News Flash! Chuck Rohrmann is retiring from UW Medicine!

After more than 45 years of service at UW (he first arrived in 1966 as a medical student), our trusted friend and esteemed colleague Dr. Charles Rohrmann is retiring from UW Medicine Radiology on July 1, 2020.

As many of you know, the UW Medicine Rohrmann Endowment for UW Radiology Resident Educational Excellence was established in 2010 by Dr. Rohrmann’s colleagues, including Dr. William P. Shuman and Dr. Mary Kelly. The campaign for the Rohrmann Endowment was initiated with a vision to honor Dr. Rohrmann for his teaching and guidance of the residents – and to create a perpetual fund to support resident education, research, and community service in the Department of Radiology. The minimum funding requirement was $125,000, and over the course of the next three years, UW Radiology resident alumni, faculty, and colleagues raised $134,000, at which time they were able to officially establish the Endowment, executed on March 27, 2013.

The following year, in April 2014, Drs. Shuman and Rohrmann invited 12 alumni to form an Advisory Committee which serves to this day – by then the fund had grown to $240,000! The Rohrmann Endowment now generates operating funds which can be utilized for resident research, training, education and outreach – the earnings are about $32,000/year. Our GOAL to fully fund the Endowment is $1,000,000 which should generate about $50,000 each year.

The current Endowment, combined with Rohrmann Endowment Resident Education Funds, now stands at $883,960, thanks to you – generous donors to the Endowment! That means we are just $116,040 away from reaching our $1 million goal.

Here’s some great news! You can help to bring the Endowment up and over the top – see the inset below and read more about this wonderful opportunity on the back page of this newsletter!

THE CHALLENGE:

Four of our Radiology Residency alumni have gotten together and created a challenge matching fund of $20,000 if you give $1,000 or more. This means that your donation will be matched and DOUBLED up to that amount. Of course, all donations of any size are most welcomed and appreciated – and they all do add up.

Ways to Give:

- Make a one-time gift
- MyUWGiving (Search: Rohrmann) – Be sure to insert a note indicating “In Honor of the Retirement of Dr. Charles Rohrmann”
- Set up a payroll deduction pledge (for faculty and staff), by visiting our employee giving page, choose “New Payroll Deduction” and search for “Rohrmann”

About Charles A. Rohrmann:

A transformational educator and gastrointestinal radiologist, Charles A. Rohrmann, Jr., M.D. is as respected by his colleagues as he is beloved by his trainees. Dr. Rohrmann has been on faculty at UW Medicine since 1975 and served as director or associate director of the Radiology Residency Program for almost 30 years. He is responsible for establishing and upholding the high standards of our Radiology practice which the Residency program maintains today.
The Rohrmann Endowment made a difference in the lives of three UW Radiology Residents at SAR 2020, thanks to donors!

With the help of the Charles A. Rohrmann, Jr., MD Endowment for Radiology Resident Educational Excellence, I was able to attend the Society of Abdominal Radiology (SAR) 2020 meeting in Maui this March. I participated in excellent educational sessions, connected with my peers from other institutions and witnessed presentations from many of our own UW attendings and residents.

I had many memorable experiences and it was great being able to see so many UW alumni at the SAR sponsored social events. I sincerely appreciate the Rohrmann Endowment for allowing me to take part in this conference and for an enriching experience I won’t soon forget.

– Janis Yee, MD, Radiology Resident, PGY-3

With the support of the UW Radiology residency and the Rohrmann Endowment, I attended the Society of Abdominal Radiology (SAR) 2020 meeting in Maui this March. I participated in excellent educational sessions, connected with my peers from other institutions and witnessed presentations from many of our own UW attendings and residents.

I had many memorable experiences and it was great being able to see so many UW alumni at the SAR sponsored social events. I sincerely appreciate the Rohrmann Endowment for allowing me to take part in this conference and for an enriching experience I won’t soon forget.

– Janis Yee, MD, Radiology Resident, PGY-3

I had a fantastic time at SAR. The conference was an amazing educational experience. I particularly enjoyed seeing all of the incredible research being done by current and past UW residents, fellows, and faculty. Thank you to the Rohrmann Endowment for this wonderful experience.

