Deep Resolve MRI Optimization
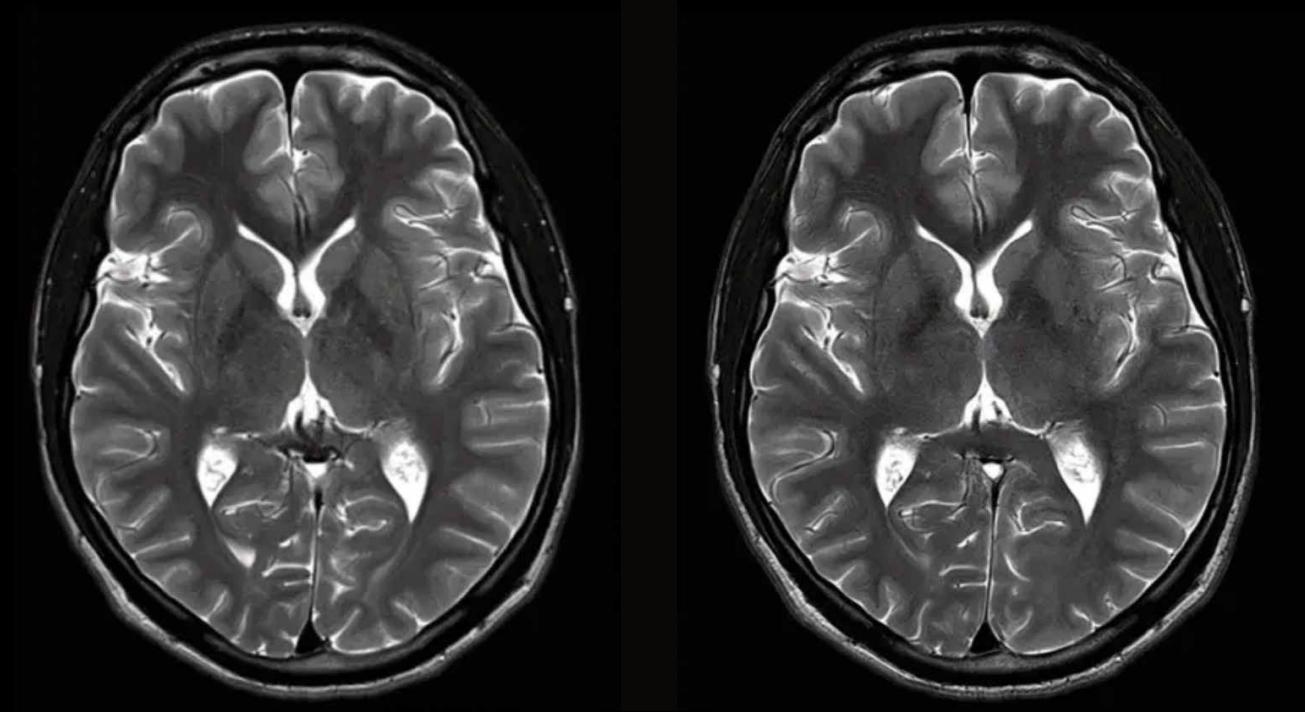
Conventional
MAGNETOM Vida
PAT 1, TA 2:12 min
28 slices, 0.4x0.4x4.0 mm^3

73% faster

Deep Resolve
MAGNETOM Vida
PAT 4, TA 0:36 min
28 slices, 0.2x0.2x4.0 mm^3

© Siemens Healthcare

Chair's Note

Jonathan G. Goldin, MD, PhD

Distinguished Professor of Radiology
Leo G. Rigler Chair
Department of Radiological
Sciences
David Geffen School of Medicine
at UCLA

Advancing Imaging Science, Strengthening Academic Radiology

It is a pleasure to share an update on the continued academic momentum within UCLA Radiology. This year has highlighted the essential role imaging plays across the clinical, research and educational missions of UCLA Health and the David Geffen School of Medicine. Our faculty, trainees and staff continue to demonstrate exceptional commitment to advancing imaging science while providing outstanding patient care across our diverse sites.

Clinically, we have strengthened integration across inpatient, outpatient and community settings, supporting improved access, consistency and coordination throughout the health system. These efforts not only enhance patient care today, but also create a strong foundation for translational research and academic collaboration. Our work on imaging protocol optimization, report clarity and systemwide alignment reflects our shared commitment to evidence-based, patient-centered imaging.

Our research programs continue to expand in both depth and national impact. Faculty across all sections are leading innovations in quantitative CT and MRI biomarkers, AI-enabled image analysis, spectral and photon-counting imaging, and image-guided therapy. We have begun laying the groundwork for a Center for Computational Imaging — an academic hub that will connect foundational imaging science with real-world clinical implementation, interdisciplinary collaboration and rigorous evaluation of emerging technologies.

Our educational mission remains equally strong. Through innovative curricula, mentorship and active scholarly engagement, our faculty continue to train the next generation of radiologists, imaging scientists and physician-leaders. The accomplishments of our residents and fellows at national meetings underscore the vitality of our academic environment.

As we look ahead, our priorities are clear: delivering exceptional patient care, advancing meaningful discovery, educating future leaders and building the infrastructure that ensures UCLA Radiology remains at the forefront of our field. A central component of this work is our leadership in the clinical validation, translation and implementation of AI. We are committed to deploying AI not as a theoretical exercise, but as a practical tool to improve efficiency across the entire imaging workflow. Recent national coverage of our AI-enabled MRI protocol optimization highlights this potential: By shortening acquisition times and reducing overall scan duration, we have increased daily MRI capacity and improved access for our patients.

I am deeply grateful for the engagement, partnership and support of our colleagues, donors and friends. It is a privilege to work alongside such exceptional individuals, and I look forward to the continued progress and collaboration the coming year will bring. Ⓡ

