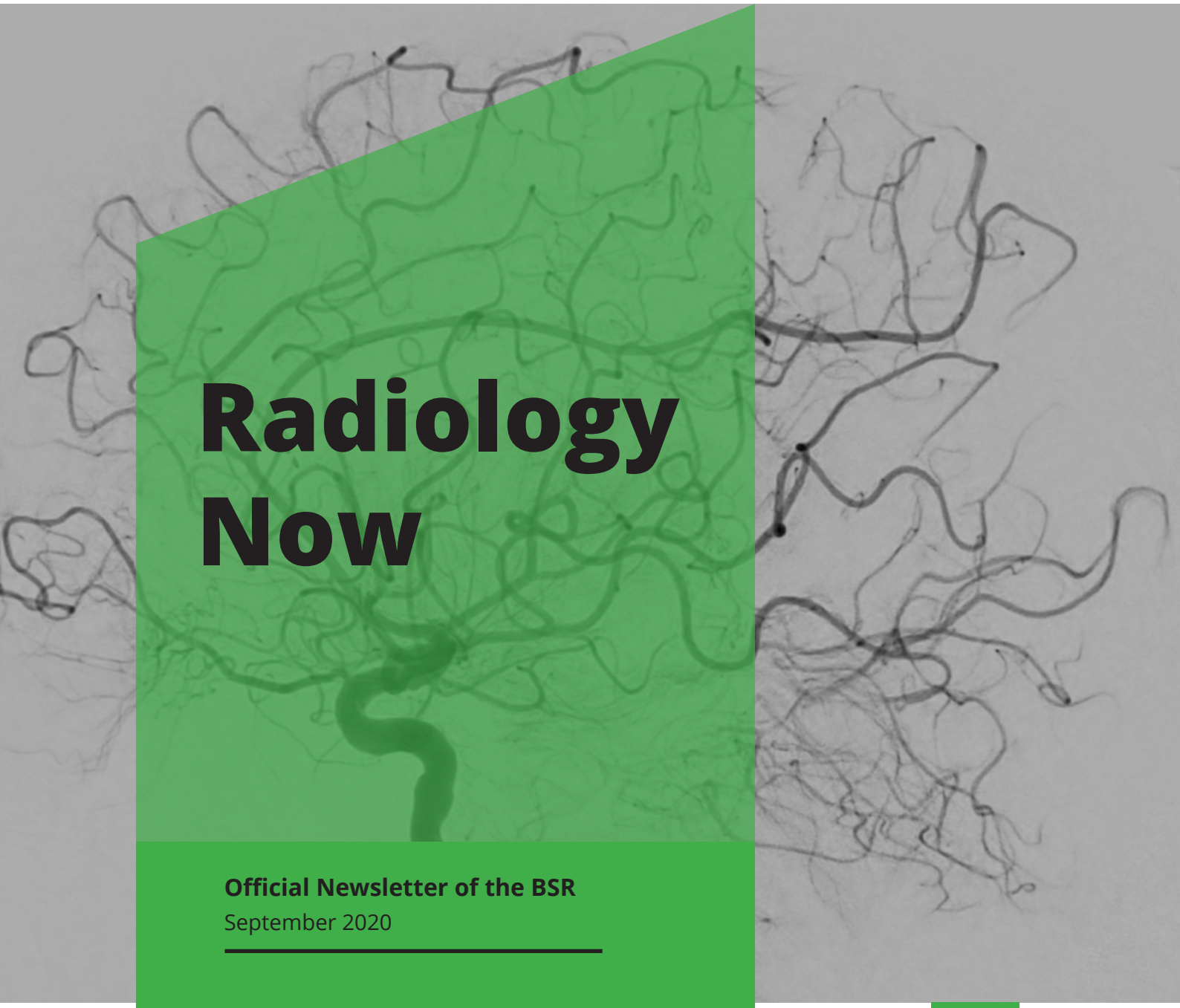
BELGIAN SOCIETY OF RADIOLOGY



Radiology Now

Official Newsletter of the BSR

September 2020

Dear Members,

We are pleased to present the new edition of our magazine Radiology Now during this strange pandemic period.

In this edition you can find the program of our yearly symposium. Due to Covid-19 regulations the decision was made to keep the symposium strictly virtual. We know a symposium is also a moment to be able to converse and discuss with our colleagues. Because this experience is not possible and for easy accessibility this time the symposium will be free for registered BSR-members. Further information can be found in this issue.

A website is an important connective tool for a society and as time goes by the renewal of our website was once again necessary.

We would like to take the opportunity to encourage every member and colleague to renew or join the BSR in these difficult covid-times. The budget is needed for the development of our new website as well as our professional defense and organization of section meetings etc.

Furthermore you can find the details of our previous board meetings, in that way we try to keep everybody as updated as possible with our professional activities and defense.

Have a good reading!

Piet Vanhoenacker
President BSR

Tom De Beule
Managing director BSR

BSR Symposium: Goes Virtual 14/11/2020

Due to the Covid 19 pandemic the scientific counsil and BSR-board have decided to organise a virtual meeting only.

