



Applied Radiology (AR) is a physician-authored clinical review journal in publication since 1972 reaching the radiology community and related imaging professionals. AR content includes clinical physician-authored articles covering all aspects of diagnostic and therapeutic imaging techniques as well as current radiological cases, enterprise imaging discussions, technology and industry updates, private practice initiatives, and additional material designed to engage, educate, stimulate our dedicated audience with the most up-to-date medical imaging information.

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Radiology Physicians:

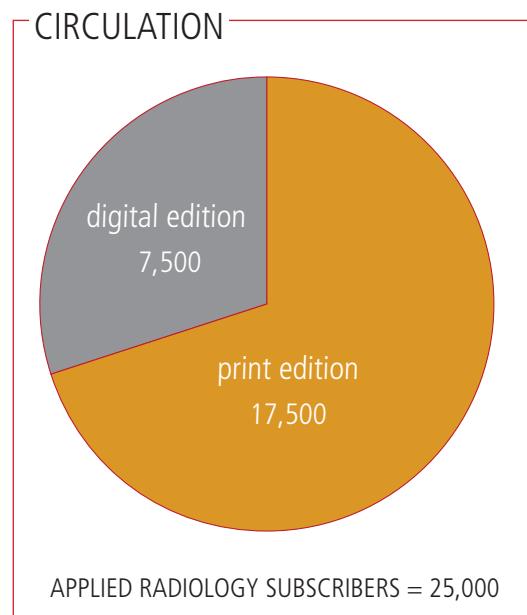
- Diagnostic
- Musculoskeletal
- Pediatric
- Interventional
- Vascular
- Breast
- Emergency
- Neuro
- Residents

Nuclear Medicine Physicians

Radiology Directors, Administrators, and Managers

Chief Technologists

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Applied Radiology was developed by radiologists who recognized the need for a practical clinical-review journal. Today, that mission still drives everything we do and we are thrilled to have an active Advisory Board, comprised of physicians who are leaders in each of their respective areas. Most importantly, our Board members believe that there is a continued need for a publication like *Applied Radiology* and are willing to advise and participate as needed to assist us in our endeavors to produce *Applied Radiology* each month and the various ancillary products and services we offer.



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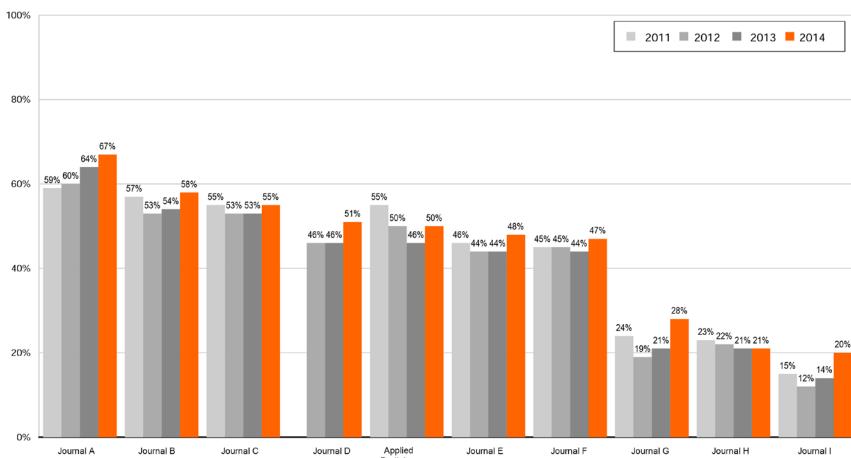
THE JOURNAL OF PRACTICAL MEDICAL IMAGING AND MANAGEMENT