AI reconstruction of MR data enables faster scans and better images

UCLA Radiology has begun implementing an AI-powered enhancement to image acquisition and reconstruction to select MRI studies that speeds the imaging process while preserving or even improving the quality of the acquired images. Called "Deep Resolve" by its developer, Siemens Healthineers, the software employs convolutional neural networks to enhance image reconstruction from faster MR scans — up to 70% faster for some studies. Deep Resolve replaces the software originally used in the scanner and becomes part of the imaging protocol, rather than an additional step in the workflow.
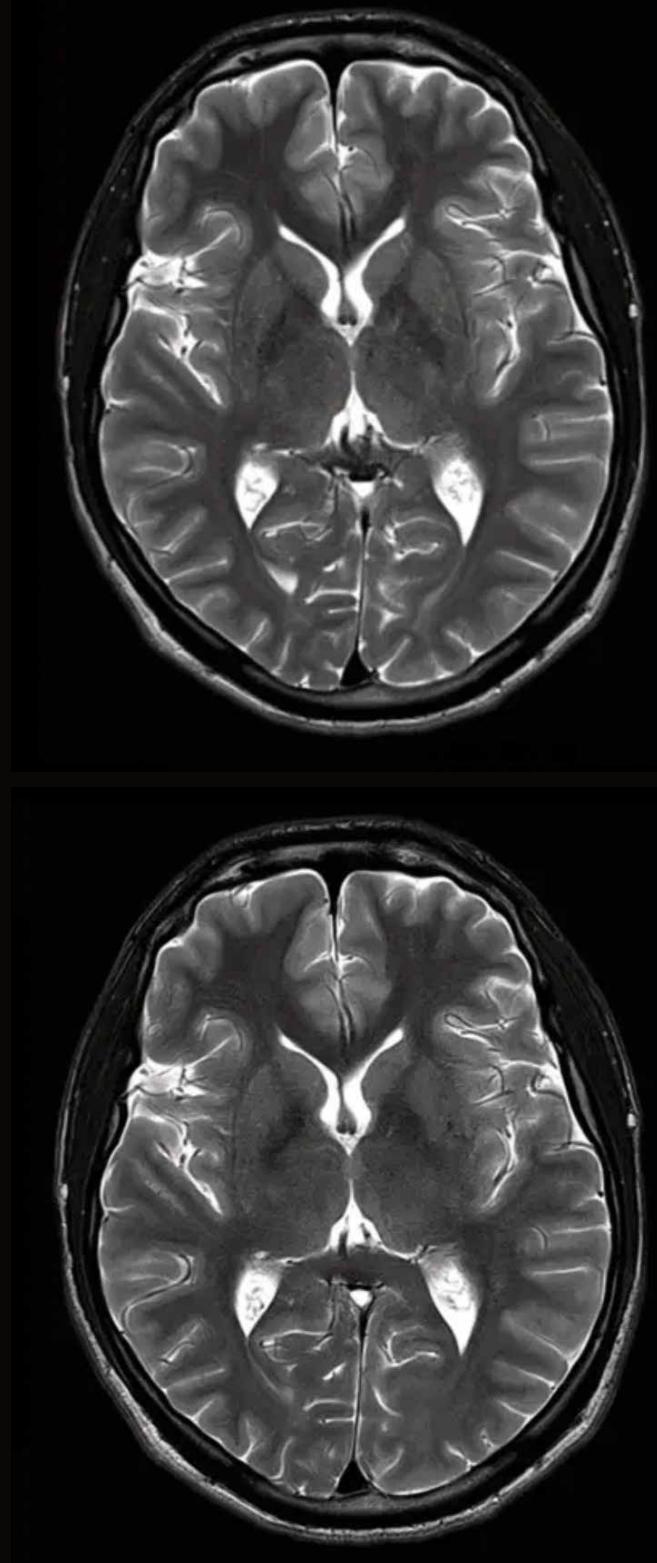
T2 weighted axial image of the brain, without Deep Resolve (top) and with Deep Resolve (bottom).

© Siemens Healthcare

"Normally, when we would implement something new that would make image acquisition faster, we'd lose resolution or we'd lose image quality," explains Debbie LaBrie, director of MRI operations for UCLA Radiology. "But with this technology, that's not the case. It's a win-win."

Using vast datasets to reconstruct and enhance images, the artificial intelligence algorithms eliminate the noise introduced by accelerated scanning protocols. The resulting images are as clear — or clearer — than those generated by conventional MR software from data acquired using slower scans. Deep Resolve integrates multiple AI algorithms, which can be selectively applied to meet individual needs.

The AI includes algorithms to:

- Apply customized noise maps to improve signal-to-noise in a way that optimizes individual elements of each image rather than relying on an overall noise filter applied indiscriminately to the whole image

- Utilize an iterative process that applies a deep neural network using physical MRI models and data-driven models alternating with a data consistency step in each iteration

- Enhance imaging using a convolutional neural network trained on tens of thousands of pairs of low- and high-resolution data covering a wide range of anatomies

- Combine smart acquisition and deep learning reconstruction in an extremely fast neuro exam to deliver all relevant neuro contrasts and orientations simultaneously

The shorter scan times help to improve the patient experience. "There are many patients who do not love the experience of being in an MRI machine," says Nancy Yen, radiology manager. "We see a lot of spine patients in our clinic, and they can't lie still for that long, so every minute that we're able to shave off

helps." Yen notes that a typical cervical spine study that took 25 minutes before implementing Deep Resolve has been reduced to about six minutes.

In addition, the shorter scan times free up the equipment for more scans per day, reducing the wait times patients experience in scheduling appointments. At the UCLA Radiology clinics where the AI protocols have been implemented, wait times for patient appointments are down to about a quarter of what they typically were prior to the implementation.

Bryan Yoo, MD, associate clinical professor of diagnostic neuroradiology, medical director of MRI and medical director of the Mobile Stroke Unit, was one of the physicians asked to evaluate the Deep Resolve images when the department first began experimenting with the AI algorithms. "To my surprise, when you compare the images side by side with traditional MRI scans, the noticeable improvements that I've seen with the images are the signal to noise ratio is improved — meaning that the contrast of the images is greater — and the images are of higher resolution and sharper," states Dr. Yoo." This technology has the potential to improve our diagnostic capabilities as radiologists." Dr. Yoo also stresses the value of the speed advantage offered by Deep Resolve. He explains, "Being able to scan more efficiently allows us to create more time slots to increase our access to allow patients to get scanned."

To date, UCLA Radiology has implemented Deep Resolve on three MRI scanners in its Palos Verdes and Manhattan Beach clinics, with plans to continue rolling it out on 10 further MRI scanners in five other UCLA Radiology locations. Not all MRI scanners are able to be used for the AI protocols, and not all scan types have yet been FDA approved with Deep Resolve, though UCLA radiologists expect that FDA will approve the remaining AI protocols soon. Ⓡ

SPEED IN BRAIN IMAGING

T1	Diffusion	T2 Dark-fluid	T2*	T2
0:21 min	0:21 min	0:51 min		0:25 min

Total scan time under two minutes

Study ID- 21ocea2230

© Siemens Healthcare
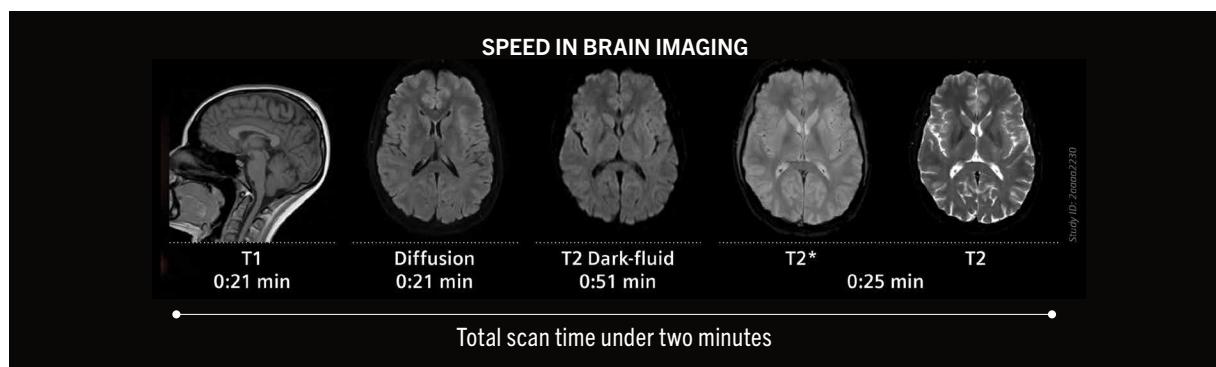
UCLA leads $16 million PRISM trial testing the use of artificial intelligence to augment breast cancer screening

Hannah Milch, MD
Associate Professor of Radiology
Department of Radiological Sciences
David Geffen School of Medicine at UCLA