9:00 - 9:20	20′	**Message of the president** Dr. Piet Vanhoenacker (OLV Aalst)
9:20 - 10:30	20′	**Biliary pathologies and interventional implications** Prof. Robert Ferdinand Dondelinger
	20′	**"How I do it" MR rectum** Prof. Elleke Dresen (UZ Gasthuisberg)
	20′	**Adrenal incidentaloma: how to manage them.** Dr. Philip Van Hover (OLV Hospital, Aalst)
	10′	**Questions**
10:30 -10:50	20′	**Break - Sattelite Symposium**
10:50 - 12:00	20′	**Internal herniations** Dr. Paul Meunier (CHU Liège)
	20′	**Imaging beyond the peak:** **long-term pulmonary changes after COVID-19.** Prof Walter De Wever (UZ Gasthuisberg)
	20′	**Clinical findings after COVID-19** Pulmonologist: Dr Nathalie Lorent (UZ Gasthuisberg)
	10′	**Questions**
12:00 - 12:20	20′	**Break - Sattelite Symposium**
12:20 - 13:00	20′	**Covid-19 beyond lung parenchymal changes:** **neurological patterns** Dr. Sofie Van Cauter (ZOL)
	20′	**Artificial Intelligence in COVID-19** Dr. Laurens Topff/ Dr. Erik Ransschaert (Robovision)
13:00	10′	**The (re)discovery of X-rays** Dr. René Van Tiggelen

Scientific Counsil of the BSR

Sep 2020

BSR Annual meeting 14/11/2020

Different times call for different measures. The COVID-19 pandemic has forced us to search for alternative methods to provide an annual meeting which is equally interesting and has quality. For the Belgian Society of Radiology (BSR) 2020 Annual Meeting, the sections on Abdominal Imaging, Thoracic Imaging and the Young Radiologist Section (YRS) joined forces to organize a meeting which is quite different from the ones we have organised in the past. We have chosen to create a compact - approximately 5 hour - and entirely virtual meeting with the possibility of live interaction with the speakers during the question and answer sessions. The meeting kicks off with a message from the BSR president about radiology in 2020, followed by three abdominal talks. The second session combines an abdominal talk with COVID-related talks. We have chosen to include not only thoracic findings in COVID-19, but to take it further and discuss neurological patterns, long-term clinical findings and the progress in artificial intelligence in COVID-19. Lastly, the annual meeting closes off with a short movie about the (re)discovery of Röntgens X-ray, presented to us by the Belgian Museum for Radiology, Military Hospital, Brussels.

Registration this year is included in the BSR membership and thus free: **Register here by accessing the url or using the QR-code**

https://forms.gle/SVV27hwYP-1Jqhiy47

The meeting will take place on Saturday, November 14th 2020.
The meeting starts at 9:00 AM with a message from Dr. Piet Vanhoenacker (OLV Ziekenhuis Aalst-Asse-Ninove) (Picture 1), president of the BSR, with an overview of the activities of the BSR during the last year and will summarize the challenges that lie ahead.

The first session (10:50 - 12:00) focusses on abdominal imaging and is moderated by Dr. Annemie Snoeckx (Picture 12) (UZ Antwerpen) and Dr. Anne-Sophie Vanhoenacker (Picture 13) (YRS, University Hospitals Leuven). It contains three lectures about different subjects. First, Prof. Dr. Robert Dondelinger (Department of Radiology, CHU Sart Tilman, Liège) (Picture 2) will talk about biliary pathologies and the basic principles of treatment of bile duct obstruction. Next, Prof. Dr. Elleke Dresen (Picture 3), who is a staff member at UZ Gasthuisberg, Leuven and obtained a dissertation on the multidisciplinary approach to locally advanced and recurrent rectal cancer, will give us a case-based approach as how to interpret MR of the recum in this 'How I do it' talk. Finally, Dr. Philip Van Hover (Picture 4), staff member at the OLV Ziekenhuis Aalst-Asse-Ninove, with a special interest in uroradiology will teach us tips and tricks in imaging and management of adrenal incidentaloma.

The second session (11:00 – 12:30) is a mix of abdominal imaging and COVID-related talks and is moderated by Dr. Lieven Van Hoe (Picture 14) (OLV Ziekenhuis Aalst-Asse-Ninove) and Dr. Flavien Grandjean (Picture 15) (YRS, CHC Liège MontLegia). First, Prof. Dr. Paul Meunier (Picture 5), Head of

Radiology Department of CHU de Liège, will give an elaborate talk on the different types of abdominal internal hernias on the basis of their appearance via a normal or abnormal orifice. Next, Prof. Dr. Walter De Wever (Picture 6), thoracic radiologist and staff member at University Hospitals Leuven, will talk about the latest research on long-term pulmonary changes after COVID-19. Finally, Prof. Dr. Natalie Lorent (Picture 7), respiratory physician and staff member at the University Hospitals Leuven. She will present the latest data on recovery after COVID-19 based on literature data as well as follow-up findings in UZ Leuven.

The third and final session (12:20 - 13:25) is moderated by Dr. Flavien Grandjean and Anne-Sophie Vanhoenacker. Prof. Dr. Sofie Van Cauter (Picture 8), certified neuroradiologist in ZOL Genk en UZLeuven, will talk about the various neurological and neuropsychiatric complications related to COVID-19. Next, the latest progress in artificial intelligence in COVID-19 will be discussed by Dr. Laurens Topff (Picture 9), radiologist at the Netherlands Cancer Institute - Antoni van Leeuwenhoek in Amsterdam, and Dr. Erik Ranschaert (Picture 10), radiologist at the ETZ Hospital in Tilburg, the Netherlands and AI project manager. We conclude the annual meeting with a short movie on the (re) discovery of Röntgens X-ray, presented to us by René Van Tiggelen (Picture 11), radiologist and current Curator of the Belgian Museum for Radiology, Military Hospital, Brussels.

