute Disseminated Encephalomyelitis (ADEM) in COVID 19.	Neuro
Cyril Tang	Annalise.ai	Detailed Analysis of Line and Tube Performance of a Commercially-Available Comprehensive Deep Learning Model	Artificial intelligence / machine learning
D D S Seiersen	UHS	Cross-sectional imaging in isolated head injury: A retrospective review of NICE head injury guidelines for CT-Head	Audit
Daniel Sapkaroski		Empathic Clinical Communication Training for patients undergoing MRI's Using Virtual Reality	
Daniel Weinberg	Salford Royal NHS Foundation Trust	Therapeutic X-ray Guided Hydrodilatation performed by MSK Radiologists: An Audit	Audit
David Carnegie	NHS Grampian	Practical Implementation of Abdominal SABR using DIBH	Medical physics: radiotherapy
David Steel	Royal Surrey NHS Foundation Trust	Audit on the appropriateness of usage of computed tomography pulmonary angiography (CTPA) investigation of suspected pulmonary embolism (PE)	Audit
Don Nocum		Improving our vision of the radiation dose contributors during uterine artery embolisation: a review article	
Edel Doyle		Seeing the truth about dose - How to establish FRLs for x-rays	
Edward Wigmore	Royal Devon & Exeter NHS Foundation Trust	Audit of Thyroid Ultrasound Report Quality for Patients Presenting with Thyroid Enlargement or Focal Nodularity with Normal Thyroid Function	Audit
Elaine Osei	Leicester Royal Infirmary	An audit to evaluate the adequacy of completion of radiology request for MRI Ax SpA spine (MSPNW and MSIJB)	Audit

Ellen Collingwood	Leeds Teaching Hospitals NHS Trust	An Audit to Determine Compliance with NICE Guidelines for CT Head Requests in Adults with Head Injury in a Major Trauma Centre	Audit
Emma Watura	Worthing Hospital / Queen Elizabeth Hospital Woolwich	Vaccine-Induced Immune Thrombotic Thrombocytopenia with Arterial Thrombosis and Lower Limb Ischaemia.	Other
Faraz Razi	Watford General Hospital, West Hertfordshire Hospitals NHS Trust	Exclusion of the lens of the eye in routine head CT examinations - an audit	Audit
Georgiana Zamfir	King's College Hospital	Chest radiograph characteristics in COVID-19 infection and their association with survival	Respiratory and chest
Georgina Appleyard	Bradford Teaching Hospitals NHS Foundation Trust	Imaging in Suspected Physical Abuse: A Re-Audit at Bradford Royal Infirmary	Audit
Giovanni Mandarano		Assessing pain response in participants receiving image guided analgesia injection	
Greatson Moweta	Withybush General Hospital	Imaging Of Acute Pancreatitis	Audit
Gurjeevan Bal	St George's Hospital Foundation Trust	Adoption by GP's of a new CT head referral form for adults with chronic headache - a closed loop audit.	Audit
Hamza Rafique	Basildon and Thurrock University Hospital	The Core the Merrier: Audit of Adequacy and Complications of Ultrasound Guided Renal Biopsies	Audit