READERSHIP SURVEY RESULTS

Average Issue Readers

Leading Journals

Radiology Radiologists



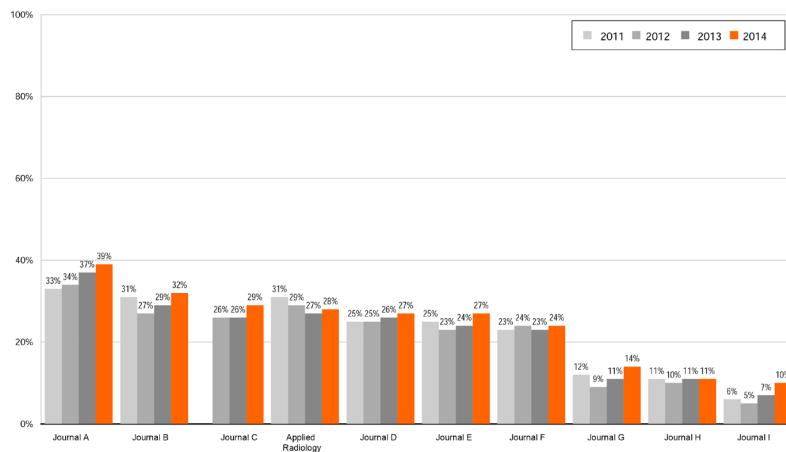
2014 Radiology Readership Study, Table 102

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Average Page Exposures

Leading Journals

Radiology Radiologists



2014 Radiology Readership Study, Table 102

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Kantar Media produces the only independent readership survey of publications reaching at least 20% of radiologists and radiation oncologists. The *Radiology Focus™ Report* has been the gold standard for over 20 years in determining what publications these professionals read, how often they read them, and how they read them.

Applied Radiology has consistently out-performed every trade journal in the radiology space over this time period and is ranked alongside the most respected association journals in the industry as rated by the people who receive them — your target audience!

Also studied is Ad Page Exposure, which determines the likelihood of your advertisement being seen by this audience, based on how often and how they read a publication. Once again, Applied Radiology consistently ranks at the very top of this list, producing more eyes on your ads than any other trade journal.

CONTENT RADIOLOGY PROFESSIONALS CRAVE DELIVERED ACROSS MULTIPLE MEDIA PLATFORMS

CLINICAL REVIEW ARTICLES

Physician-authored, Board-reviewed clinical review articles are at the heart of *Applied Radiology*. We cover all areas of medical imaging including XR, CT, MRI, US, PET/CT, PET/MR, NM, and Mammo.

RADIOLOGICAL CASES AND SPONSORED CASES

Published in print, in digital format, and online, physician-authored, Board-reviewed cases and client-sponsored case reviews are popular with our readers. More than 30,000 radiology professionals have opted-in to receive cases via email.

CLINICAL QUIZZES

Radiology professionals (30,000+ opt-ins) enjoy testing their knowledge with physician-authored quizzes received via email and linked to our website.

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Anderson Publishing has long been the leader in the development and distribution of supplements that are educational in nature and focus on clinical impact rather than merely marketing or promotion. Each supplement is designed specifically with your goals and objectives in mind.

Content is typically physician-authored, and we also have a staff of editors and medical writers who will develop content through interviews with physicians, related medical specialists, and industry leaders. Supplements to our publications are available in print and/or digital formats. In print, they can be polybagged with or inserted into our publications. Digitally, a link to our digital portal will be sent in a custom sponsored email blast. All sponsors can receive additional reprints for their own distribution and promotion.

Supplement Reach

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AR DEPARTMENTS



Rasu Shrestha, MD, MBA

ENTERPRISE IMAGING

In his column, Rasu Shrestha evaluates the many ways PACS, EHRs, and cloud computing are converging to create the image exchange network of the future.

Dr. Shrestha is the Chief Innovation Officer, University of Pittsburgh Medical Center, Pittsburgh, PA, and President of the UPMC Technology Development Center.

TECHNOLOGY TRENDS

Keeping our readers on the top of their technology game, Applied Radiology covers the latest medical imaging equipment and IT advances. Topics planned for 2014 include: Breast imaging, IT imaging solutions, interventional radiology—coding & payment update, women's imaging, and advanced visualization.



