



**Society of Abdominal Radiology Disease Focused Panel and Emerging
Technology Commission Program Overview and Operating Policies and
Procedures Manual**

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Mission Statements

- DFP Mission Statement: The Disease Focused Panel Program aims to enable the Society to build disease-focused expertise that can be used to collaboratively answer important research questions in Abdominal Radiology and improve the clinical standard of care.
- ETC Mission Statement: The Emerging Technologies Commission Program aims to enable the Society to build technology-focused expertise that can be used to collaboratively answer important research questions in Abdominal Radiology and improve the clinical standard of care.
- Rationale: The Society's mission is the advancement of novel technologies and of organ-system, disease-based imaging and intervention for both diagnosis and treatment of gastrointestinal (GI) and genitourinary (GU) diseases. Future medical practice will depend upon our influence and innovation in the patient care, education, and research of disease-based initiatives.
- Purpose: SAR's ability to influence the radiology community, the wider medical community, and payer groups depends upon translation/exchange of knowledge between its members, other radiology societies, and non-radiology physician societies as well as patient advocate, payer, and governmental agencies. The society's impact is a direct result of its ability to deliver expertise and technical innovations in GI and GU diseases. While SAR has been successful in mentoring radiologists and providing educational programs, the application of imaging knowledge on specific GI and GU diseases has often been driven largely by non-radiology physician groups.

As part of its mission, the SAR DFP/ETC Program provides groups of abdominal radiology experts who partner with non-radiology physicians ('consultants') to develop recommendations for improved patient care based on scientific evidence and consensus expert opinion. The DFP/ETC structure provides a mechanism for SAR members to initiate these discussions. Each DFP/ETC agrees upon annual goals, establishes consensus expert opinions on key issues, works to improve quality of image acquisition and reporting for diseases under focus, performs high-quality multi-center research to investigate key questions in abdominal radiology, and develops common educational materials. These interactions within and outside of abdominal radiology aim to improve the focus and import of educational materials delivered at the SAR Annual Meeting or the official journal of the Society, *Abdominal Radiology*.

DFPs/ETCs are not interest groups. Their membership should be focused on proactively advancing the mission of the DFP/ETC and SAR.

- Definition:
 - Disease-Focused Panels are composed of SAR members and consultants who are experts in a particular disease or clinical problem related to a specific disease. In a formal application, they have been granted status as a 'SAR Disease-Focused Panel,' and DFP work together to further the scientific and educational goals of the Society, who has identified an unmet need to work within and outside of to advance and lead the care of patients with a particular disease.

- Emerging Technology Commissions are composed of SAR members who are identified experts in specific radiology technologies (e.g., imaging and interventional techniques, artificial intelligence). In a formal application, they have been granted status as a ‘SAR Emerging Technology Commission,’ and ETCs work to further the scientific and educational goals of the Society, who has identified an unmet need to work within and outside of to advance and lead the care of patients with expert knowledge in specific radiology technologies.
- Overall Structure:
 - Disease-Focused Panel/Emerging Technology Commission Oversight Committee (DFP/ETC-OC): The committee is composed of SAR members.
 - Purpose: The SAR DFP/ETC-OC oversees the SAR DFP/ETC Program and assists meeting managers in all communications to DFP/ETCs. The DFP/ETC-OC does not select panel/commission chairs. The oversight committee has three major functions: 1) review initial applications for new DFP/ETCs including consultation during the application process, 2) review progress and annual reporting for each DFP/ETC to ensure productivity and successful goal-completion, and 3) provide consultation through the life of the DFP/ETC panels/commissions and aid in leadership transitions.
 - Leadership: One or two SAR member radiologist(s) (single chair with or without a vice chair, or two co-chairs) lead the oversight committee.

- Chair / co-chairs of the oversight committee will be nominated by the outgoing chair(s) and approved by the SAR Board

- Membership Selections and Terms:

The committee consists of SAR members who serve at the leadership of the DFP/ETC Oversight Committee Chairs and the SAR board.