– Hoiwan Cheung, Radiology Resident, PGY-3

UW Radiology Residents Receive Awards at SAR 2020


I had a fantastic time at SAR. The conference was an amazing educational experience. I particularly enjoyed seeing all of the incredible research being done by current and past UW residents, fellows, and faculty. Thank you to the Rohrmann Endowment for this wonderful experience.

– Hoiwan Cheung, Radiology Resident, PGY-3

Larry Cai received the “Best Genitourinary Scientific Presentation” Award for his oral presentation regarding “Vendor-Independent Dual-Energy CT Iodine Quantification”
Radiology Residents Attend Cardiac CT Hands-On Session with Cardiology, funded by the Rohrmann Endowment

On Saturday and Sunday, February 1-2, 2020, six UW Radiology trainees and six Cardiology trainees (one from OHSU) participated in a combined radiology and cardiology hands-on cardiac CT training session with Dr. Kelley Branch, UW Associate Professor of Medicine in the Division of Cardiology, and Dr. Matthew Cham, UW Professor of Radiology and the Director of Cardiac MRI.

Trainees were provided the opportunity to review over 50 cardiac CT cases over the weekend, even with no prior experience. They reviewed coronary CT angiograms from the UW teaching files with invasive coronary angiograms and were able to manipulate the multidimensional coronary data on their own computer with the help of radiology and cardiology mentors.

One student was assigned per computer, with review of approaches to cardiac CT with emphasis on evaluations using the GE AW software. Yun An Chen (Anne), MD, PGY-2, shares her experience at this workshop:

“As a PGY-2 (R2) radiology resident, I have absolutely no background in cardiac imaging. However, the course provided teaching on the fundamentals of cardiac CT imaging, as well as cases that were gradated from easy to difficult. The course started with completing easy cases and slowly built up to more challenging ones, which was an approach that helped me learn since I was coming in with no background knowledge. Additionally, everyone had a work station with the ability to utilize the dedicated cardiac CT PACS, so that we could learn to manipulate the software to read the cardiac CT cases.

During the entire course, there were both cardiologists and radiologists to help navigate the cases. Shout out to Dr. Cham - thank you! Overall, I would recommend this course to anyone who would like to learn about the fundamentals of cardiac CT imaging and real-life application through a case-based approach. Thank you to the Rohrmann Endowment Fund for helping to make this course happen!

– “Anne” Yun An Chen, MD
PGY-2 | Dept. of Radiology
A Unique Global Health Rotation –
The Rohrmann Endowment Made this Opportunity a Reality!

Similar to most physicians, I entered medicine out of a strong desire to help people. While I have greatly appreciated the ability to contribute to my communities in the US, I have always wanted to find ways to have a more global impact. My prior experiences working at a field hospital in Haiti after the earthquake and with an OB-GYN surgeon in the Dominican Republic during medical school were incredibly powerful and both experiences shaped my view of how global health could make a meaningful impact. To me, global health is most effective when it’s aimed at creating sustainable change, which requires time and effort to understand a myriad of varying inputs that ultimately affect how healthcare is integrated into society. These range from the region’s culture, beliefs, healthcare infrastructure, resources, barriers to health, stigma of disease, economy, and the list goes on... What works in one place will most certainly have to be altered in another. But that is what makes global health so fascinating.

As someone who hopes to engage in global health activities throughout my career, I knew I wanted to utilize the opportunity our residency provides to participate in a global health rotation during our final year of residency. Marrying into an Indian family and knowing I would eventually learn Punjabi and forever have a tie to the culture, I first researched health disparities in India. I was shocked to find that the breast cancer mortality rate is over 50%, which is primarily due to the lack of screening. This was a particularly devastating statistic as I have chosen to pursue a breast imaging fellowship and am well aware of the survival benefit of routine screening mammograms. I could only think of my mom who is a breast cancer survivor and felt even more compelled to learn why and how this could be altered.

At first, I was hoping to join the RAD-AID Asha Jyoti Women’s Mobile Health Care Program, which provided screening for breast cancer, cervical cancer, and osteoporosis in northern India. Unfortunately, this program lost funding prior to my trip, a common occurrence for such programs around the world. I was fortunate enough to connect with Dr. Seema Sud, a radiologist in Delhi who graciously invited me to join their team at Sir Ganga Ram Hospital in Delhi.