C. Douglas Phillips, MD

WET READ

In this popular monthly column, radiologists identify with the trials and tribulations in the radiology reading room as told from the irreverent perspective of Doug Phillips.

Dr. Phillips is a Professor of Radiology, Director of Head and Neck Imaging, at Weill Cornell Medical College, NewYork-Presbyterian Hospital, New York, NY.



Jeffrey C. Hellinger, MD

INTERVENTIONAL RADIOLOGY

In this quarterly special section, Jeffrey C. Hellinger, MD, Lenox Hill Radiology, New York, NY and colleagues cover the latest developments in clinical techniques and technology in the rapidly evolving field of interventional radiology.

Planned topics include: the current state of IR, pediatric IR, vascular IR, and non-vascular IR.



Sarah Conway, MD

THE 3-PIECE SUIT RADIOLOGIST: MANAGING QUALITY, SAFETY, AND COST AND LEARNING TO WEAR IT WELL

New in 2014, Sarah Conway, MD, President of Delphi Radiology Associates Health Solutions, will write about issues related to achieving quality, safety, and cost savings in the radiology department.

APPLIED RADIOLOGY®

THE JOURNAL OF PRACTICAL MEDICAL IMAGING AND MANAGEMENT

ENTERPRISE IMAGING

The imaging value chain

Rasu B. Shrestha, MD, MBA

Inspiring, in more ways than one, is the profi-
tability for healthcare reform. It always has,
been, and it seems, it always will be for at
least the next few years. As the market for profit
margin compression, efficiency pressures and
quality improvement continue to increase, we
are being attacked on all fronts. The only remain-
ing hope, quite likely, may be for us to truly look
within ourselves to find the answers. This is not
an easy task, but it is the only way to ensure what
we do to the value we are bringing to the table
is not only good, but also profitable.

It may be high time for us to rethink what's not
working in our organization. What's not working
when it comes to the value we are bringing to the
table is the lack of a clear understanding of what
healthcare in the United States is a predict-
able collision course between patient needs and
the system's ability to meet those needs. In fact,
the United States (U.S.) is a non-predictable
and unpredictable place to do business. Medical
imaging is the bellwether for the success of
the healthcare system. The value we are bringing
on healthcare services from any other country,
exceeding \$3.5 billion, or about 10% of our

2010—more than twice the average in other OECD
(Organization for Economic Co-operation and
Development) countries.¹

Healthcare reform—Finally driving value?

When policymakers sat down to legislate, such
as the Patient Protection and Affordable Care Act
(ACA), they did so with the intent to reduce costs
and expenditures. It encouraged them to add more
value to the system by increasing the quality of care
and early 2009's \$20 billion investment in medical
imaging volumes experiencing growth rates from 10%
to 15% per year. The number of radiologists in the
growth of discretionary non-emergency diag-
nosing volumes experienced growth rates from 10%
to 15% per year. The number of radiologists in the
population since 2005, with the slowdown being
most pronounced in 2009. The number of radiologists
Current trends also point to declines in hospital-
based imaging in almost all modalities. The pre-
dictive value of the imaging value chain is still



We need to focus
on the scope of the
value where
the greatest
opportunities
get ignored.

The Shrestha Way:
Introducing
Applied Radiology

TECHNOLOGY TRENDS

Calling in reinforcements: Women with dense breasts get help from ultrasound, molecular imaging, and MRI

Mary Beth Masaf

For the past 10 years, mammography has
been the standard of care for screening
women for breast cancer. However,
it does not work well for all women, and
image a particular patient population—the
woman with dense breasts. Women with
dense breasts are at higher risk for breast cancer
than women with non-dense breasts. Women with
dense breasts should be eye-openers for women, their physicians,
and radiologists alike. In addition to their pre-
dictive value for breast cancer risk, women with
dense breasts are a strong predictor of breast cancer risk.
That dense breast population includes women with
misses, average, every other cancer—for
those comprends the clinical effectiveness of this
population.