Harpreet Matharu	University College London Hospitals NHS Trust	Application of Aperture Shape Controller (ASC) in complex planning for head and neck (H&N) patients	Radiotherapy and oncology
Hussameldeen Abdullah	Diana, the Princess of Wales Hospital, Grimsby	A case of cervical intradural extramedullary lipoma	Neuro
Iman Kandil	Princess Alexandra Hospital, Harlow UK	Wells score and d-dimer - do they accurately reflect probability of Pulmonary Embolism (PE)?	Respiratory and chest
Ines Vaz de Carvalho	Princess Alexandra Hospital NHS Trust	Evaluating sensitivity of pairing an AP & Y views and compare with AP & Modified Axial views for acute shoulder injuries.	Audit
Jason Kei Chak Mak	University College London Hospital	University College London Hospital (UCLH) Out-of-Hours MRI (OOHMRI) Spine Pathway - a Completed Audit Cycle	Audit
John D. Fitzpatrick	St George's University Hospitals NHS Foundation Trust	Report Template For Major Trauma CT Scans	Emergency / trauma radiology
John Sammut	University Hospitals of North Midlands	The Good, The Bad and The Ugly - a trainee's journey through prostate magnetic resonance imaging reporting.	Genitourinary
Jonathon Kyriakides	University College London Hospital	An audit evaluating ankle radiographs performed in the emergency department: do request forms meet the Ottawa ankle rules?	Musculoskeletal and soft tissue
Jordan Colman	Ashford and St Peter's Hospitals NHS Foundation Trust	Effectiveness of a teaching intervention on chest X-ray understanding and request quality in COVID-19	Audit
Joshua Tambe	University of Buea	Case report of Camurati-Engelmann disease diagnosed fortuitously during work-up for head injury	Emergency / trauma radiology

Joshua Wong	Royal Blackburn Hospital, East Lancashire Hospitals NHS Trust, United Kingdom	A primary care audit on direct access, two-week-rule CT head scan referrals for suspected brain tumours	Audit
Katarina Chow	Guy's & St Thomas' NHS Foundation	Evaluation of the use of ultrasound and magnetic resonance cholangiopancreatography to investigate acute gallstone disease in a large UK tertiary centre	Gastrointestinal
Kenichi Higuchi	Tohoku University Graduate School of Medicine	Quantitative Analysis of Contrast-Enhanced Ultrasound Images using U-net segmentation in Invasive Breast Cancer: Correlation with Histological Microvessel Density.	Breast
Khadija Arif	Shaikh Zayed Hospital Lahore	Radiological Audit for Improving Mammogram Reporting By Optimal Imaging Technique and Correlative Ultrasound	Audit
Khalil ElGendy	Imperial College NHS	Repeatability and reproducibility of ADC measurements in multiple myeloma 3T whole body MRI	Other
Killian Mac a' Bháird	Queen Elizabeth University Hospital, Glasgow	Chest X-ray Follow Up in Inpatients and Emergency Attenders - Assessing Compliance with Radiology Report Recommendations	Audit
