

Mortality was lower in the group that had a CT prior to angiography (7.5% vs 64.3%;  $p < 0.001$ ). The mean number of transfusions was also lower in the CT group (2.4 vs 6.9;  $p < 0.05$ ). There was no significant difference in trauma severity between the groups (ISS 33.1 vs 40.2;  $p = 0.21$ ).

**Conclusion:** In our cohort of pelvic trauma patients who underwent angiography and embolization, performing a pre-procedure CT led to a reduction in FT, RD and CD, which may due to a more directed procedure. We also found a significantly lower mortality in the group that had a CT prior to angiography. Although the trauma severity score was not different between the groups, we cannot exclude that this group had less severe injuries, as they also received less blood transfusions. In order to better assess the reason for these differences, other confounding factors that will be discussed include the number of selective versus non selective embolizations, concurrent procedures performed (e.g., IVC filter insertion), cause of death, time to angiography, and prevalence of concurrent injuries.

## Educational Exhibit

## Abstract No. 294

### Financial impact of a resident-run vascular and interventional radiology clinic

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**Learning Objectives:** Resident-run Vascular and Interventional Radiology (VIR) resident clinics represent an emerging trend in the education of VIR trainees. As the concept is not widely adopted, the financial impact of a clinic on an existing training program has not been described. We present data regarding reimbursement over a three-year period at a resident-run VIR clinic at a single institution. We detail reimbursement patterns of the training institution and the private practice group staffing the VIR section.

**Background:** The Maine Medical Center Model and referral patterns of a resident-run VIR clinic has been presented previously. We believe the clinical access offered by direct patient care from referral through follow-up provides a means to maintain clinical competence. A clinic fosters the development of patient care skills specific to VIR and provides correlative experience relevant to VIR imaging. The clinic serves to improve access for patients with limited financial resources.

**Clinical Findings/Procedure Details:** The first 40 clinic referrals generated 34 consult visits with a total of 56 clinic visits. Consults generated 36 imaging studies and 31 unique procedures. Total professional charges for the VIR physician group were \$126,642. Nearly half was categorized as free care (\$58,333) under identical criteria for the hospital and radiology group. Of the remaining charges, 23.8% (\$16,291, or 12.9% of total charges) were reimbursed. Total charges generated by Maine Medical Center were \$347,264. Of available data, approximately 30.5% was reimbursed. Medicare and Medicaid (Maine Care) accounted for the majority of reimbursement.

**Conclusion and/or Teaching Points:** A resident-run VIR clinic represents an exceptional opportunity for trainees to build the clinical skills necessary for contemporary practice. With the introduction of the dual certificate training pathway, we expect that resident clinics will be explored at more institutions. Patients served within the institutional clinic environment traditionally have limited financial resources, and reimbursement is expected to be minimal.

Our reimbursement data serves as a realistic benchmark for programs that wish to develop similar clinics at other training institutions.

## Abstract No. 295

### Match day: online search trends reflect real-time interest in interventional radiology training

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**Purpose:** Internet search trends have been shown to parallel consumer interest in products and services in many industries. The purpose of this study is to characterize relationships between the growth in the interventional radiology (IR) applicant pool and related internet search queries.

**Materials and Methods:** From July 1, 2006 to July 1, 2011, the Google Trends tool was used to analyze search engine query data for "interventional radiology fellowship" and related terms to identify individuals seeking information regarding fellowship training. These terms returned a search volume index (SVI) representing the search frequency relative to the total search volume during the study interval and geographic region for the United States during each academic year. Results were compared with National Residency Match Panel Specialties Matching Services (NRMP-SMS) match data using a Pearson correlation analysis. Regression analysis and Kruskal-Wallis one way analysis of variance was employed to characterize annual search trends and peak search activity.

**Results:** Normalized mean annual search traffic for IR fellowship increased by 209% over the 60 month study period. There was an annual mean SVI increase of 35% (range 11%-68%; SD 28%), with a statistically significant linear increase in yearly SVI over time ( $R^2 = 0.96$ ,  $p = 0.0035$ ). There was a similar increase in total IR fellowship applicants (146% increase) over the study time interval ( $R^2 = 0.98$ ,  $p = 0.0216$ ). Annual SVI was highly predictive of the total number of applicants for that match year ( $R^2 = 0.96$ ,  $p = 0.0085$ ). Additionally, there were statistically significant differences in SVI by month (Kruskal-Wallis  $p = 0.004$ ) with greatest increase in mean SVI observed in Dec (148% increase; range 74%-273%; SD 112%) and Jan (54% increase; range 18%-213%; SD 79%).

**Conclusion:** Significant increases in internet search traffic related to IR fellowship strongly correlates with increases in number of fellowship applicants. Reflected in this trend is an annual peak in search traffic in the winter months corresponding to the application cycle. Internet search queries mirror actual trends in trainee professional interests and may provide useful information to attract potential candidates.

## Educational Exhibit

## Abstract No. 296

### Tip-deflecting wire technique for removing embedded or tilted Bard and Cook retrievable IVC filters

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**Learning Objectives:** This abstract describes a simple and effective technique for removing a tilted or caval wall embedded IVC filter.