- The Chair(s) of the DFP/ETC Oversight Committee will serve for a 3-year non-renewable term. Other DFP/ETC Oversight Committee members are selected by the DFP/ETC Oversight Chair and serve for renewable, 3-year, staggering terms.
- The SAR Board may appoint a Board member to serve on the DFP/ETC Oversight Committee at their discretion.
- Number of Possible Panels/Commissions in Program: The maximum number of panels/commissions is limited only by the SAR budget and the number of substantive submissions that further patient care and the goals of SAR.
- Implementation: A panel/commission will be able to begin its work once the formal application has been reviewed and accepted by the Oversight Committee, and the panel Chair(s) have received notification from the Oversight Committee Chair.

DFP/ETC structure, membership, and purpose:

- Naming, Mission & Goals:
 - The name of the DFP/ETC should contain the disease, disease process, or technology that is the focus of the DFP/ETC.
 - Each DFP/ETC should specify a mission statement, articulate research and educational objectives, specify knowledge gaps, and provide a rationale for existence.
 - Research and educational goals support and inform projects of the DFP/ETC. For example, a research goal to develop image-based criteria for treatment response will support and inform a project to develop standardized imaging protocols and dictation templates.
 - Articulating knowledge gaps and providing a rationale for DFP/ETC creation is useful for promoting unity and developing focus around short- and long-term goals.
- DFP/ETC Leadership:
 - DFPs and ETCs are led by one or two SAR members (one chair or two co-chairs) who serve 3-year terms. If there are two co-chairs, it is preferred for the two chair terms to be staggered to facilitate institutional memory. Leadership terms are renewable once at the discretion of the DFP/ETC. More than one renewal requires approval by the DFP/ETC Oversight Committee.

- Succession planning is an important part of DFP/ETC progress. Decisions regarding leadership change are left to the individual DFP/ETC with the Oversight Committee as consultants.
- The Annual Meeting Council (and Educational Program Committee, as an entity thereof) may solicit input from DFP/ETCs for consideration in future meetings. There is a range of options for which the Annual Meeting Council may wish to use DFP/ETC expertise (opinion papers/reviews, how-to workshops, workshop track, etc.).
- Leadership organization should reflect the goals and mission of the DFP/ETC. The leadership plan requires approval by the DFP/ETC Oversight Committee.
- Leaders are tasked with overseeing membership selection and review, criteria for membership, and leadership transitions.
- Leadership change: At the conclusion of a Chair's term, a new Chair (or overlapping co-chair) should be selected from an existing DFP/ETC member and should consider an applicant's merits, SAR standing, general credentials, and specific DFP/ETC contributions. Models include direct solicitation by the Chair (s) or an open call for applications. This may include an option for a vote or co-chair consensus. Decisions on how to select these leaders will be left to each DFP/ETC to determine. It is advised that applicants prepare a vision statement as part of this process. New leaders require DFP/ETC Oversight Committee approval.

- DFP/ETC membership:
 - DFP/ETCs will consist of at least 6 core members who agree to collaboratively pursue the mission of the DFP/ETC.
 - There is no maximum number of DFP/ETC members. An average of 20-25 members is suggested by the DFP/ETC Oversight Committee.
 - Each DFP/ETC must review membership yearly. Members who are less engaged or unable to meet the expectations of the DFP/ETC should be transitioned to either emeritus status or removed from the roster. DFPs/ETCs should emphasize engaged, productive members.
 - Member diversity of thought (e.g. institution-, demographic-, geographic diversity) is a priority and should be reconsidered during yearly review. With this in mind, DFP/ETC leadership should review core member rosters annually to minimize the number of individuals who are members of multiple panels and commissions.
 - Early career pathway: In order to increase disease and technology expertise, DFPs/ETCs are encouraged to recruit 1-3 junior faculty and develop a mentoring pathway for them. There should be a minimum 3-year commitment culminating in full membership. Expectations for mentor/mentee interactions and deliverables should be established. DFP/ETCs must design a process for reporting mentorship progress.
 - Except for non-radiologist expert consultants, all DFP/ETC members must be SAR members in good

standing. SAR members can serve on up to two DFP/ETCs. Chairs or Co-Chairs may not chair another DFP/ETC concurrently.