Anne-Sophie Vanhoenacker, Flavien Grandjean, Lieven Van Hoe, Annemiek Snoeckx, Raymond Oyen

Faculty


BSR president:
Piet Vanhoenacker


Robert F. Dondelinger


Raphaëla E. Dresen


Philip Van Hover


Paul Meunier


Walter De Wever


Nathalie Lorent


Sofie Van Cauter


Laurens Topff


Erik Ranschaert


René Van Tiggelen


Annemie Snoeckx


Anne-Sophie
Vanhoenacker


Lieven Van Hoe


Flavien Grandjean

Federaal toezicht en audit van de ziekenhuizen

Aanpassing van de online teksten en brief van de FOD /FAGG en Riziv

Samen met de FOD Volksgezondheid en het Federaal agentschap voor geneesmiddelen en gezondheidsproducten (FAGG) is de Eenheid Audit Ziekenhuizen opgericht. Die voert thematische audits uit in de ziekenhuizen om de doelmatigheid van de gezondheidszorg en een optimaal gebruik van de beschikbare middelen te verhogen

Waarom een Eenheid Audit Ziekenhuizen?
De algemene doelstellingen van de Eenheid Audit Ziekenhuizen zijn:

- verbeteren van de kwaliteit en efficiëntie van de zorgverlening aan de burger
- optimaliseren van de besteding van de overheidsmiddelen.

Die doelstellingen zijn verankerd in belangrijke bestuursdocumenten.

- Zo stond de maatregel om systematisch audits van ziekenhuizen uit te voeren al in het Actieplan handhaving in de gezondheidszorg 2016-2017. Daarna is die maatregel verder uitgewerkt in het Actieplan handhaving in de gezondheidszorg 2018-2020.
- In het kader van de 'Redesign van de gezondheidszorgadministraties' is de maatregel dan als een prioritair samenwerkingsdomein met concrete gezamenlijke engagementen gedefinieerd in de zogenaamde 'Gemeenschappelijke sokkel':
  - o van onze Bestuursovereenkomst en die van de FOD Volksgezondheid
  - o bij het Strategisch plan van het FAGG.

Hoe gaat de Eenheid Audit Ziekenhuizen te werk?
De Eenheid Audit Ziekenhuizen hanteert welbepaalde auditmethoden voor de thematische audits in de ziekenhuissector. In elk onderzoek zullen we het volgende evalueren:

- conformiteit aan normen en regels van de 3 administraties (bv. nomenclatuur, ICD-10-BE, regelgeving FAGG, BMUC, P4P, enz.)
- performantie en doelmatigheid van de verleende zorg (in functie van bv. guidelines, benchmarking, enz.)

Zo kan er op een objectieve manier nagaan in hoeverre er afwijkingen bestaan tussen de te behalen doelstellingen en de werkelijkheid.
De audits leggen de nadruk op het belang van follow-up in de verbetertrajecten van ziekenhuizen en hun zorgverleners. Hierbij staan feedback, vragen naar toelichting, delen van 'best practices', uitnodigen tot verbeterinitiatieven en monitoring centraal. Zorgverleners en ziekenhuizen kunnen op die manier samen met de overheid werken aan een continue verbetering.

De audits willen dan ook:

- vooral toekomstgericht bijsturen eerder dan bestraffen voor het verleden
- de regelgeving van de overheid optimaliseren.

Samenwerking is essentieel. De 3 administraties brengen hun federale bevoegdheden samen. Ze bundelen hun expertise en databestanden en koppelen voor alle ziekenhuizen de diagnose- en behandelingsgegevens aan de facturatiegegevens.
Ook samenwerking met externe partners is gepland, zowel op structureel vlak of telkens als het nodig is in het kader van een specifieke situatie ('ad hoc'). Voorbeelden: samenwerking met het Kenniscentrum voor de gezondheidszorg (KCE), met de beroepsverenigingen, enz.

Welke thematische audits zijn uitgevoerd of gepland?

De volgende audit is uitgevoerd:

- Bariatrische heelkunde:
  Rapporten online ter inzage.

De volgende audits zijn reeds lopend of gepland:

- Een eerste impact van 'laagvariabele zorg'
- Zware medische beeldvorming

AUDITONDERWERP : Zware medische beeldvorming

De audit behandelt zware medische beeldvorming, met verwijzing naar het protocolakkoord van 24 februari 2014 inzake de medische beeldvorming, evenals de de aanvulling daarop, gepubliceerd in het Belgisch Staatsblad van 14 december 2018, het nationaal akkoord artsen-ziekenfondsen 2018-2019 van 19 december 2017, en de normen en voorschriften ter zake (de nomenclatuur van de geneeskundige verstrekkingen, het landelijk kadaster van zware medische apparatuur, ...).

Het auditteam zal zich voornamelijk toeleggen op de analyse van de uitvoering van computertomografie (CT) en Magnetic Resonance Imaging (MRI) van de schedel en de wervelzuil uitgevoerd in 2017 tot en met 2019 . Daarnaast komen nog een aantal andere items aan bod die bijdragen aan de scope van deze audit.

PRAKTISCHE ASPECTEN

Als eerste stap nodigt het auditteam alle ziekenhuizen uit om:
- De online vragenlijst in te vullen. Met deze vragenlijst beogen we een zo volledig mogelijk beeld te bekomen van het terrein, en de werkbelasting van het terreinbezoek voor de ziekenhuizen te beperken.
- De gegevens van het nationaal register van zware medische apparatuur spontaan op punt te stellen, via het bestaande registratiesysteem .

In een tweede stap contacteert het auditteam een aantal ziekenhuizen om een terreinbezoek te realiseren.
Het auditteam stuurt zo snel mogelijk een verslag van de audit ter plaatse naar het ziekenhuis.