With the heightened focus on imaging women
with dense breasts, there has been a proliferation
of other breast imaging modalities, including ultra-

Richard G. Barr, MD, PhD, FACP, PSRUC,
Professor of Radiology at Northeast Ohio
Medical University and Vice Chairman of
the Vascular and OHU, helping to manage
breast ultrasound as well as other breast
imaging modalities. Dr. Barr has published
articles on breast ultrasonography and
breast imaging pathology, patients of cancer,
and breast imaging in the elderly.

During the last five years, Dr. Barr has used
ultrasound to evaluate women with dense
breasts for breast exams, whether as part
of a screening program or as a diagnostic tool.

Dr. Barr and his colleagues also participated in
the ACRA study, which is currently pending
publication.

"We believe in ultrasound screening in
dense breasts because it is a quick, low-cost
procedure," Dr. Barr says. "Using breast
ultrasound to screen women with dense
breasts is a sensible strategy in a sense
that it is used in a wide variety of settings
and it is a quick and safe procedure."

See 2014

Inferior vena cava filters: Update on
placement and retrieval

Ahmed Kamel Abdel-Aal, MD, PhD, and Jessica Caraway, MD

Proven emboli filters (PE) is a leading cause
of morbidity and mortality in the United
States, causing 50,000 to 200,000 deaths
annually. The most common cause of death is PE,
most often due to the failure of the inferior vena cava
filter. The filter can become dislodged, migrate,
or become occluded or failed. The role of IVC
filters in the prevention of PE is well known. PE
can be diagnosed by physical exam, D-dimers, and
CT scan PE by triphasic venous emboli. Recurrent PE
following filter placement is very low, reported
as 0.1% to 0.2%.¹ The incidence of recurrent PE
is currently, the indications for IVC filter place-
ment are well defined. The most common clinical
indications are those that have demonstrated
a high risk for PE. These include: history of
the following absolute or relative contraindications
to anticoagulation: failure of anticoagulation, recur-
rent PE despite anticoagulation, progression of
deep vein thrombosis (DVT) despite anticoagulation,
massive PE with residual DVT in a patient
unable to tolerate anticoagulation, PE in a patient
with IVC occlusion, PE inciting filtering thromboembo-
lism, severe and/or symptomatic DVT, and
severe and/or symptomatic PE.

Relative contraindications to placing an IVC filter
are those that have a high risk for PE but are not
absolute contraindications. These include: history of
absolute contraindications to anticoagulation, recent
PE despite anticoagulation, progression of
DVT despite anticoagulation, massive PE with
residual DVT in a patient unable to tolerate
anticoagulation, PE inciting filtering thromboembo-

lism, and severe and/or symptomatic DVT.

With the emergence of prothrombotic filter indi-
cations, the question of whether filters placed has

been a success or a failure is now a question.

"The filters have not been in use for long enough
to know if they are successful or not," Dr. Barr says.

"I think we're a victim of our own success, but there is some
data that suggests that they are effective," Dr. Barr says.

"And everyone knows that if you need a pelvic and abdominal CT, you do
not want to have a filter in there," Dr. Barr says.

"They are not good for the pelvis and abdomen," Dr. Barr says.

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APPLIED RADIOLOGY Expert Forum Webinars

Today's Faculty



Wilson Altmeyer, MD
Assistant Professor of Radiology



Abhijit Sunnapwar, MD
Assistant Professor of Radiology

CME/CRA Expert Forum

Advances in Neuro & Body MRI Imaging at Higher Field Strengths

Date & Time: Tuesday, November 12, 2 pm EST
Presenters: Wilson B. Altmeyer, MD, Assistant Professor and Abhijit B. Sunnapwar, MD, Chief of Body MRI, University of Texas Health Science Center, San Antonio, TX

Learning Objectives

- Upon completion, attendees will be able to:
- Describe the advantages and disadvantages of imaging at 3T.
- Review advances in neuro imaging at higher field strengths.
- Review advances in body imaging at higher field strengths.