Kodai Fukuda	Wakayama Medical University	Determination of the optimal ratio of n-Butyl Cyanoacrylate_Lipiodol_Iopamidol (NLI) as a new liquid embolic material	Interventional
Louis Dwyer-Hemmings	University College London Hospitals NHS Foundation Trust	The diagnostic performance of the chest radiograph for lung malignancy in symptomatic primary care populations: A systematic review and meta-analysis	Respiratory and chest
Luqman Wali	University College Hospital	The 2019 Bosniak Classification System of Cystic Renal Masses	Genitourinary
Lydia Kamel Mousa Kyrllos	West Middlesex University Hospital	Prescribing ionising radiation safely in the Emergency Department: A closed loop audit	Emergency / trauma radiology
Manoj Edirisinghe	Northampton General Hospital	Appropriateness of usage of CTPA in investigation of suspected pulmonary embolism	Audit
Mark Thurston	Derriford Hospital, University Hospitals Plymouth NHS Trust.	Automated quality control for referrer-evaluated radiology examinations	Audit
Maryam Adil; Zainab Ali; Maxine Robba	University Hospital Southampton	Effect of Ultrasound Acoustic Power Output on TI, MI and Diagnostic Image Quality	Other
Matthew Sarvesvaran	Leeds Teaching Hospital	Does the type of inguinal hernia diagnosed on ultrasound impact surgical decision making?	Musculoskeletal and soft tissue
Meekha Anna Suresh & Shreya Pradhan	Macclesfield District General Hospital	Incidental Cancer Findings during Covid19	Audit
Michael Ting	York Hospital	An Audit of USS Neck Primary Care Requests at York Hospital	Head and neck
Miguel Jose Ribeiro Da Costa	West Middlesex University Hospital	Improving the Identification of Symptomatic or Ruptured AAA in The Emergency Department	Emergency / trauma radiology
Mohammad Elmajee	Manchester University NHS Foundation Trust	Radiography for Knee Trauma - Compliance with the Ottawa Knee Rule	Audit

Mohammed Elmajee	Manchester University NHS Foundation trust	Adequacy of Lateral Knee Radiographs Performed for Trauma	Audit
Muhammad Anas Muzaffar	Queen Elizabeth University Hospital	To ASSESS THE COMPETENCY OF STAFF MEMBERS DEALING WITH CONTRAST-MEDIATED REACTIONS	Audit
Nafisa Badat	Calderdale and Huddersfield Foundation Trust	A Review of Compliance with Imaging Referral Guidelines in the Primary Care Setting	Audit
Nanae Tsuchiya	University of the Ryukus	Kerley's A line represents thickened septal plates between lung segments: confirmation using 3D-CT lung segmentation analysis	Respiratory and chest
Nang Thiriphoo	University Hospitals Plymouth NHS Trust	Radiographer led 256 slice computed tomographic coronary angiography - superior to a consultant led 64 slice service	Audit
Niloufar Valizadeh	Birjand University of Medical Sciences	Seizure Secondary to Paranasal Sinusitis: A Study Based on Brain Magnetic Resonance Imaging	Neuro
Nora Grandal	University College Hospitals NHS Foundation Trust	Acute trauma in a non-trauma centre: How to improve scan reporting	Emergency / trauma radiology