Het ziekenhuis kan gedurende 10 werkdagen opmerkingen doorsturen op het e-mailadres: audit.ziekenhuizen@riziv-inami.fgov.be. Zonder reactie wordt het verslag na deze periode als zijnde gevalideerd beschouwd.

Ten slotte stuurt het auditteam na de uitvoering van alle geplande audits over dit onderwerp een specifiek rapport naar elk ziekenhuis. Een algemeen geanonimiseerd rapport voor het auditthema zware medische beeldvorming zal beschikbaar gesteld worden op de website van Audit Ziekenhuizen.

Hot topics in Radiology : 2020 shift from in-person to virtual meetings online

National and international radiological communities have been disturbed by national lockdowns and travel restrictions resulting from the ongoing Covid-19 pandemic. This is an unprecedented situation for Belgium and many other countries, to which the Belgian Society of Radiology (BSR) in addition to other national and international Radiological Societies have reacted by the cancellation of physical meetings and replacement by virtual meetings online. With extensive use of the Internet, radiologists have united throughout the world despite their confinement and restrictions imposed by new laws.(1)

Earlier in 2020, a new BSR Board has been elected and composed. Complementary to the Board, a BSR Management Committee has been established to assist in the practical functioning of the Society. Both the BSR Board meetings as well as the meetings of the Management Committee have been affected by the restrictions already discussed above, making in-person meetings impossible. Nevertheless, virtual meetings have already regularly taken place for both the newly assigned Board and Management Committee with the use of the 'GoToMeeting' software. Not dissimilar to the BSR Board and Management Committee GoToMeetings, LOK/Glem meetings have been organised online. For example, in LOK 287 (secretary Dr. Kris Veryser), a video conference was organised by Dr. Kurt Buccauw with the program 'JITSI meet' shortly after the peak of the Covid 19 crisis about the resurgence of radiology departments.

Virtual meetings can be joined from either pc, tablet or smartphone. Participants have the choice to either reveal or hide the camera of the device, and to either mute or activate its speaker. To eliminate noise as much as possible, the mute mode is preferred as long as one is not speaking. The name of participants intending to speak appear on the others' screen as soon as the speaking participant has activated his or her speakers. Problems may arise as soon as a hot topic is being discussed with several participants intending to speak at the same time, not unlike what tends to happen in a physical meeting. In a physical meeting, however, the moderator may help to assign participants wishing to comment, which is somehow more complex in online meetings so far. In addition, the lack of social interaction and professional networking both before and after a meeting should not be underestimated. These drawbacks, of course, are opposed by the advantage of not needing to travel to the place of a physical meeting, with the comfort of staying at home.

Scientific meetings at conferences in Europe and all around the globe have seen a switch to online webinars, as only the latter conform to mandatory social distancing. Once a niche market in scientific education and meetings, and usually for small groups only (such as research groups, journal clubs, etc.), online lectures/webinars series have proven to be an instant success.1 Not only have online webinars facilitated speakers to increase their audience, they also allow users

to receive information from home. Examples in neuroradiology include a lecture series focusing on neuroradiology (ESNR WebLectures) and pediatric neuroradiology (International Pediatric Neuroradiology Teaching Network). In Belgium, the Life Conference Update in Neuroimaging organised by BSR Committee Member Dr. Bart Claikens planned for 2020 has been postponed to 2021, however, a Webinar Update in Neuroimaging will already take place on September 9th. After repeated BSR Board discussions of the pros and cons of a physical versus online only versus hybrid physical-online meeting, it was decided by the Board the Annual Meeting of the BSR in 2020 would take place as an online only meeting. More information about the Annual Conference you will find elsewhere in this edition of 'Radiology Now'.

The BSR Board and Management Committee are aware that there is a growing demand for online educational resources and webinars. The shift from physical in-person meetings to virtual meetings has resulted in several technical challenges to overcome, including the need for an online platform for webinars, video and sound recording, and the practical organisation of a 'Questions & Answers' (Q&A) session immediately after a lecture. The BSR is currently adapting to these new needs by the development of a new website and by incorporating all technical advances required, most of which is coordinated by Dr. Rodrigo Salgado under guidance of BSR President Dr. Piet Vanhoenacker and the remainder of the Board and Management Committee.

Reference:

1. G. D'Anna, F. D'Arco, J. Van Goethem. Virtual meetings: a temporary choice or an effective opportunity for the future? Neuroradiology (2020) 62:769–770

Laurens De Cocker
AZ Maria Middelares, Ghent

New BSR-Website

Dear colleagues,

More than ever, we live in a connected world. Technology has allowed us to interconnect with each other using all kinds of advanced communication tools, often operating high-tech devices residing just in our back pocket. It goes without saying that in 2020, digital communication has reached new heights of social relevance, and will only further gain in importance in the nearby future.

So far, the BSR has been fairly modest in the development of its digital front end. Our website, which for several years has been serving as our digital front, has dutifully performed its task as an information outlet and online member portal. However, while it once represented our best effort to provide digital services to our members, one cannot deny that after some time there was certainly room for improvement.

As such, during the last six months the newly established BSR management committee, at the directive of the BSR board, has invested significant time and effort together with the required financial resources in the development of a new website. We internally debated how this new website might further improve our standing as a professional medical society, which features it must have in order to perform according to the current standards, and how to present all this in a visually attractive and easy to navigate package. Furthermore, we decided that the delivery of online educational content in its various forms must be one of our core services to our members, providing continuous medical education of the highest professional standards, all made in Belgium of course.