In concert with UC Davis, UCLA is leading a large clinical study across six institutions and multiple clinical sites to validate the effectiveness of using AI assistance when radiologists interpret screening mammograms. The PRISM Trial (Pragmatic Randomized Trial of Artificial Intelligence for Screening Mammography) is a prospective, randomized control trial that will track cancer detection and callback rates as its primary outcomes.
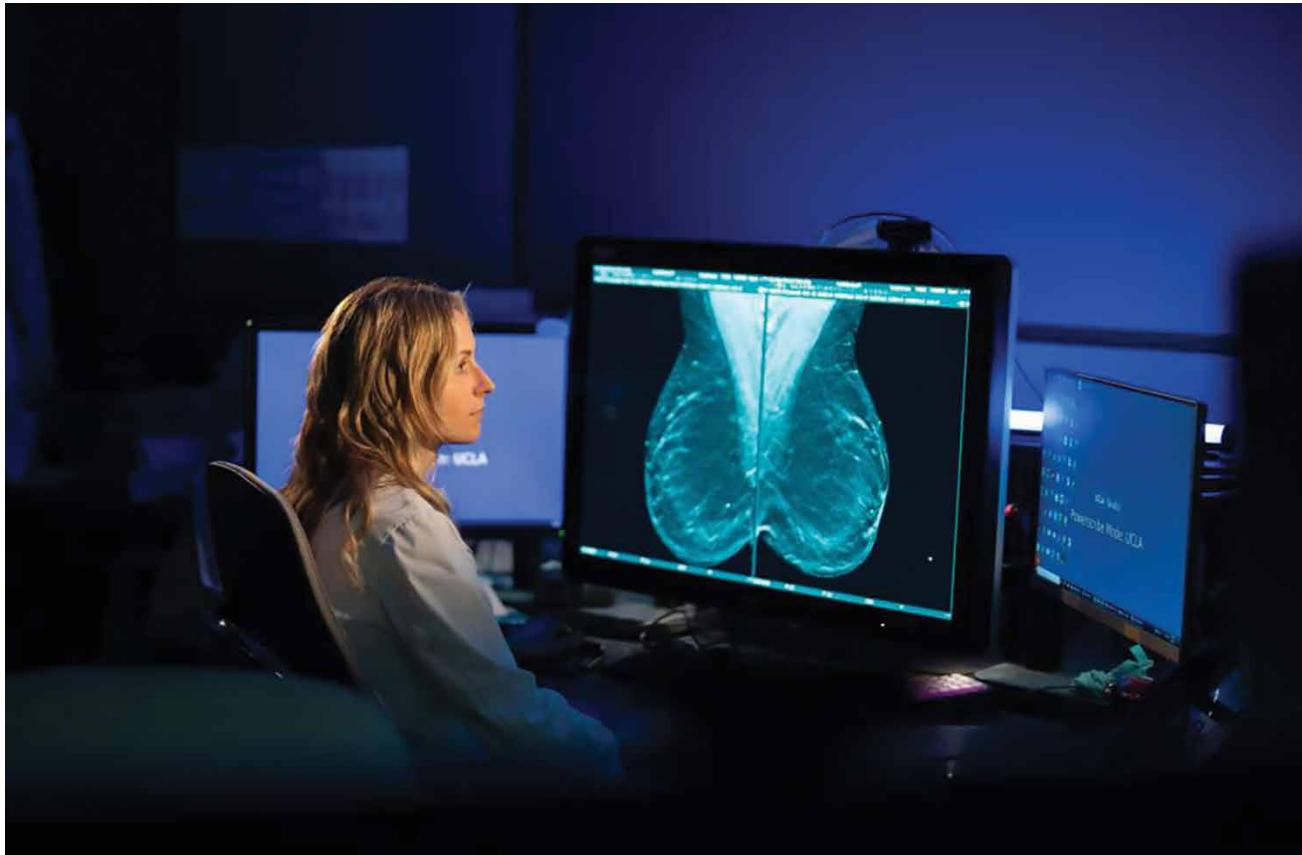
Dr. Hannah Milch, Co-Principal Investigator and Site PI, and Associate Professor of Radiology at UCLA, reviews a mammogram for signs of breast cancer.

The trial is led by Joann Elmore, MD, MPH, professor of medicine in the UCLA Department of Medicine and professor of health policy and management at the UCLA Fielding School of Public Health (dual PI), Diana Miglioretti, PhD, professor and division chief of biostatistics at UC Davis (dual PI), Christoph Lee, MD, MS, MBA, professor of breast imaging at the University of Wisconsin, Madison (co-PI) and Hannah Milch, MD, UCLA associate professor of radiology (co-PI and UCLA site PI).

Dr. Milch explains, "not only do we want to increase the diagnosis of clinically meaningful cancers that can impact morbidity and mortality, but we also want to minimize how often women are called back into the health system when they're healthy, but something seen on the mammogram triggers additional tests and sometimes a biopsy — sometimes even surgery — when there's no cancer. We want to see if AI adds benefit without introducing additional harms through these false positives."

While other, smaller studies in more limited experimental settings produced results that have led to FDA-clearance of some AI products and encouraged their early adoption, history has shown that such experimental use does not always translate into real-world practice. Dr. Milch points to the rapid adoption of an earlier, non-AI technology known as computer-aided detection (CAD), which quickly became popular in the early 2000s as a tool for helping radiologists detect breast cancer. By 2016,

over 90% of imaging centers in the U.S. were using CAD, when some large studies demonstrated that it in fact increased recall rates and adversely affected diagnostic accuracy. "The promise in the experiments that led to FDA clearance and insurance coverage did not translate to real-world practice," states Dr. Milch. "So this time, we want to do a better job by diligently testing AI in real-world practice and trying to make sure that we have the highest level of evidence proving that it works before it is universally adopted, before insurance potentially covers it, and before we tell patients it really helps."

The PRISM Trial aims to include approximately 400,000 mammograms over a period of two years, including patients at six medical centers in five states across the U.S. The study sites include UCLA, Boston Medical Center, UC San Diego, University of Miami, University of Washington and University of Wisconsin, Madison. "The vast majority of mammogram images will be digital breast tomosynthesis (3D mammography), as that is the standard at the participating centers," and the growing standard in the U.S. Each center will continue to use its customary workflow, with the only difference being that each mammogram will be automatically randomized to either the AI group or the non-AI group. When the images are interpreted, those in the AI group will have the additional information added by the AI tool. All mammograms will receive standard-of-care full interpretation by a radiologist; when viewing images in the AI group, radiologists will be able to use the AI to gain additional insight, but final decisions are all made by radiologists.

While screening mammography false positives can be detected in the first few months as patients are called back for further workup, determining false negatives generally takes longer. The patients enrolled in the PRISM Trial will be followed via cancer registries to assess cancer outcomes. While callback rates and cancer detection are the primary outcomes of the study, some of the secondary outcomes — which can take longer to uncover — are arguably even more critical. "Interval cancer rate is one of the most important metrics we'll be capturing, because that's one of the best measures we have of screening effectiveness," explains Dr. Milch. "We want to catch cancers before women present with symptoms, and interval cancers refers to cancers diagnosed after a negative screening mammogram."

Another important secondary outcome involves looking at detection by breast cancer type. If AI is found to assist radiologists in the early detection of breast cancer, for which breast cancer types is it most effective? "We want to be detecting the most clinically meaningful breast cancers," explains Dr. Milch, "the ones that are most likely to be aggressive and worsen prognosis, mortality and morbidity."