Nora Tadros	Forth Valley Royal Hospital, Larbert, Scotland	Minimising Radiation Dose in Computed Tomography of Kidneys, Ureters and Bladder (CT-KUB): IMR vs standard CT KUB	Audit
Osama Anjum	North West School of Radiology	Limp to lump - an unexpected cancer diagnosis and the virtues of having a low threshold to investigate further in a child.	Paediatrics
Piyush Singh	Manchester University Hospitals NHS Foundation Trust	Central venous catheter tip position: How to define it accurately on a Chest X-ray	Audit
Prabhvir Marway	Basildon and Thurrock University Hospitals	A retrospective audit on the pre-operative localisation of parathyroid adenomas using ultrasound, sestamibi scintigraphy, and 4D-CT	Audit
Pragya Verma	Manchester University NHS Foundation Trust	Appropriateness of plain abdominal films from A&E	Audit
Qian Ni Goh	University of Sheffield	Texture Analysis for Detecting Placenta Abnormality During Pregnancy	Artificial intelligence / machine learning
R Spruce	Guys' and St Thomas' NHS Foundation Trust	Audit of Radiology Teaching Strategies for ST1 Radiology Course to Trainees to assist Training Following Redeployment during the COVID-19 Pandemic	Audit
Sabarinath Vijayakumar	Sandwell and West Birmingham NHS trust, United Kingdom	Audit on Preoperative imaging techniques used in Parathyroid Adenoma in a DGH - A 10-year review.	Head and neck
Samia Nesar	Luton & Dunstable Hospital	Optimal vetting & reporting: An audit of CT scan indications & reporting in patients with acute pancreatitis	Audit
San Pyae Pyae	Diana, the Princess of Wales Hospital, Grimsby	Myelin Oligodendrocyte Glycoprotein (MOG) - Optic Neuritis	Neuro
Sanna Tahir	York Teaching Hospital NHS Foundation Trust	Reducing time to CT for trauma patients: an improvement project in a large major trauma unit	Emergency / trauma radiology
Sarah Jafarieh	Royal Oldham Hospital	Overview of Prostatic Abscesses: Presentation and Imaging Findings	Genitourinary

Saswata Roy	Musgrove Park Hospital, Taunton	The Role of 18F-flortaucipir (AV-1451) in The Diagnosis of Neurodegenerative Disorders	Neuro
Sesha Kanagasabai and Lauren Emanuel	Cardiff University School of Medicine	Malignancy risk of indeterminate mammographic calcification in symptomatic patients presenting to the - One stop - Breast clinic	Breast
Shabnam Cyclewala	Royal London Hospital	Congenital atresia of left main stem in an adult- On CT coronary angiogram	Cardiac
Sherry Dutt	Warrington and Halton Hospitals	Pulmonary Embolism in COVID-19 Positive Patients Undergoing CTPA in a District General Hospital	Audit
Shoubhi Bhatnagar	Self employed	Plain film basics: Simple case-based assessment of Bone tumours	Musculoskeletal and soft tissue
Shruti Lakra	George Eliot Hospital	An audit of resuscitation skills in radiology department	Audit