After months of development, we are proud to announce the imminent delivery of the new BSR website, planned to go live before the end of September 2020. As you will soon experience, this new website will be the start of a new digital age for our society. A fresh new look, together with frequent news updates, a revised member portal, and a completely redesigned educational content section, will provide a solid foundation to further enhance the digital presence of Belgian radiology. It will also further support our standing in the medical society.

We hope that you can appreciate this latest BSR project and would like to welcome you soon to our redesigned website. As always, we would like to hear all your suggestions for further improvement and refinement.

With our best regards,

The BSR managment committee

Améliorer la surveillance des hôpitaux, pour améliorer l'efficacité des soins

L' adaption libre des textes et la lettre du SPF Santé Public, l'inami et la AFMPS

Nous nous sommes associés au SPF Santé publique et à l'Agence fédérale des médicaments et des produits de santé (AFMPS) pour surveiller les hôpitaux de façon plus efficace, plus simple et plus transparente.

Notre Unité Audit Hôpitaux réalise ainsi des audits thématiques dans les hôpitaux, pour améliorer l'efficacité des soins de santé et assurer une utilisation optimale des moyens disponibles.

Pourquoi créer une Unité Audit Hôpitaux ?
Les objectifs généraux de l'Unité Audit Hôpitaux sont :

- améliorer la qualité et l'efficacité des soins aux patients
- optimiser l'utilisation des fonds publics.

Ces objectifs sont ancrés dans des documents importants :

- Le Plan d'action en matière de contrôle des soins de santé 2016-2017 reprenait déjà la mesure permettant de réaliser systématiquement des audits d'hôpitaux. Le Plan d'action en matière de contrôle des soins de santé 2018-2020 l'a développée.
- Dans le cadre du Redesign des administrations de soins de santé, notre Contrat d'Administration, celui du SPF Santé publique et le Plan stratégique de l'AFMPS comportent un « socle commun ». Ce socle définit cette mesure comme un domaine de collaboration prioritaire avec des engagements communs concrets.

Comment travaille l'Unité Audit Hôpitaux ?
L'Unité Audit Hôpitaux utilise des méthodes d'audit bien définies pour les audits thématiques dans le secteur hospitalier. Lors de chaque audit, nous évaluons :

- la conformité aux normes et règles des 3 administrations (par ex. nomenclature, ICD-10-BE, réglementation AFMPS, BMUC, P4P, etc.)
- la performance et l'efficacité des soins dispensés (en fonction par ex. de directives, du benchmarking, etc.).

Cela nous permet de vérifier de manière objective dans quelle mesure il existe des écarts entre les objectifs à atteindre et la réalité.

Les audits mettent l'accent sur l'importance du suivi dans les trajets d'amélioration des hôpitaux et de leurs dispensateurs de soins. Le feed-back, les demandes d'explications, le partage de « best practices », l'invitation aux initiatives d'amélioration et le monitoring occupent une position centrale. De cette manière, les dispensateurs de soins et les hôpitaux peuvent collaborer avec les pouvoirs publics en vue d'une amélioration continue.

L'objectif de ces audits est donc :

- avant tout d'ajuster pour l'avenir plutôt que de sanctionner des actes passés
- d'améliorer la réglementation des pouvoirs publics.

Une collaboration est essentielle. Les 3 institutions fédérales rassemblent leurs compétences, elles unissent leurs expertises et leurs bases de données. Pour tous les hôpitaux, elles relient les données relatives au diagnostic et au traitement, avec les données de facturation.
Nous prévoyons aussi de collaborer avec des partenaires externes, tant de façon structurelle que dans le cadre d'une situation spécifique si nécessaire (par ex. avec le Centre d'expertise des soins de santé (KCE), les associations professionnelles, etc.).

Quels sont les audits thématiques réalisés et à venir ?

Nous avons déjà réalisé un premier audit portant sur la chirurgie bariatrique .

D'autres audits sont prévus ou déjà en cours, portant sur :

- une première idée de l'impact du nouveau système de « soins à basse variabilité »
- l'imagerie médicale lourde.

SUJET DE L'AUDIT : L'imagerie médicale lourde

L'audit est axé sur l'imagerie médicale lourde, en référence au protocole d'accord du 24 février 2014 relatif à l'imagerie médicale lourde ainsi qu'à son avenant publié au Moniteur Belge en date du 14 décembre 2018 et à l'accord national médico-mutualiste 2018-2019 du 19 décembre 2017 mais aussi aux normes et règlementations concernant la matière (nomenclature des prestations de santé, registre national des appareils médicaux lourds, ...).

L'équipe audit se concentrera essentiellement sur l'étude de la réalisation des scanners (CT) et des Imageries par Résonance Magnétique (IRM) de la colonne vertébrale et du crâne effectués entre 2017 et 2019. De plus, un certain nombre d'autres éléments qui contribuent à l'objectif de cet audit seront également abordés.

MODALITÉS PRATIQUES

Dans un premier temps, tous les hôpitaux seront invités à :

- - Compléter un questionnaire en ligne. Ce questionnaire qui vous sera envoyé ultérieurement nous permettra d'avoir une image aussi précise que possible de la problématique sur le terrain et d'ainsi limiter la charge de travail des hôpitaux lors de la visite sur place.
- - S'assurer de la mise à jour des données du registre national des équipements médicaux lourds via le 6 système d'enregistrement actuel .

Dans un second temps, l'équipe audit contactera un certain nombre d'hôpitaux pour réaliser une visite sur place.

Un compte rendu de la visite sera adressé à l'hôpital dans les meilleurs délais, celui-ci sera invité à renvoyer ses commentaires à l'adresse mail : audit.ziekenhuizen@riziv-inami.fgov.be dans les 10 jours ouvrables. Sans réaction de la part de l'hôpital, ce compte rendu sera considéré par défaut comme validé.