- Consultants: DFP/ETCs should include at least one non-radiologist consultant:
 - Non-radiologist consultants are not SAR members but have expertise that will advance the mission of the DFP/ETC. Key functions include but are not limited to research and educational collaboration, and multidisciplinary societal connections. Non-radiologist consultants are nominated by the DFP/ETC chairs and can be approved at the discretion of the Chairs(s) or 2/3 majority of the DFP/ETC. Final approval is made by the DFP/ETC Oversight Committee after review of qualifications and intended purpose.
 - Multiple non-radiologist consultants may be designated at the discretion of the DFP/ETC (see funding limitations, below).
 - Non-radiologist consultants should attend DFP/ETC meetings either in person or by conference call. Annual productivity towards DFP/ETC goals is expected.
 - The Society allots \$1200 per panel/commission for non-radiologist consultants to attend the annual meeting. If the DFP/ETC chooses to invite more than one consultant, the funds must be shared. The selected consultant is at the discretion of the respective DFP/ETC chair(s). Non-radiologist consultants are not

paid, not charged a fee for participation in the DFP/ETC and should not be charged a registration fee for the annual meeting if participating in the Educational Program, similar to other invited lecturers.

- DFP/ETCs are encouraged to enlist non-radiologist consultants to participate in decision-making and progress on specific DFP/ETC goals that impact clinical care.
 - Consultant reimbursement forms and receipts can be found on the Society website at <https://abdominalradiology.org/sar-subpages/dfp-etc-forms-proposals/>
- Panel Terms/Duration: SAR DFP/ETC status will be granted initially for one year, and thereafter reviewed annually by the DFP/ETC Oversight Committee. The DFP/ETC Oversight Committee will decide upon renewal (without or with reservations, with specific concerns noted) or non-renewal.
 - All potential relationships with industry, including sponsorship or educational grants, require pre-approval of the DFP/ETC Oversight Committee and SAR Board.
 - Inter-society collaborations require a Memorandum of Understanding (MOU) developed under DFP/ETC Oversight Committee guidance and approved by the SAR Board. The most current version of an MOU can be obtained from the DFP/ETC Oversight Committee.
 - DFP/ETC Conflict(s) of Interest: All DFP/ETC chairs and panelists must complete the SAR DFP/ETC conflict of interest form annually. Panel chairs should distribute this

link, request participation of DFP/ETC members, and follow-up accordingly. After the deadline, the SAR will archive the reported conflicts until they are needed (e.g., for a collaboration or project representing the SAR), at which time those conflicts will be cross-checked and mitigation strategies (if needed) will be developed.

- Panel/Commission responsibilities (see Appendix 1):
 - Recommendations for DFP/ETC short-term goals and projects:
 - Assign specific DFP/ETC member leads and consultants to each short-term goal or project to enable delegation and follow-up. These are excellent opportunities to promote or mentor junior members.
 - List the rationale and knowledge gaps for each short-term goal and project.
 - Provide a deliverable or deliverables (e.g., a retrospective paper, consensus statement, sessions/symposiums at a non-radiology medical society, consensus study design to be carried out at multiple institutions) with a timeline to help DFP/ETC members understand priorities and projects.
 - Develop a portfolio of short-term goals and projects that are interdisciplinary and multi-institutional. Aim to meaningfully improve patient care.
 - Develop a formal mentoring program with clinical, educational, and research components can build

subspecialty expertise and cohesiveness; provide career development opportunities; and create opportunities for internationally recognized clinicians, academicians, and scientists to share their knowledge and experience.

- Develop web-based educational tools or videos that can reach a broad relevant audience.
 - Assign specific panel members to lead projects. Ideally, new members will be project champions under the mentorship of senior members. The intent is to develop future leaders, enable career development, improve DFP/ETC productivity, improve delegation and follow-up, and broaden the scope of projects within a DFP/ETC portfolio. A similar alternative is to choose DFP/ETC members to lead specific clinical, educational, and research subcommittees.
- Deliverables: Appropriate progression towards DFP/ETC goals as stated in the original application and/or
- Annual meeting: DFP/ETCs are required to meet at least annually at the SAR meeting, with further work conducted through delegation, ad hoc meetings, conference calls, email, and other forms of communication.
 - **DFP/ETC Meeting Registration (during SAR Annual Meeting):** Active panels are required to meet together during the SAR annual meeting. Chairs are also required to attend the DFP/ETC Chair Town Hall meeting. New Panels are required to meet individually with

the DFP/ETC Oversight Committee to discuss current state and goals; active panels are welcome to schedule individual meetings with the Oversight Committee as needed.

