



RSNA **(Radiological Society of north America)** **저널 이용 매뉴얼**

2022

MICHELLE@IGROUPKOREA.COM

학회 소개

RSNA(Radiological Society of North America: 북미방사선학회)는 전세계 136개국 54,000여 명의 회원을 보유한 비영리단체입니다.

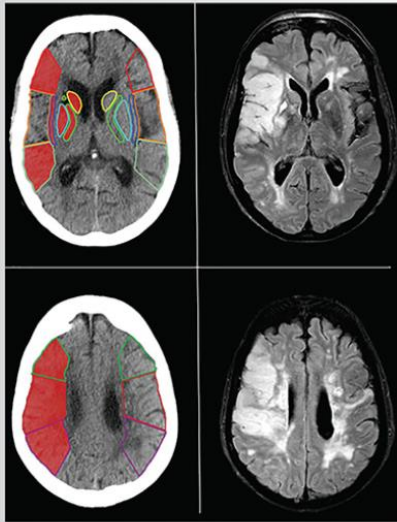
RSNA에서는 의사의 인증 관리에 대한 지속적인 교육 크레딧을 포함한 고품질의 교육 자원을 제공하고, 매년 세계 최대 규모의 방사선학 회의를 주최하며, 5종의peer-reviewed 저널을 출판합니다.

RSNA는 설립 이래 Research & Education 재단을 통해 6천만 달러의 보조금을 지원했으며,표준 개발을 위한 솔루션 또는 저자원 국가에 대한 교육 지원을 통해 미래를 구축하는데 전념하고 있습니다.



Radiology Journal

Radiology



APRIL 2019 • VOLUME 291 NUMBER 1 • RADIOLOGY.RSNA.ORG

RSNA
Radiological Society
of North America

- 1923년부터 RSNA에서 정기적으로 발행한 Radiology 저널은 방사선학 분야에서 현재 가장 임상적으로 관련성이 높고, 최고 품질의 권위 있는 참고 문헌으로 오랫동안 인정되어 왔습니다.
- 매월 약 300페이지에 달하는 동료 검토(peer-reviewed) 원론 연구, 권위 있는 검토, 중요한 논문에 대한 균형 잡힌 논평, 새로운 기법과 기술에 대한 전문가의 의견을 발표합니다.
- Radiology는 매월 온라인과 인쇄 버전으로 발행되며, Impact factor는 7.931로, 해당 분야에서 가장 많이 인용되는 저널 중 하나입니다.

Radiology Legacy Collection

- 1923년부터 2008년까지의 Radiology 저널 아카이브(searchable electronic archive)
- 메타데이터가 정리되어있어 검색이 용이하며, 모든 표지와 편집 정보 및 빈티지 광고 제공
- 최적의 퀄리티를 위해 개별적으로 스캔한 이미지
- 85년 이상의 방사선학 역사를 간편하게 이용



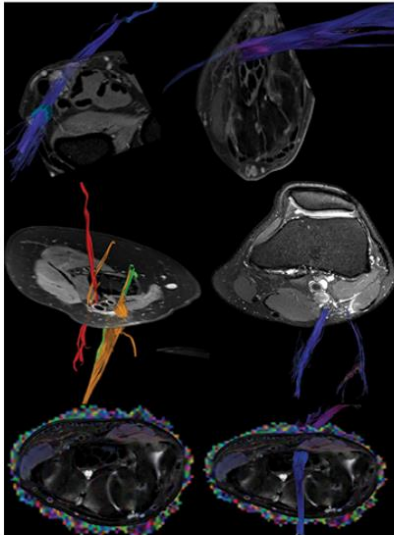
Radiographics Journal

RadioGraphics

The journal of continuing medical education in radiology

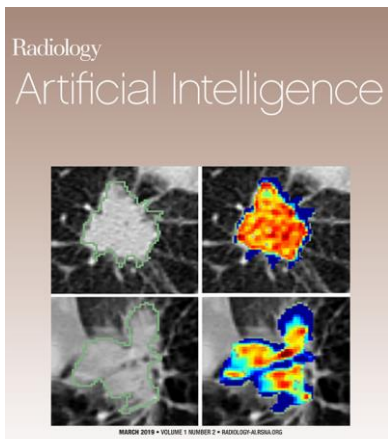
March-April 2019
Volume 39 • Number 2
radiographics.rsna.org

