

## CAMRT Conference 2017 – Ottawa



I was incredibly excited to have won the draw to have my expenses paid to attend the CAMRT conference in April this year. After a scramble to take some holidays and move around my weekend shifts, get my flights and book my accommodation, I was off to Ottawa for a few days. The conference in the magnificent Westin Hotel this year began on Wednesday 26 and Thursday 27 April with workshops for Bone Mineral Density, Management and Leadership, MSK Ultrasound and Educators. I was not able to attend these, but did make it in time for the welcome reception. That night I did get to experience the ByWard Market area of downtown Ottawa and enjoy the hockey game on the big screen in the home town (Ottawa won!).

On Friday morning, I attended a most informative workshop for the development of Advanced Practice (AP) roles in Medical Imaging, where a discussion of the pilot phases of AP and what stage they are at now was explained. The attendees broke into smaller discussion groups for each modality to come up with competency profile samples of how Advanced Practice could be seen as a role within their speciality field. In each group we were able to see clear roles where technologists could perceive an advanced practice role that would enable enhancement of the patient experience and blocks in the system could be alleviated. Discussions highlighted that some of these practices could start off in a small informal way or as a pilot project which, if successful, could become routine enhanced practice expanding the traditional role of the medical diagnostic and therapeutic radiation technologist. The President of the UK Society of Radiographers, Steven Herring, informed the group of his advanced practice role of reporting on images, triaging patients in emergency and many other advanced practice roles.

After lunch and the CAMRT AGM, we all filled the large hall for the Welch Memorial lecture by Lisa Di Prospero, whose talk on “Being Comfortable with Uncomfortable” was a journey through her long list of achievements and how she appeared to always be eager to learn, and to share her knowledge and take on new challenges at every given opportunity.

An inspiring end to my day was given by a radiotherapist from New York, Regina Ley, who told of her volunteer experience with Rad-Aid.org, in Kenya. She described her 4 day experience in a poverty stricken centre, which was in very dire circumstances and highlighted the pros and cons of volunteering in such circumstances, and how despite all, she would “do it again in a heartbeat”.

That evening myself and my new friend, Rhonda, ventured out to see the Parliament buildings, the canal and crossed the Port Alexandria Bridge to visit Gatineau. Unfortunately we were too late for any museum visits, but a beautiful evening to catch the hustle and bustle of the city.

On Saturday morning, I was up bright and early to take part in the Roengton ramble, a 5K run (or walk) fundraiser by the CAMRT foundation along the parliament buildings and along the river path, then back to start the morning in the Breast Imaging lectures. Though I would have liked to attend many of the

other lectures, I felt that as this is my main area of practice, I would learn a lot of information that I could use in my work at the moment.

The first talk given by Dr Peddle was about image guided procedures used in breast imaging and I learnt about radioactive seeds that are used instead of hookwires to localise a breast lesion for the surgeon. US, MRI and Mammography guided core biopsies and stereotactic biopsies were reviewed.

Ms. Sharlene Bilmer, a mammographer, gave the second talk describing good tips on how to keep the standard of imaging high, including collaborating with other techs and having a colleague review your positioning techniques especially as positioning is one of the greatest factors in missed lesions.

Next was Dr Freitas, who discussed the merits of digital breast tomosynthesis (DBT). She presented detailed pros and cons and despite the cost, she concluded that DBT was beneficial, does reduce the recall rate and can detect more occult tumors than mammo, and that it will likely become more commonplace in the next few years, though it is not yet licensed for screening in Canada.

A fascinating insight into the current facts on breast screening between 40-50 years old was presented by Dr Jean Seely. She discussed the new UK ages trial Lancet 2015 and explained the controversial Canadian task force study. Some of the many take home facts for me were that screening is beneficial for 40-50 years old annually, that recall rates are on average 6% and not enough to stop screening, that DCIS should be treated as a cancer (some debate otherwise) and that a large study has just been approved to assess DBT for screening in Canada.

After lunch, Dr Scott-Moncrieff, Radiologist, gave the next talk on breast ultrasound screening. Again an interesting look at the merits and demerits and how screening works in conjunction with mammography to reveal 28% more cancers than mammo alone.

Dr Kos, Pathologist, gave a detailed talk on breast pathology including the methodology of acquiring the slides and wax blocks and an in depth look at the different tissue types and hormone receptors which are crucial in determining the prognosis and treatment of the patient.

The most humorous talk of the day was saved for last, and Dr Panu delivered that humor into a very tedious subject – BIRADs changes in classifications.

All in all it was a great day of lectures. I learned a lot and the standard of presentations was excellent. These events are very important so that we know what the current thinking is and we can relate to the speakers in a much more memorable way than via internet conferencing, or online learning. Without the SAMRT, I would have missed a great deal of information that I can and will use in my work. Thanks to Tamyé and Heather for covering my work days, and to Rhonda for such great company and new friendship. (The poutine festival was pretty good, too)!

Respectfully submitted,

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