Accreditation Statement: This activity has been planned and accredited by Applied Radiology, Inc., to provide continuing medical education for radiologists and other healthcare professionals. Approval is granted by Applied Radiology, Inc., for a maximum of 1.00 AMA Category 1 CME Credit(s). Physicians should only claim credit commensurate with their level of participation.

APPLIED RADIOLOGY CME/CRA EXPERT FORUMS

Advances in Neuro & Body MRI Imaging at Higher Field Strengths

Free CE/CME/CRA offered for this Expert Forum.

Overview
In recent years, radiology departments across the nation have increased their utilization of 3 Tesla MRI imaging for routine clinical care. This Expert Forum will cover the advantages and disadvantages of imaging at 3T and explore recent advances in 3T imaging. We will discuss possible disadvantages of imaging at 3T and what we can do as radiology professionals to mitigate these limitations.

In recent years, radiology departments across the nation have increased their utilization of 3 Tesla MRI imaging for routine clinical care. This Expert Forum will cover the advantages and disadvantages of imaging at 3T and explore recent advances in 3T imaging. We will discuss possible disadvantages of imaging at 3T and what we can do as radiology professionals to mitigate these limitations.

3T MRI demonstrates a clear clinical impact. For instance, the number of demyelinating plaques detected in patients with multiple sclerosis are increased at 3 Tesla. Today's newer magnets are also capable of acquiring motion resistant sequences and thinner slices with higher imaging matrices, which significantly improve quality in body imaging. These and many more examples will be discussed in this Expert Forum Webinar.

Advances in Neuro & Body MRI Imaging at Higher Field Strengths

Date: Tuesday, November 12, 2013
Time: 2:00 PM EST
Register: www.appliedradiology.org/3T

Learning Objectives

- Upon completion, attendees will be able to:
- Describe the advantages and disadvantages of imaging at 3T.
- Review advances in neuro imaging at higher field strengths.
- Review advances in body imaging at higher field strengths.

This webinar series is made possible by an unrestricted educational grant from **TOSHIBA** Leading Innovation

www.appliedradiology.org/3T

EXPERT FORUMS, WEBINARS, AND SYMPOSIA

Anderson Publishing has a long history of developing, promoting and hosting various forums in both live and online settings. Whether it is a small focus group, a large forum with a live audience tied to an association meeting, or an interactive online event, our experienced staff will coordinate your next event in a professional and efficient manner designed to produce the high quality outcomes you expect.

LIVE EXPERT FORUMS

- Held in a studio setting and captured in High Definition video
- Comprised of 4-6 panelists including a moderator
- Faculty recruitment and travel arrangements
- Outcomes include:
 - Custom portal on our website
 - A series of short videos
 - A digital monograph
 - Optional printed monograph
- Series of print/digital promotions of outcomes

ONLINE EXPERT FORUMS / WEBINARS

- One-hour online events
- 1-3 faculty members
- Faculty recruitment
- 30-45 minutes of live or pre-recorded presentation
- 15-30 minutes of live moderated Q&A
- Audience submitted questions
- Interactive audience polling
- Pre and Post event surveys
- Includes print/electronic promotion
- Includes post event marketing and reports
- Includes one (1) year on-demand archival
- Available with CME, CE, CRA and SAM credits
- Average online audience: 150+
- Average online audience with CME: 200+

LIVE SYMPOSIA

- Coordination of all aspects of event with association
- Faculty recruitment and travel coordination
- Optional HD Video capture for repurposing
- Optional custom print/digital monograph
- Post event marketing and reporting
- Audience response systems (polling)
- Optional educational credits

Contact Kieran Anderson at 908-337-3366 (Kieran@appliedradiology.com).