After a long 17-hour trip, I landed in Delhi, India mixed with excitement and nervousness. Luckily, my fiancé and I had planned a week vacation prior to starting on rotation, allowing me to settle into the onslaught of new senses. Prior to this trip, I had done a lot of solo backpacking and traveling around the world, but nowhere was quite like India. Every seemingly mundane activity felt like something completely new. Driving and walking became novel experiences, with masses of people crammed into small streets, rickshaws and cars weaving between and coming within a centimeter of each other, and the constant honking used not to express anger, but instead to communicate one’s location to other drivers and people. Everywhere we went, there were gender specific security “queues” – which was a relative term. The most apt analogy I’ve found to demonstrate the “organized chaos” of India is an image of the hoards of electrical wires hanging above the streets, coming and going from every direction—which inexplicably work as they are intended.
Thanks to my fiancé, I was somewhat prepared for all of that, or at least as prepared as someone can be for such an experience. But what I was not prepared for was the hazardous air quality, with an air quality index in the 200+ range (for reference, Seattle AQI ~ 30) the entire month. The most shocking part being that no one, not even the physicians I worked with, wore masks—this was just normal life. Even more eye opening, was my inability to communicate with others, and just how challenging that can be. While I have traveled extensively, I’ve never been anywhere that English is not spoken at least at a basic level by most or I did not know the language at all. What I had not gleaned from my fiancé was that most Indians, unless they are highly educated, speak little if any English—a fact that on multiple occasions left me feeling both extremely frustrated, yet humbled. Adding to the challenges of communication and chaos, my time there coincided with mass protests which took place throughout the city—shutting down major streets, the metro, and even the internet at times.

Once our mini-vacation was over, we started planning out my daily route to the hospital. The physicians I knew told me that they had never used the metro, but I wanted a real local experience. So on my first day of work, I hopped on the metro and headed to the hospital. Inexplicably, the metro was not only spotless, the trains ran like a Swiss watch—always on time.

Upon arriving at the hospital, I saw queues of people waiting outside to schedule an appointment or to receive their medications. I found my way over to the radiology department, brushing past physicians openly speaking to patients about their diagnosis or their care—all within earshot of anyone who cared to listen. In India, medical privacy does not seem to be a concern.

Sir Ganga Ram Hospital is a 675-bed multi-specialty hospital, which was founded in 1921 by Sir Ganga Ram himself, a civil engineer and leading philanthropist. Though this is a private hospital, it reserves 20% beds for admissions of low-income individuals and 40% of their outpatient multi-specialty visits are provided free of charge. On top of that, I learned that medical bills are negotiable, including MRI charges, as everything is in India.

The hospital is equipped with a 3T MRI, a 32-slice CT scanner, 5 ultrasound machines, and a 3D mammography unit, along with 24-hour radiology coverage and a radiology residency program. The mammography department itself was only started in 1999, making it a relatively new addition to the hospital.

Winter Smog – Walking to the Hospital

[Continued on pp 6-7]
Global Health: Breast Imaging in Delhi, India

I spent the majority of my time doing breast imaging, but also saw numerous severe cases of infectious diseases such as CNS tuberculosis and neurocystercercosis. Interestingly, hospitals in India group radiologists by scan type (e.g. MRI, CT, etc.) instead of by sub-specialty, so I often migrated through the mammography/breast ultrasound and MRI departments. While this may have some advantages, I quickly learned that it also creates a barrier to providing coordinated care and expertise within a subspecialty, such as breast imaging. I also came to find that I was working with 2 out of ~10 total fellowship trained breast imagers in the country. Apparently, breast imaging was only recently added to the curriculum tested on the Indian radiology board exam, and residents, even at Sir Ganga Ram, had very little exposure to breast imaging while on service. At the request of the residents and my supervising physician, I gave multiple lectures on mammography, breast ultrasound, and breast MRI—which the entire radiology staff attended.
“... a new breast imaging outreach program has been initiated by the Indian Radiological & Imaging Association (IRIA), which aims to train radiologists and primary care physicians throughout the country to interpret mammograms and breast ultrasound.”