Enfin, après avoir réalisé tous les audits planifiés dans le cadre de ce thème, l'équipe d'audit enverra un rapport spécifique à chaque hôpital audité. Un rapport général comprenant les données anonymisées de chaque hôpital audité dans le cadre de l'imagerie médicale lourde, sera disponible sur le site 'audit des hôpitaux'.

Summary of previous board meetings:

Meeting 28/4/2020 19u30

1. **Approval of draft minutes of the meeting of 03.03.2020**

The report was approved without comments. With regard to the internal rules, it is noted that the report still refers to 'imagerie du sein' in French. this would be better replaced by "imagerie de la femme / senologie". It is recalled that the Scientific Council has the task of updating the designations of the different sections as necessary. There is discussion about the names of several sections. On the basis of the discussion in the Scientific Council, the names of the sections in the internal rules will be changed

2. **Advance payment of 1 billion euros to hospitals**

Negotiations on the distribution of the EUR 1 billion advance are very difficult. This advance covers the period from March to May.
70% of this advance of 1 billion goes to doctors and 30% to hospitals. Ten percent of the amount intended for the doctors goes to a separate fund to pay residents and to compensate colleagues who were engaged in the COVID departments, who are not otherwise compensated by the nomenclature.

3. **COVID-19 - Chest CT**

In the current crisis, some patients are undergoing a chest CT to confirm suspected COVID-19 virus infection. The approach to testing with chest CT differs from hospital to hospital. For example, in some hospitals all geriatric patients are systematically tested with a chest CT. In other hospitals, all patients who have to undergo surgery are tested in this way. The question arises how this will be reimbursed if the patient is admitted for the treatment of a pathology included in the "low-variable care" scheme.
The BVAS has urged the RIZIV/INAMI to remove the "COVID-19 screening CT chest" as well as the COVID PCR test from the budget of low-variable care. This proposal will most likely be accepted, but it still has to be worked out technically, which will not be obvious given the variety of situations.
The BSR will write to the RIZIV/INAMI to support this proposal.

4. **MRI reopening strategies COVID**

Long waiting lists for MRI are to be expected. Far fewer studies have been conducted in recent weeks. Much more time and space must be provided for each patient to perform an MRI examination. Suggestions have been made to temporarily reuse the MRI units that have been put out of use through Protocol agreement 1 (eg scientific devices) . However, this proposal is in conflict with all agreements reached with the government. If such an extension were to be proposed and approved, it is important that an exit scenario is also defined immediately.

Moreover, it must be made clear that it is certainly not the intention to conduct more studies than in 2019. Another remark is that not all hospitals / hospital networks have the option to activate such additional units . It is important to be able to determine in specific terms how many additional units can be put into use in this way. Drs. J. De Mey and E. Coche will send a letter to the various networks. An extension of the opening hours of the services is also one of the possibilities to minimize waiting lists

5. Restart of medical activities

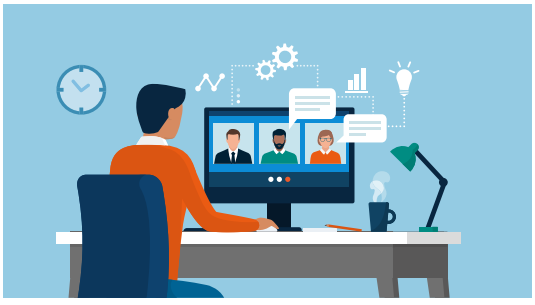
The VBS/GBS is closely involved by the Federal Public Health Service in the restart of the medical activities. All professional associations were invited to draw up lists of the pathologies according to their urgency, in order to provide guidelines to the hospitals and doctors. The BVR has not drawn up a list as such, because medical imaging services depend heavily on the start-up of the activities of their colleagues. Previously, a memorandum regarding the exit strategy was already sent to the VBS. In the context of the restart of activities, it is important that all safety measures are observed. It must be ensured that there is sufficient distance (in time and space) between different patients. Services will need to be familiarized with new organizational and security rules. There is a call for clear rules from the government that individual hospitals can implement, taking into account their specific situation. After all, it is impossible to provide for all situations in guidelines. Moreover, working methods differs from hospital to hospital.
Dr. Bruno Vande Berg points out that the chest section has included short videos in the context of the COVID-19 crisis that can be viewed on YouTube.