- **DFP/ETC Room Request Form (during RSNA):** The SAR will rent a meeting room for use by DFPs/ETCs during RSNA. The room will be available for a set period of time on a first-request basis. Unlike meeting during the annual meeting, meeting during RSNA is optional. SAR will cover the room rental fee only; A/V, Food & Beverage or other arrangements will be at the panel's expense. Sign up can be found on the Society website
<https://abdominalradiology.org/sar-subpages/dfp-etc-forms-proposals/>

- Annual Report: DFP/ETCs are required to submit an annual report for approval to the DFP/ETC Oversight Committee. Once approved, the annual report will be forwarded to the Board of Directors and Society Liaison committee. Reports will include accomplishments of the past year and future goals.

- New DFP/ETC formation:
 - New DFP/ETC proposals may be submitted by SAR members to the Oversight Committee. New 'spin-off' panels can originate as entirely new concepts or as derivatives of existing DFPs/ETCs.

- DFP/ETC formation and application: The application form for a new DFP/ETC may be found at <https://abdominalradiology.org/sar-subpages/dfp-etc-forms-proposals/>
- New DFP/ETC applications must be signed by at least 6 inaugural SAR members and approved by the DFP/ETC Oversight Committee. The Oversight Committee will review DFP/ETC applications to assess their potential impact on patient care and estimated benefit to the Abdominal Radiology community. See the accompanying, “SAR Disease-Focused Panels Application” and “SAR Emerging Technology Commission Application” documents.

Appendix 1: Specific Areas for Potential Impact

Included below are specific proposals/deliverables/actions that could be addressed by SAR DFP/ETCs depending upon their annual goals.

Impact on Educational Program and Content

- 1) Maintain recommendations of topics and speakers to provide to the Education Committee annually*
- 2) Provide content and mechanistic ideas to expand education mission
- 3) Participate in 'Ask the SAR DFP/ETC panelists' questions on web; luncheon meetings at the annual course
- 4) Lead, design and direct symposia
- 5) Discuss educational needs with other SAR committees as applicable

Impact on Research

- 1) Prepare research roadmap for the field
- 2) Perform multi-institutional collaborative studies
- 3) Conduct retrospective or prospective research that address key questions in the field
- 4) Develop formal inter-society collaborations with relevant non-radiology physician and patient advocacy groups*
- 5) Develop industry collaborations
- 6) Derive intra-and inter-society research collaborations

Impact on Clinical Practice

- 1) Develop SAR image acquisition protocols based on consensus expert opinion, which are designed to improve image quality in a cost-effective manner*
- 2) Develop SAR clinical practice protocols

- 3) Develop SAR clinical structured reports to improve quality of written communication and guide image interpretation
- 4) Work with the Website Education and Website Oversight Committees to derive content for website
- 5) Write SAR position or 'white' papers
- 6) Write multidisciplinary position or 'white' papers with non-radiology physician groups (e.g., recent, prostate, pancreas **and Crohn disease**)
- 7) Provide example PQI projects relative to diseases under focus
- 8) Provide educational content for non-radiology physician groups under the SAR banner (to establish SAR as a repository for disease-specific radiology expertise)

Impact on Patient Education

Direct communication and education with patients is imperative for developing and mature radiology technologies. Referring clinicians may not be able to answer patient concerns or even describe how radiology procedures are performed, much less address questions of risk, performance and benefit.

- 1) Write educational materials for patient advocacy groups
- 2) Share patient educational materials developed at different institutions within SAR
- 3) Partner with non-radiology physician groups to develop educational materials

DFP/ETC deadlines are maintained on the Society website at:

<https://abdominalradiology.org/sar-subpages/dfp-etc-forms-proposals/>

Resources for New Panel Applications, Room Requests, Survey Requests, New Panel Resubmission, Consultant Reimbursement, Annual Reports, Standard Panel Roster, Conflict of Interest and Memorandum of Understanding templates can be found on the Society Website at

<https://abdominalradiology.org/sar-subpages/dfp-etc-forms-proposals/>