Sophia Maiguma-Wilson	Basildon Hospital	Fine-tuning documentation: An audit on FNA reporting standards	Audit
Sowmiya Kalyanasundaram	Queen Elizabeth Hospital, Kings Lynn	Atypical presentation of cholecystitis with torsion of gall bladder in an unusual location	Gastrointestinal
Supriya Karde	UHNM	Radiological Appearance of Advanced Central Pontine Myelinolysis (CPM).	Neuro
Susanna Katay	Resonance Health Ltd	Diagnostic Accuracy of Liver Steatosis Measurements using Artificial Intelligence in a Paediatric Cohort	Artificial intelligence / machine learning
Tiffany Y So	Department of Imaging and Interventional Radiology, Prince of Wales Hospital, The Chinese University of Hong Kong	Volumetric analysis of pre-treatment magnetic resonance imaging in glioblastoma for prediction of overall survival	Neuro
Tomoaki Otani	Graduate school of medicine Kyoto University	Detection efficacy of PET/CT with ¹⁸F-FSU880 in patients with biochemical recurrence of prostate cancer	Nuclear medicine and molecular imaging
Tooba Soomro	Southend University Hospital	STONE vs CHOKAI - A prospective pilot study to compare acute renal colic scoring systems.	Genitourinary
Ugo Ruggiero	Plymouth University Hospitals NHS Trust	Utilizing audit to improve manpower planning in radiology - a useful tool?	Audit
Vinay Gangadharan	Broomfield Hospital, Mid and South Essex NHS Foundation Trust	Improving the exclusion of the lens from routine CT head examinations at Broomfield Hospital (Chelmsford, Essex)	Audit
Vinita Ruparel	Aberdeen Royal Infirmary	An audit of the Grampian Malignant Spinal Cord Compression Pathway	Audit
Vivek Kiyawat	UHNM	Hemorrhagic Brain Metastasis from known Malignant Pleural Mesothelioma	Neuro
Wendy Tan	Warrington Hospital	Investigating the accuracy of radiographic grading of knee osteoarthritis	Musculoskeletal and soft tissue
Yajur Narang	Aberdeen Royal Infirmary	Review of MR Service for suspected Cauda Equina Syndrome in Aberdeen Royal Infirmary	Emergency / trauma radiology
Yaseen Mukadam	Basildon and Thurrock University Hospital	Clearing up haematuria: ambiguity in the guidelines for radiological investigations for haematuria	Radiography - diagnostic

Yi Kin Keith Chan	Queen Victoria Hospital	Post radiotherapy head and neck squamous cell carcinoma and subsequent discitis and osteomyelitis	Radiotherapy and oncology
Yosuke Fujisaki	Imakiire General Hospital	Detection of small PDAC with dual-layer spectral detector CT: Value of adding virtual monoenergetic imaging to conventional polyenergetic imaging	Gastrointestinal; Interventional
Yuki Arita	Keio University School of Medicine	Texture analysis with machine learning to differentiate between fat-poor AML and non-clear cell RCC: model development and external validation.	Genitourinary

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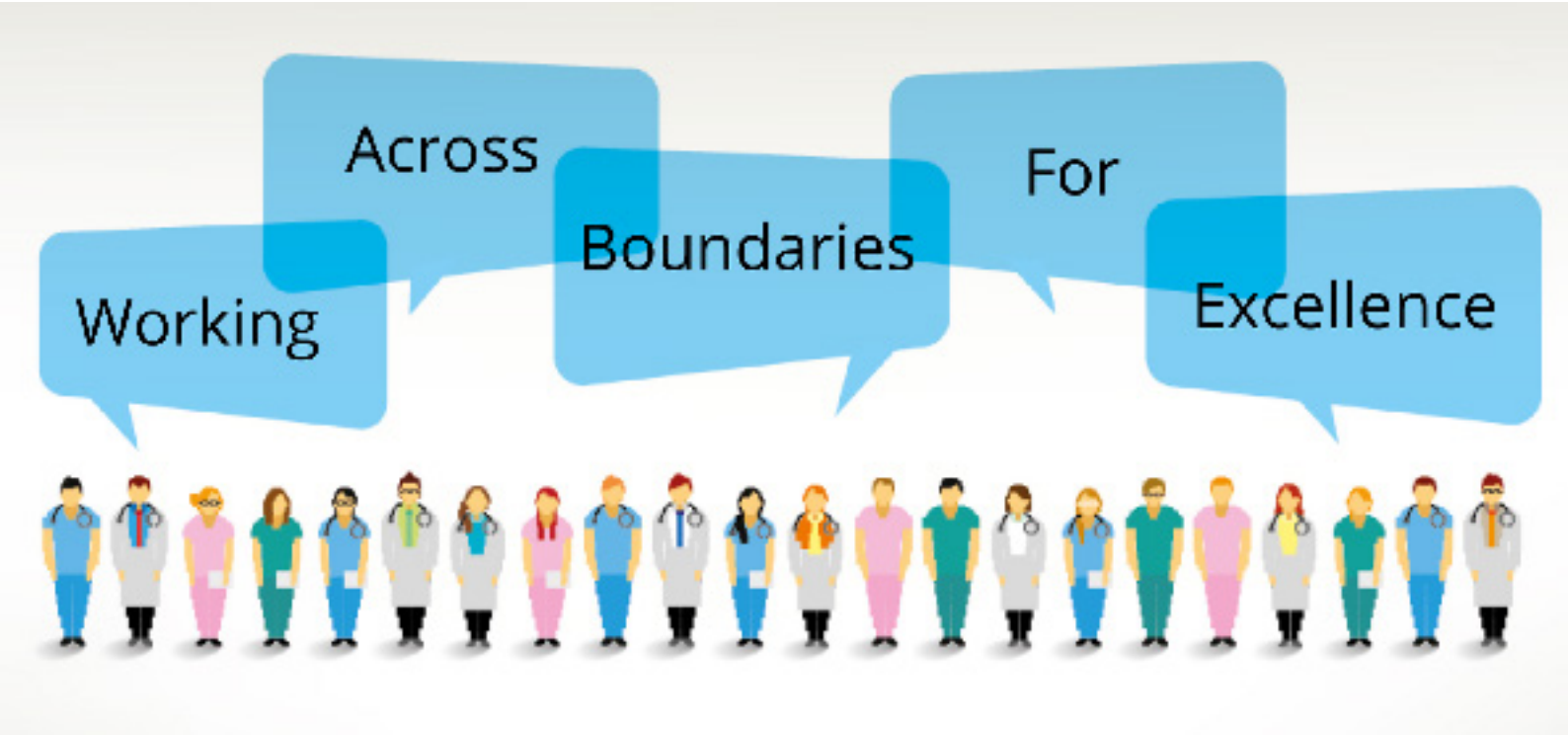

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