In addition to tracking clinical outcomes, an important component of the study will be to collect information from both patients and radiologists on attitudes toward the use of AI in screening mammography. Patient focus group sessions will focus on understanding patient perspectives on the use of AI in screening mammography, and could have implications for things like how best to communicate with patients about the use of AI. What is learned in these focus groups could have implications in other areas of health care that are beginning to incorporate the use of artificial intelligence. The study will also include surveys of radiologists to understand their perspective on the use of AI in screening mammography. It will look at variations in radiologists' trust in AI, how they use it and whether they may over- or under rely on it.

The trial is funded through a $16 million award from the Patient-Centered Outcomes Research Institute (PCORI). The AI tool used in the PRISM Trial will be Transpara, by ScreenPoint Medical, which is FDA cleared for 2D and 3D mammography. The AI platform being used is Aidoc. Ⓡ

"We want to be detecting the most clinically meaningful breast cancers," explains Dr. Milch, "the ones that are most likely to be aggressive and worsen prognosis, mortality and morbidity."

Edward J. Zaragoza, MD

New Medical Director of Radiology at Martin Luther King, Jr. Community Hospital (MLKCH)

Dr. Ed Zaragoza will be assuming the role of Medical Director of Radiology at Martin Luther King, Jr. Community Hospital (MLKCH) for a three-year term, effective immediately. Dr. Zaragoza has long been involved with MLKCH, serving on the Medical Executive Committee since its inception in several capacities, including as Chief of Staff, while helping to shape the clinical and education programs that have made MLKCH a model for community-based care.

In addition to these his new responsibilities as Medical Director of Radiology, he will continue to serve as Vice Chair of IT, ensuring that radiology services at MLKCH remain at the forefront of technology, safety and operational efficiency. Jonathan G. Goldin, MD, PhD, Distinguished Professor of Radiology and Leo G. Rigler Chair of the Department of Radiological Sciences, who preceded Dr. Zaragoza as Medical Director of Radiology, will remain active on the Joint Executive Management Committee to support ongoing partnership with UCLA Health Radiology and strategy.

Dr. Zaragoza will be supported in his new capacity by Dr. Plotkin, Diagnostic Lead; Dr. Plotnik, Interventional Radiology Lead; and Donan Charles, Director of Radiology at MLKCH. Together, this leadership team will work to advance the quality, access and collaborative spirit of the MLKCH and UCLA radiology services in South Los Angeles. MLKCH continues to be an increasingly important partner for UCLA Health Radiology, especially in light of the shifting landscape of Medicare and Medicaid funding and the ongoing health disparities in the surrounding community. This appointment underscores UCLA's commitment to inclusive excellence in health care delivery and represents a hands-on expression of its support for MLKCH's mission and patients. Ⓡ

Benjamin M. Ellingson, PhD (Robert Prins, PhD contact PI)

Neuro-Oncology Translational Research Training Program (NOTR-TP)
2/1/25
$1,723,561

Fereidoun Abtin, MD

Observational Lung Trial to Collect Tissue to Train and Validate a Live Tumor Diagnostic
Platform (CYBRID-01)
3/10/25
$293,486

Michael L. Douek, MD, MBA

Thyroid Nodule Rupture after Radiofrequency Ablation: Demographic Factors, Nodule Characteristics,
and Technical Considerations Underlying this Poorly Understood Complication
6/1/25
$3,000

Varand Ghazikhanian, MD

Multimodal Deep Learning Approach Integrating MRI Imaging and Clinical Data for Predicting Local
Recurrence in Upper Extremity Soft Tissue
6/1/25
$3,000

Zachary M. Haber, MD

OCCLUDE: A Prospective, Post-Approval, Open-Label, Multi-Center United States (US) Registry
to Evaluate the Effectiveness and Safety of ObsiDio in Clinical Practice (Protocol # 97104119)
6/16/25
$181,342

Benjamin M. Ellingson, PhD, MS

A Multi-Center, Randomized, Phase 2 Trial of Glioblastoma Immunotherapy Advancement
with Nivolumab and Relatlimab (GIANT)
7/1/25
$343,450

Shenise N. Gilyard, MD

Single-Center Retrospective Analysis of Imaging and Clinical Status of Patients Presenting with Acute
Chest Syndrome to Assess Time of Presentation to Time of Positive Imaging Findings IRB #24-000804
7/1/25
$5,000

Jingwen Yao, PhD

Advanced MRI for Visualization and Quantification of the Tumor Immune Microenvironment
(TIME) in Glioblastoma
7/1/25
$260,000

Xiaodong Zhong, PhD
More Efficient Magnetic Resonance Strain Imaging for Myocardial Function Assessment
7/1/25
$5,000

Jingwen Yao, PhD
Advanced Dual-Nuclei MRI for Differentiation of Recurrent Brain Metastases and Radiation Necrosis
7/16/25
$382,449

Hannah S. Milch, MD (Joann G. Elmore, MD, MPH contact PI)
Comparing Screening Mammography With and Without Assistance from Artificial Intelligence
for Breast Cancer Detection and Recall Rates
8/1/25
$16,130,403

Jessica K. Stewart, MD
Pilot Study of Lumbar Artery Embolization in a Swine Model of Facet Arthropathy
8/1/25
$25,000

Jason Chiang, MD, PhD /James Zhe Hui, MD, PhD
Light-Activated Site-Specific Conjugation (LASIC) to Accelerate Clinical Translation of Catheter-Directed
Antibody-Drug-Conjugate Labeled Theranostic Microbubbles in an Oncopig Liver Tumor Model
9/1/25
$630,000

Jingwen Yao, PhD
Development of MRI-Based Immune Microenvironment Markers in Breast Cancer Brain Metastases
9/1/25
$50,000

William Hsu, PhD
AI-Based Malignancy Risk Prediction for Indeterminate Pulmonary Nodules on Lung Cancer
Screening CTs
10/1/25
$51,000

Lucas R. Cusumano, MD, MPH
Hemorrhoidal Artery Embolization: Longitudinal Impact On Symptoms (HELIOS) (Protocol # PI-INT)
10/10/25
$60,790

Ai-Chi Chien, PhD, FAHA (Yuan Tian, PhD contact PI)
CICI:IPAAI: A Data Provenance Framework for Medical Machine Learning Research
11/1/2025
$900,000

Naomi Gedion, MBA, MSN, ACNP-BC, *Off the Chart* honoree

At the Off the Chart Awards, Naomi Gedion, MBA, MSN, ACNP-BC, is third from the left.

Naomi was recently recognized by the Simms/Mann Family Foundation as an *Off the Chart: Rewarding Nursing Greatness* honoree. She is a big-ideas nurse, able to think simultaneously about patient access, safety and comfort; efficiency of systems for staff; and the financial sustainability of care. This makes her a uniquely effective nurse leader, one who is constantly collaborating with colleagues and building consensus throughout the hospital. Naomi makes things happen. In everything she does, she is inspired by her own mother's nursing career.

Naomi's deep clinical expertise and business acumen have enabled her to make diagnostic imaging more accessible to a larger number of patients. For example, she developed a unique way of managing patients who have pacemakers, or other implanted devices that would otherwise make them ineligible for magnetic resonance imaging — her innovation enables those patients to safely get the MRI scans that they need. She has also expanded after-hours imaging to make it easier for patients to schedule appointments and to increase the organization's capacity.