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APPLIED RADIOLOGY®

THE JOURNAL OF PRACTICAL MEDICAL IMAGING AND MANAGEMENT

TRADE SHOWS & CONFERENCES

Anderson Publishing's editors and publishers attend and cover various trade shows throughout the year. Use these events where your target audience gathers to position your brand, products and services in unique ways.

CONFERENCE TOP TEN SESSIONS

Anderson Publishing Advisory Board Members and/or industry experts list their "Top Ten Must See Sessions" for professionals attending various conferences and trade shows throughout the year. These sponsored e-blasts reach an opt-in audience of 30,000+ radiology professionals and features your leaderboard banner and a 100-word message and web link. Average open rates of 15%.

MYAR TV VIDEOS

With a team of experienced producers and camera personnel, Anderson Publishing can develop a high quality 2-3 minute High Definition video including interviews, product detail and much more at your booth during select tradeshows and conferences throughout the year.

Following the event, a custom e-blast is prepared and sent to an opt-in audience of 30,000+ radiology professionals. In addition, the videos are posted on various players on our websites and YouTube Channels.

APPLIED RADILOGY

RSNA 2014

TOP TEN MUST-SEE SESSIONS

Sponsored by
HITACHI
Inspire the Next

THIS MESSAGE SPONSORED BY

EMBRACING LIFE THROUGH HEALTHCARE INNOVATION.

VISIT HITACHI HEALTHCARE
AT RSNA 2014
South Hall Exhibit #4766

HITACHI
Inspire the Next

My top RSNA sessions focus on techniques that are new, controversial, therapeutic or physiologic. Monday morning gives me the opportunity to attend the spine section of the program, which I have not yet done and get an update on current trends in spine imaging. Body imaging is a higher priority, though I choose session on Elastography, which will elaborate on current and emerging roles for stiffness and viscosity as new biomarkers of disease, or the use of MR perfusion imaging to detect early changes in tissue viability. Elastography has highlighted sessions on the challenging but growing application of MR Neurography as well as the state of the art update on imaging lumbar disc herniations and stenosis. An interesting addition to the program is the diffusion tensor imaging of peripheral nerve injury, which brings together the "old" and "new" perspectives and seems to be in its infancy. Thursday morning offers an update of the role of MR guided high frequency ultrasound therapy and the use of MR to image the effects of the therapy. Friday afternoon offers an update of perfusion imaging with MR and CT. A similar session on DCE or permeability MRI rewards those still around for Friday morning. These are my admittedly recommendations—lots from which to choose.

**Lawrence J. Weinbaum,
MD, FRCR**
Kahn School of Medicine,
Mount Sinai Hospital,
New York, NY

1. Neuroradiology Series: Spine

Monday 8:30-12:00 PM | LVENR21 | N227

2. Elastography—Imaging Tissue Stiffness: Approaches and Applications

Monday 8:30-10:00 AM | RC127 | S304CD

3. Genitourinary Series: Prostate RT-2014: Current Role in Staging and Surveillance and Intervention

Monday 8:30-10:00 AM | RC128 | N227

4. MR Neurography and New Methods to Image Pain

Tuesday 8:30-10:00 AM | RC127 | S304CD

5. Gastrointestinal Series: State-of-Art CT and MR in Luminal GI Diseases

Tuesday 8:30-12:00 PM | VUSG31 | N228

6. Controversy Session: DTI in Head Injury: Crossing Borders, Clinical Applications, and Legal Ramifications

Wednesday 7:30-15:15 AM | SPSC41 | N228

7. MR-Guided High Intensity Frequency Ultrasound (HIFU)

Thursday 8:30-10:00 AM | RC127 | S304CD

8. Quantitative CT and MR Perfusion Imaging

Thursday 8:30-10:00 AM | RC127 | S304CD

9. Quantitative Imaging: Dynamic Contrast Enhanced MRI (DCE-MRI)

Friday 8:30-10:00 AM | RC292 | N226

10. Controversy Session: Shoulder Imaging: US vs MR

Monday 7:15-8:15 AM | SPSC20 | E351

MESSAGE FROM OUR SPONSOR

DISCOVER SOLUTIONS

We're inspired by your patients. From the shape of our products to the comprehensiveness of our support teams, Hitachi's mission is to diagnose, imaging drive technology that enables you to detect, diagnose, confidently treat, and increase efficiency and provide a better patient experience—for the entire product and patient lifecycle.

