

### **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

## FACULTY AWARDS AND ACHIEVEMENTS

### **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 to 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. **R**

# Recent Publications



Benjamin Ellingson, MD

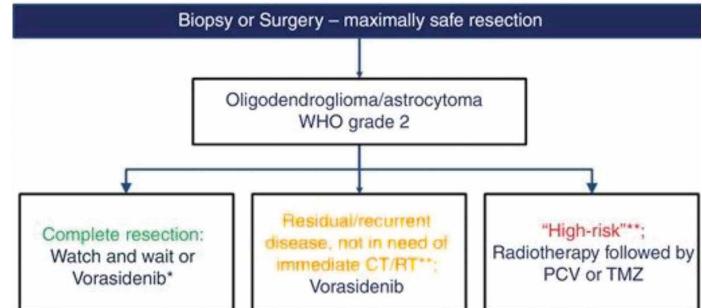
## Benjamin Ellingson, MD, and collaborators discuss the role of vorasidenib in clinical care

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

## Ashley Prosper, MD, draws attention to downstream costs

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/> 