Naomi is always thinking about how things can be better for patients, which also means thinking about workflow for staff and the financial considerations for the organization overall. She revamped the technologist assistant role to make it more standardized, which in turn led to a shorter imaging time for patients and the ability to see more patients per day. This enables patients to get their diagnostic imaging more quickly, which can make an enormous difference to a patient waiting to find out if a lump is cancer. Naomi is a pioneer in bringing diagnostic radiology closer to the communities that need it, and her colleagues say she is a natural collaborator and thoughtful leader who builds trust everywhere she goes. Her motivation for all this complex work is her desire to make each person feel seen, heard and be treated with kindness.

Off the Chart: Rewarding Nursing Greatness seeks to broaden the public's understanding of the essential role nurses play across all health care settings in order to catalyze urgent action to help reverse the alarming trend of nurse departures. According the NCSBN (National Council of State Boards of Nursing), approximately 100,000 registered nurses left the workforce during the COVID-19 pandemic years due to stress, burnout and retirements.

Off the Chart recognition includes a no-strings-attached $10,000 gift in appreciation of extraordinary nurses for their leadership, ingenuity and expertise in caring for their fellow humans and future generations. Honorees favor taking direct action; show a capacity for self-direction, originality and creativity; and display courageous and bold thinking and the potential to achieve even more. Ⓡ

# Recent Publications

Benjamin Ellingson, MD, and collaborators discuss the role of vorasidenib in clinical care

Benjamin Ellingson, MD

IDH-mutant gliomas affect young adults and often require interventions that can compromise long-term cognitive and functional outcomes. In light of recent FDA approval, vorasidenib, a selective mutant IDH1/2 inhibitor, offers a promising alternative.

This review from UCLA Radiology's Dr. Benjamin Ellingson and collaborators discusses the role of vorasidenib in clinical care, its impact on current treatment paradigms, and its potential to delay more intensive therapies.

Full review: https://doi.org/10.1093/neuonc/noae259 ®

(IDH)-mutant gliomas are the most common malignant primary brain tumors in young adults.
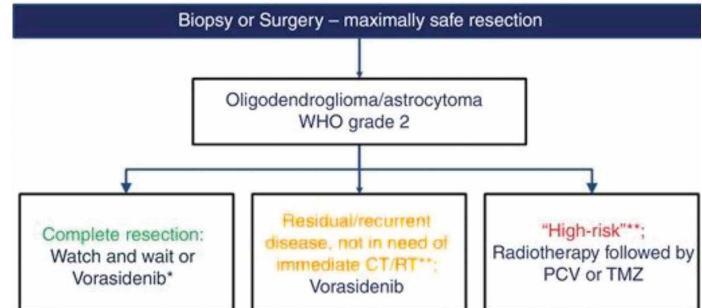
Proposed incorporation of vorasidenib in the management algorithm based on INDIGO data and Federal Drug Administration (FDA) label. *FDA approval also includes patients with WHO grade 2 gliomas who have had a gross total resection (GTR). The discrepancy between the FDA label and the INDIGO criteria might be justified by the difficulty in assessing residual disease after surgery and the presence of microscopic infiltrative disease beyond imaging abnormalities in virtually all glioma patients. Indication for this population may vary depending on countries. **As assessed by the physician, no consensus on "high-risk" criteria.

Ashley Prosper, MD, draws attention to downstream costs

Ashley Prosper, MD

A new report highlights how radiologists are expanding preventive imaging access through mobile programs and weekend services, but structural challenges remain, particularly after a screening test reveals something abnormal.

Dr. Ashley Prosper of UCLA Radiology, chair of the RSNA Health Equity Committee, draws attention to one often-overlooked issue: downstream costs. Even if initial screenings are covered, patients can still face substantial out-of-pocket expenses for follow-up tests or procedures.

"A recent study entitled, 'The Impact of Downstream Procedures on Lung Cancer Screening Adherence,' showed that individuals experiencing the highest out-of-pocket costs for downstream care were 15% less likely to undergo repeat lung cancer screening," Dr. Prosper explained.

States are beginning to respond through legislation requiring broader insurance coverage, but durable equity will require more comprehensive, coordinated care, from screening through diagnosis and beyond.

Read more via https://pmc.ncbi.nlm.nih.gov/articles/PMC11630503/ ®

Chief Residents 2025-2026
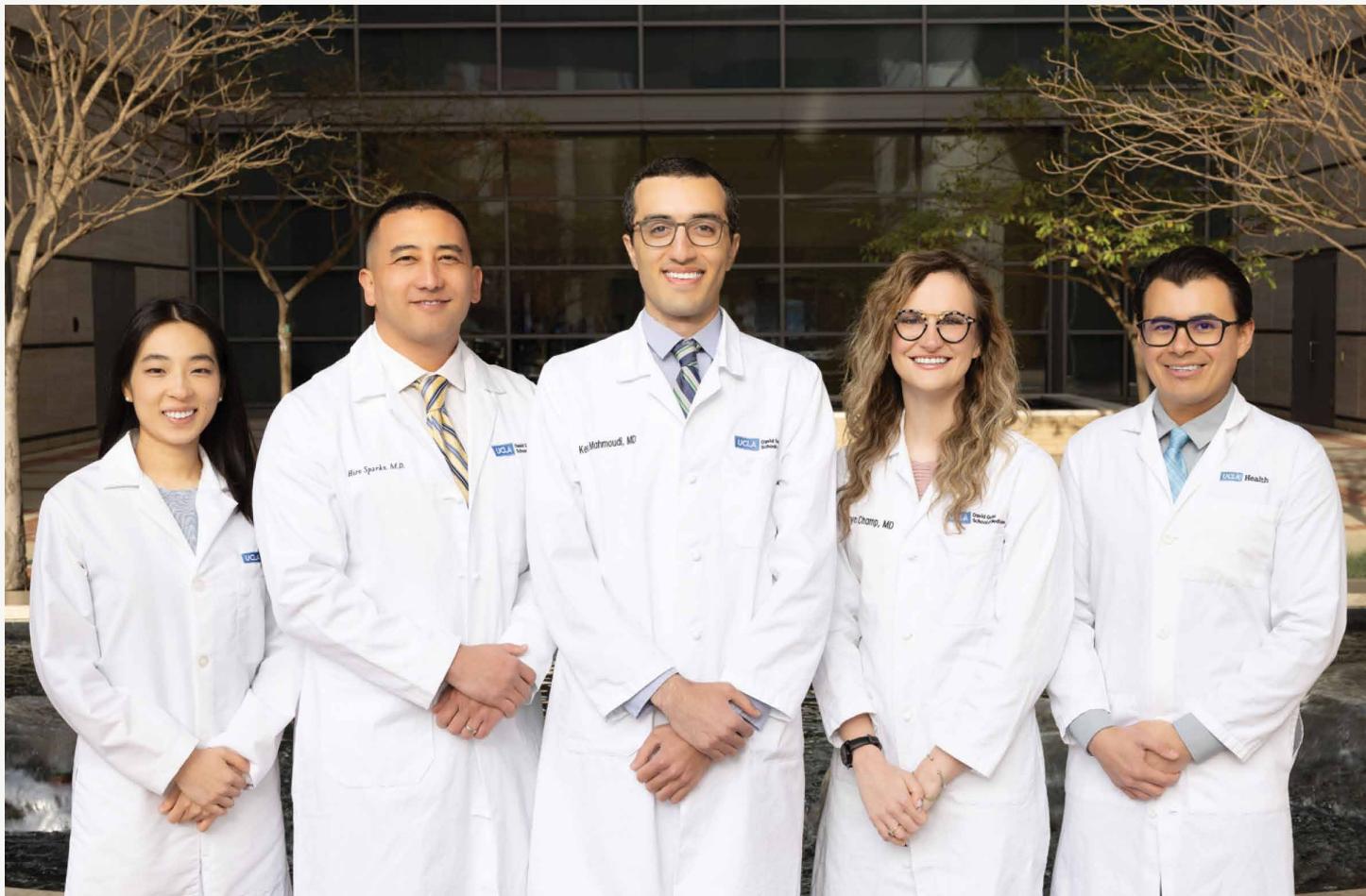
Left to right: Amy Zhang, MD, Hiro Sparks, MD, Keon Mahmoudi, MD, Kathryn Champ, MD, and Irvin Calderon, MD