Please visit us at RSNA Booth #4759 Hall South Building. Take a break and come have a healthy drink at our smoothie bar. Just for visiting Hitachi and completing a small survey, we'll make a charitable contribution to a healthcare charity on your behalf!

This email has been sent to opt-in recipients by Anderson Publishing, LLC, publishers of Applied Radiology, 180 Glendale Avenue, Scotch Plains NJ 07076. To change your email address or unsubscribe please click [here](#).

Contact Kieran Anderson at 908-337-3366 (Kieran@appliedradiology.com).

The collage includes:

- Supplement to September 2014**: Features the title "APPLIED RADIOLGY" and "THE JOURNAL OF PRACTICAL MEDICAL IMAGING AND MANAGEMENT". It shows four medical images: a chest X-ray, a brain MRI, and two abdominal CT scans.
- APPLIED RADIOLGY**: Shows the journal title and "APPLICATIONS IN Contrast Imaging". Below it, a "Data into Decisions" section discusses "Using Injector Data to Improve Quality, Cost Efficiency and Safety" by Kathleen Dell'osso.
- CASE STUDY**: Headed "MAY 2014" and "SPONSORED BY SIEMENS". It discusses "Low-kV Imaging Enhances Contrast Effectiveness at a Lower Dose" by Christopher Bellon.
- Sponsored Message**: Headed "APPLIED RADIOLGY" and "McKesson". It discusses "What you need to know about Radiology and Value Based Care".
- Clinical Case Review**: Headed "THIS CLINICAL CASE REVIEW IS BROUGHT TO YOU BY TOSHIBA". It features four abdominal CT slices with red arrows pointing to specific findings.
- Case Report**: Headed "THIS CLINICAL CASE REVIEW IS BROUGHT TO YOU BY GE Healthcare". It discusses a breast MRI case involving a lymph node biopsy.
- Technology**: Headed "TOSHIBA Vantage™ 3T MRI system with K-tower software and the unique, omni-directional Bi-Chamfer BREAST SPEEDER Coil were used". It describes a breast MRI exam.
- Findings**: Describes a breast MRI finding of a moderate axillary region of clumped, non-mass enhancement involving the left upper-outer quadrant measured approximately 6.9 cm by 2.6 cm transverse by 4.0 cm on craniocaudal. It notes enlarged lymph nodes in the axillary area.
- Resources**: Includes links to "Read the entire case review", "Download a pdf version of the case review", and "Forward to a friend".
- Text at the bottom: This email has been sent to you by Anderson Publishing, Inc., publishers of Applied Radiology. 100 General America Drive, Suite 100, Parsippany, NJ 07054. To change your email address or to unsubscribe, click here.

CUSTOM COMMUNICATIONS

SUPPLEMENTS, NEWSLETTERS, WHITE PAPERS

Anderson Publishing has long been the leader in the development and distribution of supplements, newsletters, and white papers that are educational in nature, focusing on clinical impact rather than being merely marketing and/or promotional pieces. Content is typically physician-authored, but we can also develop content for you through interviews with physicians, medical specialists, and industry leaders. We work with you to ensure that we provide the right message to promote your products and/or services.

Supplements to our publications are available in print and/or digital formats. In print, they can be polybagged or inserted into our publications. Digitally, they are sent in a custom sponsored email blast and link to an online digital edition. Additional reprints can be available for distribution and promotion.