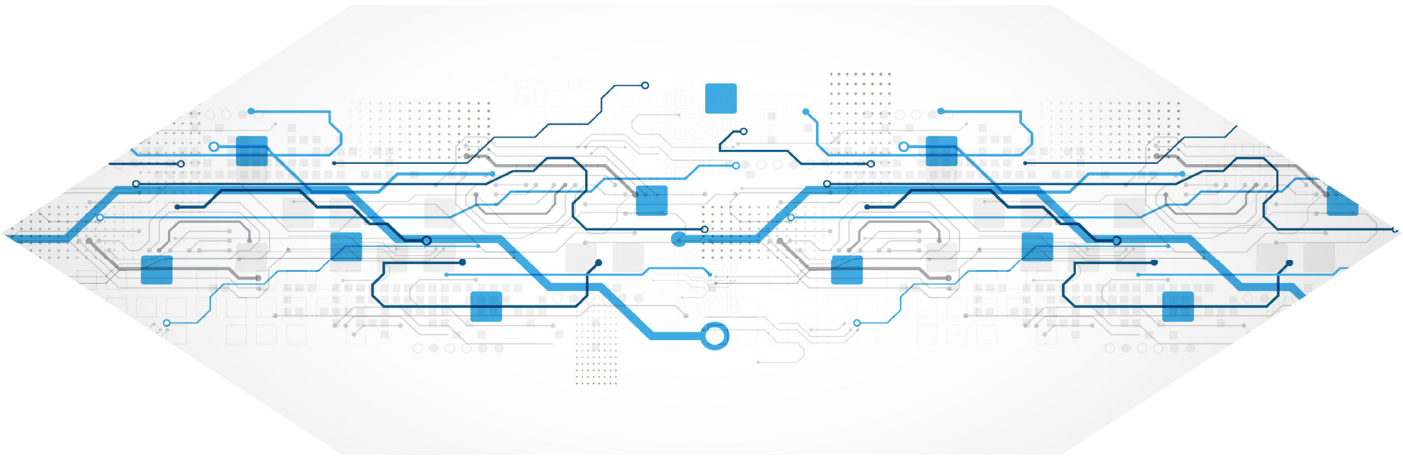
6. Control by RIZIV

In recent weeks, following complaints by some colleagues, the Service for Medical Control from the RIZIV/INAMI (DGEC) has carried out checks on the compliance with the instructions to only perform urgent and essential services. Some hospitals have strictly followed the government's call, others have applied these guidelines much more liberally. Hospitals that have received many COVID-19 patients are at a disadvantage compared to hospitals that have done so to a much lesser extent. A number of law firms, including Dewallens and Arcas Law, have pointed out, in response to these audits, that the DGEC does not have a sufficient legal basis to sue doctors who have not respected this rule.
However, deontological sanctions may be possible.

7. Management Council

Due to the COVID-19 crisis, implementation of organizational changes have been delayed some time.
-Dr. R. Salgado has already made several contacts for the development and start-up of a new website.
-To prevent different administrative systems from running in parallel, the 2020 call for payment of BSR dues call will be postponed until September 2020.
-Our newsletter "Radiology Now": Before the outbreak of the COVID-19 crisis, it was planned to release an issue of Radiology Now in March 2020 in order to enjoy the advantageous shipping costs of a paper version (requirements: 4 issues in one year on a regular schedule) This was not possible due to the COVID-19 crisis.





8. **Scientific Council**

-Discussions are still underway concerning the topics that will be presented this year. Drs. R. Oyen and Anne-Sophie Vanhoenacker are preparing a program draft. The abdominal imaging section will be included in the program. Given the COVID-19 pandemic, it seems appropriate to also devote a part of the program to this topic. In the afternoon, a number of more generic themes could be discussed, so that participants can acquire CME points of "ethics and economics".
-Invitations must be sent by early September 2020 at the latest.
-The question remains, however, whether the conference will be able to be organized in the traditional form. Our insurance company will be asked whether the policy for cancellation due to terrorism can be extended to cancellation due to pandemic.

9. **Miscellaneous**

- FANC: Physicians are released from the obligation to obtain CME points in radioprotection in 2020.

- Need for a teaching platform. The French-speaking universities have a lot of lectures that are readily available to residents. A website may be constructed where these lectures could be made available to everyone. Dr. Bruno Vanden Berg asks whether the BSR could offer this service. It is a way to familiarize residents with the BSR and to increase the visibility of the BSR. It should also be checked to what extent credit points can be obtained in the context of accreditation by those who register and watch these courses/lectures. Dr. R. Oyen confirms that the Dutch-speaking universities also have teaching materials available, but there is no cooperation between universities. Each university has its own platform. Access to such a teaching platform may be of interest to residents who are preparing for the European exam.
-Master Thesis: An inquiry will be made into the willingness of referring physicians to use a clinical decision support system (CDSS) through a project by two master's students in Applied Business Economics. The survey will be distributed by the BSR.

The (re)discovery of X-rays: Belgian Museum of radiology.

Prior to his dead, professor Röntgen had requested his lab notes to be destroyed.
To make the process of his discovery known to the world we found ourselves bound by the quasie forensic duty to produce this 13 min video, matched by a 46-pages brochure in color.
Both contain numerous interesting informative details. We present these new publications within the 125th anniversary framework of the discovery of this fabulous innovation.

Only available in Dutch and French.

Author: Dr. R. Van Tiggelen.
N: ISBN: 2-930306-01-7
F: ISBN: 2-930306-00-9

DVD: 13 minutes
Trilingual
Legendas em Português.
Price together €12 + shipment fee

Brochure €5 + shipment fee
Video €10 + shipement fee

This is the perfect guide to visit the Belgian Museam of Radiology in the Military Hospital Queen Astrid. The book of 115 pages follows the setup of the historical room, established in 2017. It starts with the very beginning of the X-ray discovery and next meanders through the various developments. The world wars propelled the development of radiography and are therefore not forgotten.

Only available in Dutch and French.

Author: Dr. R. Van Tiggelen
ISBN: 9789082763607

Price €20 Plus shipment

A very high quality edition with numerous illustrations tells the history of the ongoing evolutions within the medical imaging.
It is one of the guidelines for visiting the Museum of Radiology in the Military Hospital Queen Astrid.

The 16-page brochure explains in both Dutch and French the posters in English.

Price €5 plus shipment.

Membership BSR

The BSR is in constant motion and now more than ever, we need your support to be able to continue as the most important radiologists' organisation in Belgium.
The BSR keeps offering new advantages while actively defending the profession.