Irvin Calderon, MD

Irvin is a first-generation student who grew up in Southern California's Inland Empire. After having completed his undergraduate degrees in neuroscience and biochemistry at UCLA, he returned home to earn his medical degree from UC Riverside where he met his wife. He completed a surgical internship year at Kaiser Permanente Los Angeles Medical Center (earning intern-of-the-year honors) before starting a radiology residency at UCLA. When he is not in the reading room or moonlighting, Irvin loves going out dancing with his wife and exploring the multicultural LA food scene, and he commutes regularly to the Inland Empire to be with family.

Irvin is honored to serve as Chief Resident alongside Amy, Hiro, Keon and Kat, and looks forward to supporting his coresidents' training experience. Following residency, he plans to continue his training with a fellowship in neuroradiology.

Kathryn Champ, MD

Kat was born in New York but was raised as an Angelino in the LA suburb of La Canada Flintridge. She then moved to Baltimore, MD, which became her home for nearly 10 years as she completed her undergraduate degree in chemistry at Johns Hopkins University, medical school at University of Maryland, and transitional year at University of Maryland Midtown Campus before deciding she missed the sun and sushi of LA too much.

During residency, Kat was a leader in our resident union, CIR, representing her colleagues as a member of the contract bargaining team (twice!) and as a national delegate for UCLA (three times!), while also serving as the radiology moonlighting chief for three years.

When she's not dictating cases or moonlighting, you can find Kat smashing golf balls at the driving range, doodling in her journal, or trying everything on the menu at a new restaurant somewhere around LA. After residency, Kat will return to Baltimore as an ER and Trauma Imaging fellow at the R Adams Cowley Shock Trauma Center at the University of Maryland. She is thrilled to work with her dream team of co-chiefs to support her fellow residents' professional and personal growth and help recruit a fantastic group of new UCLA radiology residents.

Keon Mahmoudi, MD

Keon was born and raised in the Atlanta area. He studied Biology at Georgia Tech, where he first developed an interest in novel brain tumor treatments and detection. He moved to New York City to pursue his research interests and stayed to earn his medical degree at Icahn School of Medicine at Mount Sinai.

Drawn to radiology and the great state of California, he matched at UCLA for residency and has enjoyed every moment. In his free time, he can be found running with local run clubs, playing tennis, hiking, catching the sunset, sitting on the 405, and avoiding the pickleball kitchen. Keon is delighted to serve alongside his co-chiefs and looks forward to supporting his peers and enhancing the residency experience. After residency, he plans to pursue a fellowship in neuroradiology.

Hiro Sparks, MD

Hiro grew up in Walnut Creek, California, before heading down the coast to attend the University of California, Santa Barbara, where he enjoyed the perfect mix of academia and ocean waves.

He then pursued his medical degree at UCLA, where he was awarded the Dean's Leadership in Health Science Scholarship, allowing him to spend a year conducting research in neuroelectrophysiology. After medical school, he completed a general surgery internship at UCLA before continuing his training as an integrated interventional radiology/diagnostic radiology (IR/DR) resident at UCLA. His passion lies in developing and mastering innovative procedures that achieve maximum clinical impact with minimal invasiveness.

When he's not in the hospital, Hiro can be found surfing, working out or finding new ways to challenge himself both mentally and physically. As chief resident, he is committed to enhancing resident education and fostering camaraderie within the program. He looks forward to building a supportive and collaborative environment where residents can thrive both professionally and personally.

Amy Zhang, MD

Amy grew up in the Greater Boston area. She completed her undergraduate studies at MIT, where she majored in biology and minored in literature. She attended medical school at Yale School of Medicine in New Haven. After many years in New England, she was excited to journey west and continue her training at UCLA for radiology residency. Beside appreciating the sunny LA weather, she enjoys reading, baking and exploring the diverse local food scene in her free time. After residency, she plans to pursue a fellowship in musculoskeletal radiology. Amy is honored to have the opportunity to work with her wonderful co-chiefs to support her fellow residents and their training experience. ®

Stay in Touch!

UCLA MAA

If you have changed your contact information recently, please let us know so we can keep in touch! Are you the recipient of a recent award or distinction? If so, we would like to know about it and post it on our newsletter/alumni web page. Contact Anna O'Shea at avoshea@mednet.ucla.edu or visit us at: radiology.ucla.edu/alumni

Recent Events

UCLA Radiology's 11th Annual Research Poster Day

Congratulations to the winners and all who took part in this year's Research Poster Day held on Thursday, May 8th, 2025.
This year, there were 36 trainees who presented 38 posters.

1ST PLACE

Alan Lee, MD
"MRI Phenotype of Brain Metastases"

Brain Attack 2025 —
Dr. Viktor Szeder
Dr. May Nour
Dr. Satoshi Tateshima
Dr. Reza Jahan
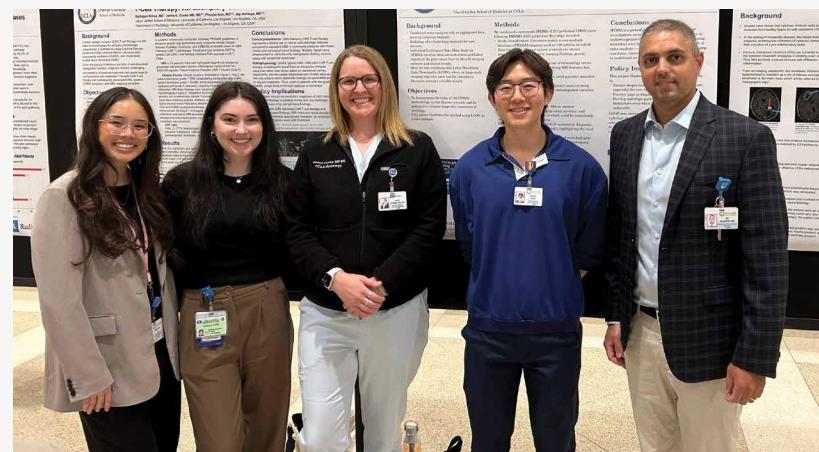
2ND PLACE

**John Gao, MD
"Advanced Imaging Characterization of Post-Chemoradiation Glioblastoma Stratified by Diffusion MRI Phenotypes"**