Through my time in this rotation, I learned just how different breast imaging is practiced in an Indian setting, even in a relatively advanced hospital. Firstly, women in India don’t tend to get annual screening mammograms, which is largely due to both a lack of education and that fact that it is not part of societal norms. To illustrate this point, the mammography department at the hospital only performs ~200 mammograms per month. As such, it was a rare exception that we had prior exams for comparisons to aid in the detection of subtle abnormalities. In the case that there were suspicious findings on the mammogram, the standard procedure was to perform whole-breast ultrasound, rather than a focused ultrasound. This was to ensure that while the patient was present, the medical team performed a thorough evaluation, especially given the uncertainty of the patient returning for any kind of follow-up or subsequent screening. Similarly, MRIs were used as a problem-solving technique due to the fact that these are relatively inexpensive (~$150 USD) and ensured a diagnosis was achieved while the patient was present.

To address these issues, a new breast imaging outreach program has been initiated by the Indian Radiological & Imaging Association (IRIA), which aims to train radiologists and primary care physicians throughout the country to interpret mammograms and breast ultrasound.

While my rotation in India is now complete, I fully intend on remaining engaged with the physicians I have worked with, and who are well connected with such outreach programs. I am incredibly grateful to the UW Rohrmann Endowment and its donors for making this invaluable experience possible.

– Keegan Hovis, MD, PGY-5

Third Annual UW Radiology Lunch and Learn
Thursday, May 21, 2020
11:30 am – 1:30 pm

RSVP and Register: Lunch&Learn

This event was planned to be at UW Medicine – that was “before” the COVID-19 crisis. Now we have an opportunity for more to join, whether you are local or far away.

Pull up a chair, open your computer and log in to participate!

Please join your colleagues to hear from UW Radiology residents about their research and global outreach experiences, and the great things the residency program has accomplished thanks to your generous donations to the Rohrmann Endowment!

Register Today: http://events.uw.edu/2020RadiologyLunchandLearn
Residents Volunteer at Seattle-King County Clinic: Supported by the Rohrmann Endowment

This was my third year volunteering at the SKCC, and as always it was a fun, incredibly rewarding day. This year we faced new logistical challenges as we shifted from Key Arena to other buildings at Seattle Center, which required us all to be a bit more flexible. For example, we needed volunteers to guide patients though the backstage areas of McCaw Hall or they risked stumbling into a room full of confused ballet dancers—The Pacific Northwest Ballet was practicing just below us! Nevertheless, we were able to put on a great clinic and help thousands of people in need.

For me, the highlight of the clinic was our workflow in which we directly conveyed results to patients. It is truly satisfying to put a face to the name at the top of a radiograph, and then to see that face break into a smile as we tell them that their lungs are clear, or that their pelvic ultrasound was normal. It is of course harder to convey a concerning imaging result, but fortunately we had translators to help make the message clear, volunteers to help guide them back to the ordering provider, and social workers thinking creatively to find a way to obtain follow up and treatment. I was honored to be part of the team and wish to thank the Rohrmann Endowment for its support. I hope to keep volunteering with the clinic for many years to come!

– Jason Hartman, MD, Radiology Resident, PGY-5

Thanks to the generosity of the Rohrmann Endowment, I was able to volunteer in the radiology section for the second year in a row at the Seattle-King County Clinic (SKCC). As a second year radiology resident, I have participated in other community service events, yet no other has been as meaningful and rewarding as the SKCC. Many of the patients are either uninsured or underinsured and lack access to basic preventive care. It was a privilege to provide basic health care services for this vulnerable population.

– Shamus Moran, MD, Radiology Resident, PGY-3

The Seattle-King County Clinic occurred February 13–16, 2020, at the Seattle Center and served over 3,300 patients.

Thanks to the generosity of Rohrmann Endowment donors, UW Radiology was able to support the volunteer time of five residents: Anna Anderson, Giuseppe Toia, Jennifer Knight, Shamus Moran, and Jason Hartman. UW Radiology Faculty Angelisa Paladin, Jonathan Medverd, Ted Dubinsky, Mariam Moshiri, and breast imaging faculty Janie Lee, Christoph Lee, Katy Lowry, and Diana Lam also volunteered their time and expertise during the Clinic.

Honoring Dr. Charles Rohrmann upon his retirement!

As a final and good-bye present to Chuck, let’s put the Rohrmann Endowment for UW Radiology Resident Educational Excellence over the top of its goal of $1 million. Currently the endowment is at $883,960 – we are very close. We invite you to join us in contributing to the Endowment to honor Chuck’s 45 years of service!

Please Donate today in honor of Chuck – be one of the first to honor his legacy!

Online: Acceleratemed.org/Rohrmann

Please indicate you are donating in honor of Chuck Rohrmann’s retirement