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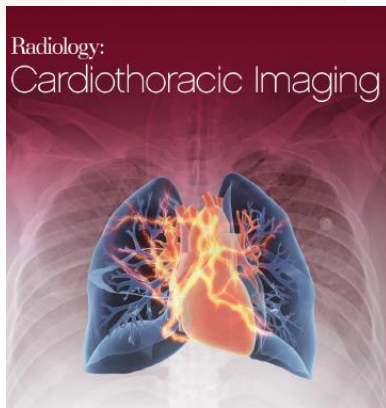
RSNA

- 1981년 RSNA가 창간한 RadioGraphics 저널은 진단방사선학 분야의 최고 교육 학술지 중 하나입니다. 격월로 발행되는 각 발행물에는 방사선학 하위 전문분야와 영상기술, 질병, 방사선역학 상관관계, 영상물리학 등 전체 스펙트럼에 걸쳐 15~20개의 실무 중심 논문이 수록되어 있습니다.
- 하위 전문분야(subspecialty) 또는 여러 분야에 대한 크로스오버 토픽에 초점을 맞춘 특별 호가 매년 10월에 발행됩니다.
- 각 호는 AmA PRA 카테고리 1 크레딧에 해당하는 지속적인 의료 교육(CME) 크레딧을 받을 수 있는 12개 이상의 기회를 제공합니다. 모든 온라인 활동은 ABR MOC 자체 평가 요구사항에 적용될 수 있습니다.



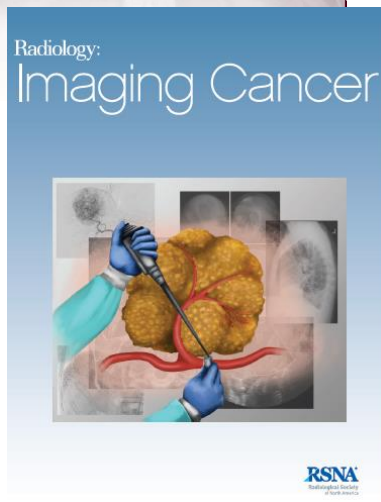
Radiology: Artificial Intelligence

Radiology와 동일한 높은 편집 기준을 지키는 'Radiology: Artificial Intelligence'는 여러 분야의 imaging 분야에서 기계 학습 및 인공지능의 최신 응용에 중점을 두고 있습니다.



Radiology: Cardiothoracic Imaging


Radiology와 동일한 높은 편집 기준을 지키는 'Radiology: Cardiothoracic Imaging'은 심장 흉부 의학을 발전시키는 의료 이미징의 연구 발전 및 기술 개발에 중점을 두고 있습니다.






Radiology: Imaging Cancer

Radiology와 동일한 높은 편집 기준을 지키는 'Radiology: Imaging Cancer'는 최첨단 기술 개발을 포함하여 기관계 및 형태 전반에 걸친 최고의 임상 및 중개 암 영상 연구를 다루게 될 것입니다. 이 연구는 방사선학 하위전문분야 전반의 의사소통을 촉진하고 광범위한 종양학 연구 및 임상 공동체 내에서의 협력을 지원할 것입니다.


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Radiology 저널 이미지
관련 진술 및 지침
Radiology in Training (주요 아티클 요약)

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저자들을 위한 지침
원고 제출
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Biomarkers/Quantitative Imaging
Breast Imaging
Cardiac Radiology
Chest Radiology
Computed Tomography
Education
Emergency Radiology
Gastrointestinal Radiology
General Radiology

주제분야별 브라우징

highly cited of COVID-19

Original Research

Cancer Yield Exceeds 2% for BI-RADS 3 Probably Benign Findings in Women Older Than 60 Years in the National Mammography Database

Cindy S. Lee...Wendie A. Berg

30 Mar 2021

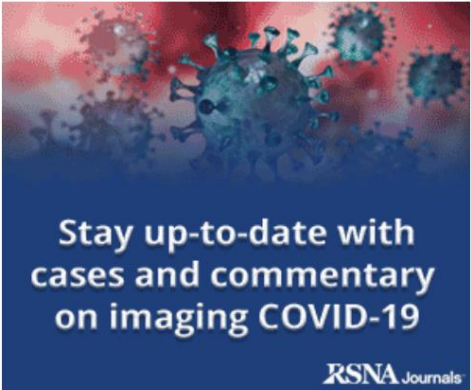
Beneficial Effect of Consecutive Screening Mammography Examinations on Mortality from Breast Cancer: A Prospective Study