Radiology Research Day 2025 —
Residents and Fellows
with Dr. Jay Acharya
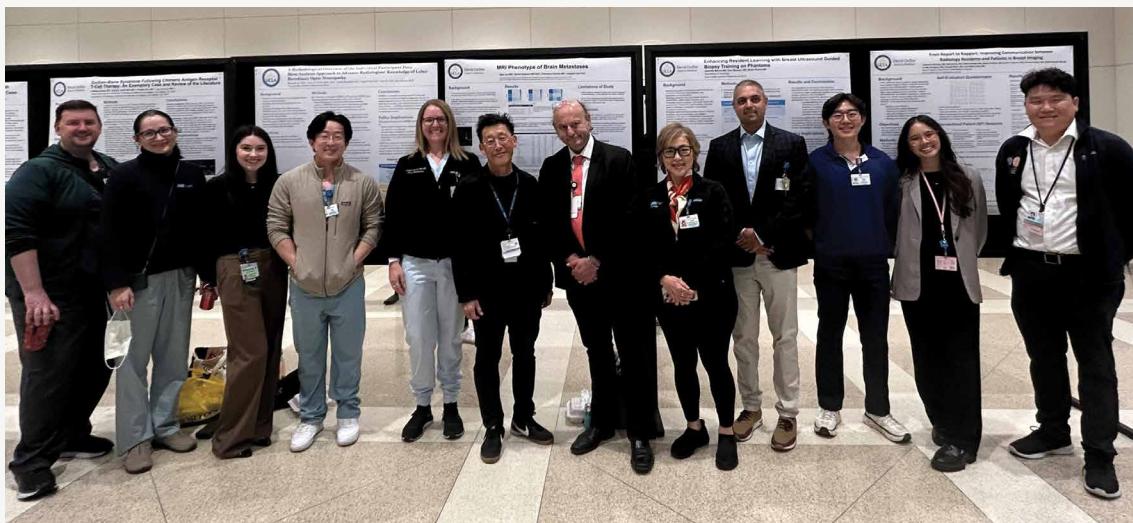
3RD PLACE

**Catherine McNulty, MD
"From Report to Rapport: Improving Communication between Radiology Residents and Patients in Breast Imaging"**

Radiology Research Day 2025 —
Residents and Fellows
with Dr. Rob Suh
Dr. Jonathan Goldin
Dr. Noriko Salamon
Dr. Jay Acharya

UCLA Radiology Graduation

Friday, June 13th at Skirball Cultural Center
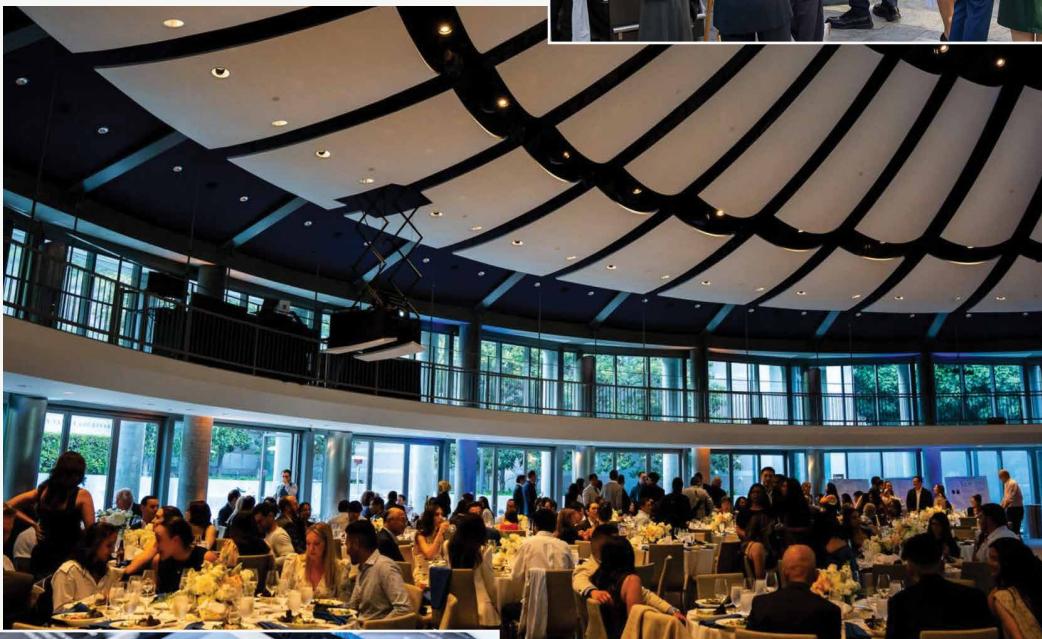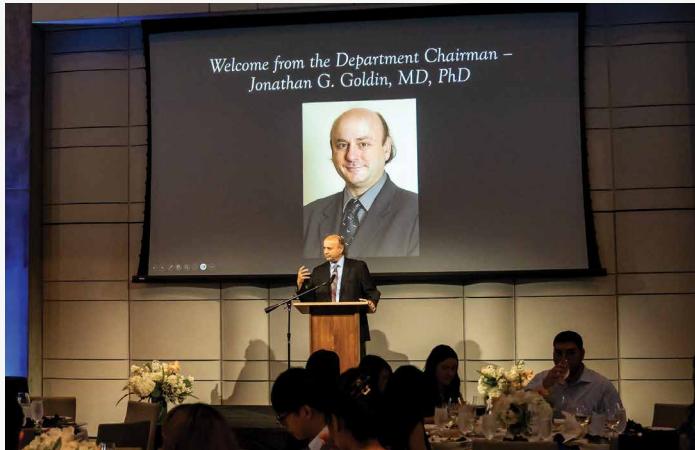
Alumni Highlights and Updates

Keon Mahmoudi, MD (2024-2025 Chief Resident), first UCLA Radiology trainee to perform diagnostic reading at MLKCH
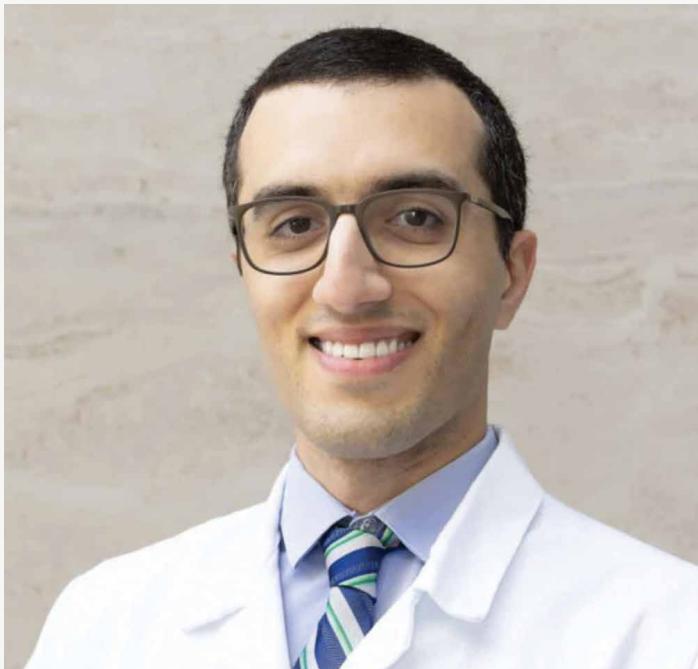
An important milestone for UCLA Radiology was reached when Dr. Mahmoudi became first UCLA Radiology trainee to read diagnostic images at MLK Community Healthcare. Dr. Edward Zaragoza, Medical Director of Radiology at MLKCH, shares, "I had the pleasure of working alongside Dr. Keon Mahmoudi, one of our exceptional Chief Residents in Diagnostic Radiology at UCLA, as he became the first UCLA Radiology trainee to participate in diagnostic reading services at MLK Community Healthcare."