Benefits

• Free registration at the 2020 annual symposium of the BSR Radiology,
• Free publication of articles in the free access Journal of the Belgian Society of Radiology (JBSR), meaning a saving of € 300
• Members-only pages on the new website.
• Free European Society of Radiology (ESR) membership
• Reduced membership fee for ESSR (European Society of Skeletal Radiology) and CIRSE (Cardiovascular
and Interventional Radiology Society of Europe)
• BSR newsletters - Radiology Now
• Free Advice (VBS)
• Registration discount for IMAIOS e-anatomy and RAD-Primer

Pricing

Subscription fee per member category:

• € 400 : Certified radiologists practicing in Belgium:
• € 130: Retired members or radiologists practicing abroad:
• € 50: Trainee radiologists:
• Honorary members: no subscription fees
• Discount rate for group memberships: please contact info@bsr-web.be

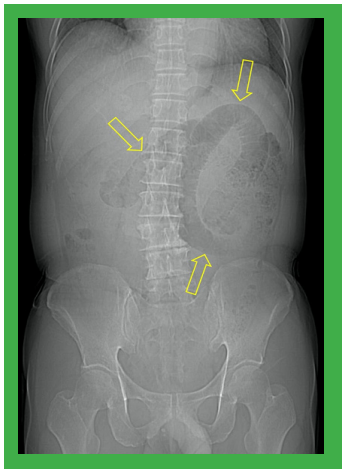
• Membership ESSR : Add 60 euro and/or contact (info@bsr-web.be), see below for More information.
• Membership CIRSE: please contact info@bsr-web.be

YRS-BSR Case of the Month

September - 2020

A 64-year-old man presented to the ER with lower abdominal pain.

CT scout view

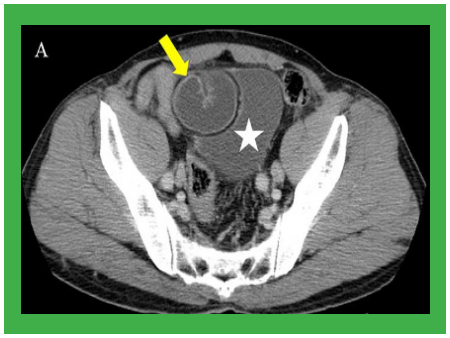


Question 1

What is the salient finding

- Normal bowel gas pattern
- Dolichocolon
- Dilated small bowel loops
- Volvulus

Axial CECT

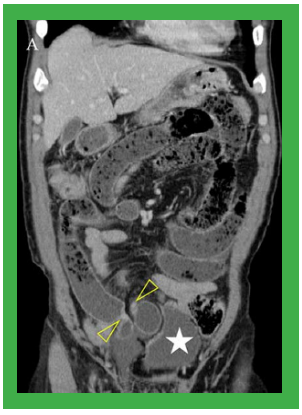


Question 2

What is the structure indicated by the white star

- Dilated sigmoid
- Bladder
- Ascites
- Abscess

Coronal CECT

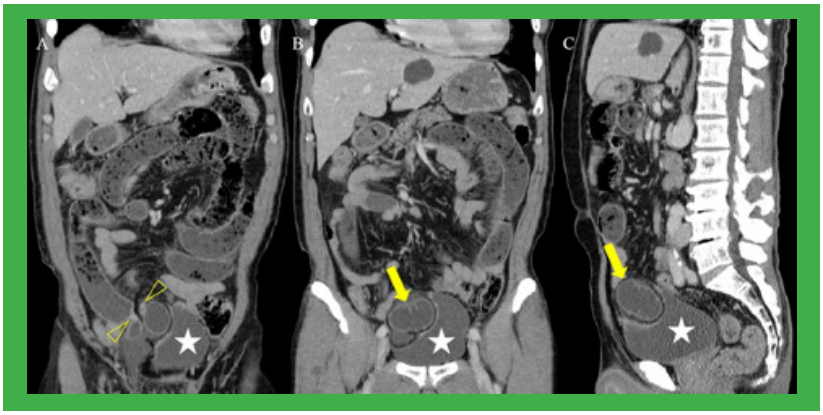


Question 3

What do the open arrowheads refer to?

- Adhesions
- Volvulus
- Closed loop obstruction
- Neoplasm

Coronal and sagittal contrast-enhanced CT



Hyperlink:

https://docs.google.com/forms/d/1fGUewcpqTvM-mu2Y-rHqf4cA5sADrTndqLTL-JpcBw7w/edit?ts=5f-32fa32

Question 4

What is your diagnosis?

- Pericecal internal hernia
- Transmesenteric internal hernia
- Supravesical internal hernia
- Transomental internal hernia

Question 5

Which structures delineate the supravesical fossa?

- Medial umbilical ligament & inferior epigastric vessels
- Inferior epigastric vessels & inguinal ligament
- Transverse vesical fold & inferior epigastric vessels
- Median umbilical ligament & medial umbilical ligament

Summary

A supravesical hernia is a rare type of hernia that occurs at the supravesical fossa, a space bound laterally by the medial umbilical ligament, medially by the median umbilical ligament, and inferiorly by the peritoneal reflection between the anterior abdominal wall and the dome of the urinary bladder. A supravesical hernia can be divided into an internal or external subtype. The external subtype protrudes to the anterior abdominal wall. The internal subtype herniates downward through the supravesical fossa into a space around the bladder.
The characteristic CT finding is a herniated bowel loop in front of, beside, or behind the compressed bladder.

Internal supravesical hernias frequently cause closed-loop obstruction and subsequent bowel strangulation. Therefore, prompt recognition and surgical reduction is needed.

Want to read more ?
Go to the website of JBSR and search for 'An Unusual Cause of Intestinal Obstruction: Internal Supravesical Hernia' or go to https://www.jbsr.be/articles/10.5334/jbsr.2020/

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