Stephen W. Duffy...Tony Hsiu-Hsi Chen

2 Mar 2021

Diagnostic Performance of MRI for Esophageal Carcinoma: A Systematic

Development and Validation of a Radiomics Model for Differentiating



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RSNA Journals

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Information

Dual-Energy CT: Key Applications for Pediatric Patients

Dual-energy CT can be used in pediatric patients with radiation exposure level that is similar to or less than that of single-energy CT (Siegel and Ramirez-

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ORIGINAL RESEARCH

Breast Imaging

Evaluation of Breast Edema Findings at T2-weighted Breast MRI Is Useful for Diagnosing Occult Inflammatory Breast Cancer and Can Predict Prognosis after Neoadjuvant Chemotherapy

Taiyo Leopoldo Harada, MD, PhD • Takayoshi Uematsu, MD, PhD* • Kazuaki Nakashima, MD, PhD* • Takamori Kawabata, MS • Seichirou Nishimura, MD • Kaoru Takahashi, MD, PhD • Yukiko Tadokoro, MD, PhD • Tomomi Hayashi, MD • Kazuyo Tsuchiya, MD, PhD • Junichiro Watanabe, MD • Takashi Sugino, MD

From the Division of Breast Imaging and Breast Interventional Radiology (T.L.H., T.U., K.N.), Clinical Research Center (T.K.), Division of Breast Surgery (S.N., K. Takahashi, Y.T., T.H., K. Tsuchiya), Division of Breast Oncology (J.W.), and Division of Pathology (T.S.), Shimizu Cancer Center Hospital, 1007 Shimozugakubo, Nagatsumi 411-8777, Japan. Received June 16, 2020; revision requested August 14; revision received November 6; accepted December 1. Address correspondence to T.L.H. (e-mail: haradai@shcc.jp).

*T.U. and K.N. contributed equally to this work.

Conflicts of interest are listed at the end of this article.

Radiology 2021; 299:53–62 • <https://doi.org/10.1148/radiol.2021202604> • Content codes: **BR** **MR**

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Pages: 53–62 | Published Online: Feb 9 2021 | <https://doi.org/10.1148/radiol.2021202604>

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Breast Imaging

Tissue Sodium Concentration Quantification at 7.0-T MRI as an Early Marker for Chemotherapy Response in Breast Cancer: A Feasibility Study **BR** **MR**

Olga Z. Zaric, Alex Farr, Lenka Minarikova, Sebastian Lachner, Ella Asseryanis, Armin M. Nagel, Michael Weber, Christian F. Singer, Siegfried Trattnig

Pages: 63–72 | Published Online: Feb 16 2021 | <https://doi.org/10.1148/radiol.2021201600>

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Radiology ORIGINAL RESEARCH • BREAST IMAGING

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Background: Prediction of occult inflammatory breast cancer (IBC) and breast cancer prognosis based on breast edema findings on T2-weighted MRI scans, even for patients without clinical signs of IBC, would be useful in both pretreatment planning and prognosis and may elucidate the underlying biologic mechanisms.

Purpose: To evaluate whether classification of breast edema on T2-weighted MRI scans is useful for predicting the prognosis of patients with breast cancer treated with neoadjuvant chemotherapy (NAC).

Materials and Methods: A retrospective evaluation was performed of women with breast cancer who underwent breast MRI and were treated with NAC between January 2011 and December 2018. Breast edema on T2-weighted images was scored on a scale of 1 to 4, as follows: (a) breast edema score (BES) 1, no edema; (b) BES 2, peritumoral edema; (c) BES 3, prepectoral edema; and (d) BES 4, subcutaneous edema (suspicious for occult IBC). Clinically evident IBC was classified as BES 5 (without MRI). The log-rank test was performed, and hazard ratios were calculated using the Cox hazard model to evaluate associations between BES and progression-free survival (PFS) and overall survival (OS). PFS rate at 100 months after initiation of therapy was also evaluated.

Results: Of 408 patients (median age, 53 years; range, 28–80 years), 65 (16%) had a recurrence and 27 (7%) died. The log-rank test revealed differences in PFS for BES 4 versus 1, BES 5 versus 1, BES 5 versus 2, and BES 5 versus 3 (adjusted $P < .05$ for all). PFS rates for BES 1–5 were 0.92, 0.85, 0.80, 0.62, and 0.58, respectively, and the corresponding OS rates at 100 months were 0.98, 0.91, 0.92, 0.77, 0.86, respectively.

Conclusion: Classification of breast edema findings on T2-weighted MRI scans using a breast edema score was related to the prognosis of patients after neoadjuvant chemotherapy.

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Online supplemental material is available for this article.

Thank you!