MLKCH serves a diverse and underserved patient population in South Central Los Angeles, where imaging plays a vital role in managing widespread chronic disease such as hypertension, diabetes, heart and kidney disease, obesity and peripheral vascular disease, often in the context of housing insecurity.

"Our goal is to expose trainees to both the clinical challenges and social realities faced by this community. Dr. Mahmoudi's participation marks the beginning of what we hope will be a growing and meaningful collaboration," adds Dr. Zaragoza. ®

UCLA Radiological Sciences Alumni Fund

Invest in the future of radiology

At UCLA Radiology, we are proud of our legacy of excellence built by visionary faculty, dedicated trainees and an extraordinary alumni network that continues to shape the future of medical imaging around the world. As we reflect on the remarkable accomplishments of our alumni, we are also focused on preparing the next generation of leaders who will carry this legacy forward.

Our mission — to advance the science and practice of radiology through innovation, education and patient-centered care — relies on the strength of our community. Philanthropic support plays a critical role in sustaining that mission, enabling us to offer world-class training, pursue groundbreaking research and remain at the forefront of discovery.

The **UCLA Radiological Sciences Alumni Fund** is one of the most powerful ways to make an immediate and lasting impact. Your gift directly supports our department's mission to reinforce the commitment to excellence that has prepared all our alumni for success in the field — from investments in emerging technologies, cutting-edge clinical care, exceptional education, community engagement and the advancement of health equity.

Many of our alumni have gone on to become trailblazers in academic medicine, private practice and industry. Their success is a testament to the strength of our program, and their continued engagement and generosity help open doors for those who follow in their footsteps.

We invite you to join us in shaping the future of radiology by contributing to the UCLA Radiological Sciences Alumni Fund, which can be done by scanning the QR code below.

If you are interested in supporting specific areas of UCLA Radiology's mission or would like to explore meaningful ways to partner with us, please contact Caroline Cummings at CBCummings@mednet.ucla.edu. ®

Recent Publications

Jamie Clarke, MD
(resident)

Jamie Clarke, MD (Resident), published in *RadioGraphics*

Dr. Clarke published two articles in the journal RadioGraphics*, to which she also contributes as a member of the Social Media and Digital Innovation (SMDI) team.*

Teaching radiology: An evidence-based overview for radiology residents

Radiology residents are responsible for teaching junior residents, medical students and other health care professionals in multiple clinical settings. An estimated one-third of clinical teaching is performed by residents, and residents may spend up to a quarter of their time teaching. In addition to enriching the medical education of others, residents providing instruction benefit through deepening and reinforcing their understanding of the material, improving communication skills and promoting professional growth.

There is a growing demand for educational resources and opportunities for radiology residents to develop their skills as teachers. Such offerings vary widely by institution, leaving many radiology residents feeling inadequately prepared to teach. Informed by the medical education literature, Dr. Clarke and her colleagues provide an evidence-based overview for radiology residents to develop and implement their skills as teachers.
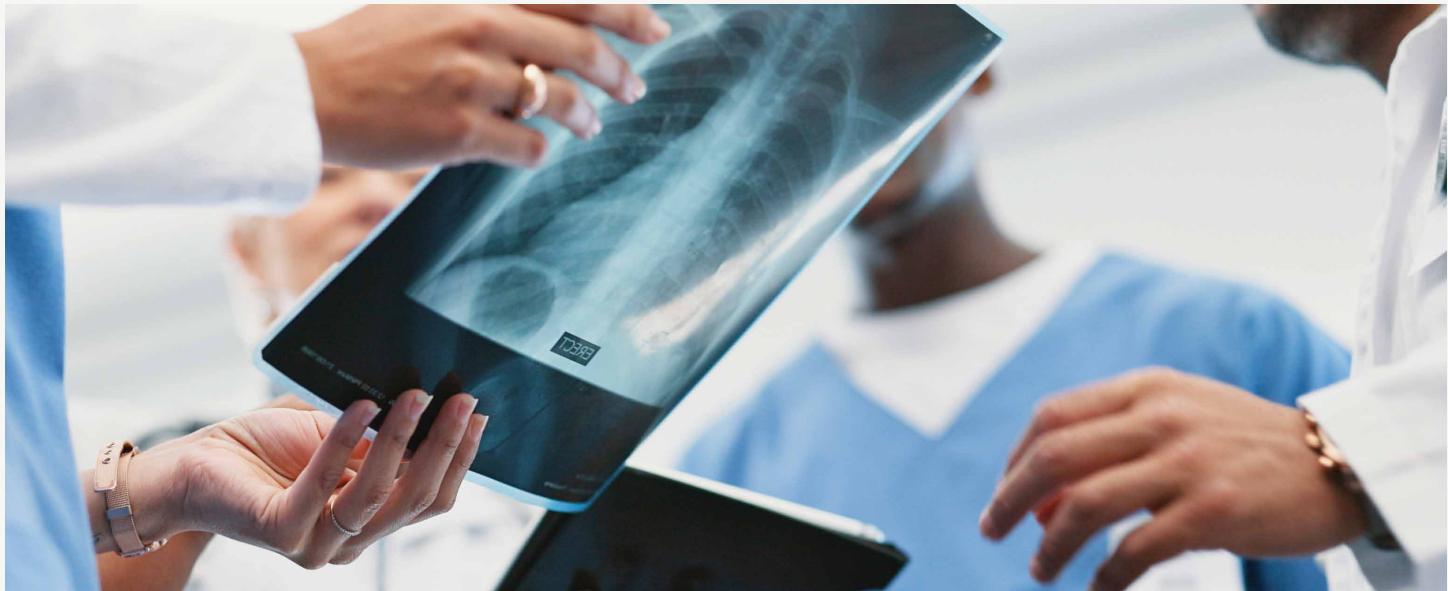
The invisible brick wall: Barriers in medical student radiology mentorship

Medical student awareness of opportunities for involvement in radiology research has been historically low relative to other comparable medical specialties, contributing to the reduced popularity of radiology compared with other medical specialties and diminishing the visibility and appeal of radiology research opportunities to medical students

In addition to preventing medical students from considering the career path or working to impact the field from the start of their training, this lack of awareness prevents practicing radiologists with enthusiasm to teach, mentor and support student research from reaching their full audience. To address this challenge and promote greater integration of medical students into radiologic science education and research, the barriers separating mentors and mentees must be identified and taken down to free the path for connection between faculty and potential radiologists-in-training. Ⓡ

13th Annual MSKUS Course
Saturday, February 14 – Sunday, February 15
at UCLA Medical Center, Santa Monica

UCLA **David Geffen School of Medicine**

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UCLA Medical Center, Santa Monica
Santa Monica, California

UCLA **David Geffen School of Medicine**

11th Annual Western Interventional Next Gen Symposium (WINGS)

Course Directors:
Jessie Stewart, MD and
Adam Plotnik, MD

Saturday, February 28, 2026

Conrad Los Angeles
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Our locations

UCLA Radiology is committed to providing outstanding patient care through excellence in clinical imaging at a number of convenient locations.

For more information, visit **uclahealth.org/radiology** or call **310-301-6800**.

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