My ARTV / VIDEOS

Anderson Publishing can develop a high quality 2-3 minute High Definition video including interviews and product details at your booth during select tradeshows and conferences throughout the year. Following the event, a custom e-blast is prepared and sent to an opt-in audience of 30,000+ radiology professionals. The videos are posted on our websites and YouTube Channels.

PROMOTIONAL EBLASTS

Reach an opt-in audience of over 19,500+ radiology professionals. These e-blasts contain your supplied creative and content under our branded header. Metrics are provided within seven (7) business days. Average open rates 10% – 15%.

FEATURED CASE STUDY

Reach an opt-in audience of over 30,000+ radiology professionals. Clinical case studies feature an optional [DICOM viewer](#) for an interactive experience and can showcase your high quality images, while providing your target audience with quality clinical information. This sponsored e-blast also features your leaderboard banner, a 200-word message, and web link. Average open rate of 20%.

FEATURED CLINICAL QUIZ

Extremely popular and reaching an opt-in audience of 30,000+ radiology professionals, clinical quizzes are supplied by you or pulled from our vast archive. They feature an optional DICOM viewer. This sponsored e-blast features your leaderboard banner, a 200-word message, and web link. Average open rates of 20%.

VIDEO-BASED CASE STUDY

Growing in popularity, video-based case studies can be supplied by you or developed by us. Typically, 2-3 minutes in length these case studies feature a physician at a workstation talking the viewer through a case or series of cases designed to highlight your products and services. All videos are emailed to an opt-in audience of 30,000+ radiology professionals and are archived on our websites and YouTube Channels. This sponsored e-blast also features your leaderboard banner, a 200-word message, and web link. Average open rates of 15%.

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APPLIED RADIOLOGY®

THE JOURNAL OF PRACTICAL MEDICAL IMAGING AND MANAGEMENT

DIGITAL EDITION OPPORTUNITIES

Our digital editions offer sponsors an opportunity to think outside the box and provide highly interactive flash and video-based content instead of static display advertisement.

All print advertisers will receive a complimentary ad in the digital edition, and are encouraged to provide an interactive advertisement instead. (Some fees may apply.)

In addition, custom polls, surveys, web links and special inserts can be added to our digital editions and, most importantly, your digital sponsorship includes interaction reports from us on a quarterly basis.

Digital Opt-in Subscribers

- Applied Radiology 7,500+ subscribers

Speak to us about any of the following:

- Exclusive sponsorship
- Cover and email blast sponsorship
- Upgraded flash or video-based advertisements
- Custom digital supplements
- Sponsored digital sections
- Sponsored digital case studies

The screenshot shows a digital edition of Applied Radiology. At the top, there's a red banner with the text "In The Reading Room With Dr. Richard Semelka" and "A Video-Based Program on Body MRI". Below the banner is a video player showing a man in a white coat looking at a screen. To the right of the video player is a text box with a quote from Dr. Richard Semelka. Below the video player is another text box describing the program. On the left side of the page is a sidebar with a vertical timeline of previous issues, each represented by a small thumbnail image. The main content area features a large image of a medical scan with yellow arrows pointing to specific areas, and text describing the scan and the journal's focus on practical medical imaging and management.

E-NEWS BRIEFS

Every day our editors compile and post the most important clinical and business news related to medical imaging and radiation oncology including industry press releases and recent clinical trials. On a bi-weekly basis, our editors pick the most relevant stories to be distributed in a custom bi-weekly email blast reaching over 20,000 radiology professionals twice each month.

Available ad positions:

- Leaderboard (1) (728 x 90)
- Medium rectangle (4) (300 x 250)
- Inline positions (2) (390 x 60)
- Exclusive sponsorship is available

The screenshot shows a weekly email newsletter titled "APPLIED RADIOLOGY Radiology News Update". The header includes the journal logo and the text "THIS MESSAGE SPONSORED BY BRACCO". The main content area features a large image of a television screen with the text "My AR TV" and "Video Highlights from RSNA 2013". Above the image is a section titled "The Next Big Thing in Contrast Management" with a sub-section for "SOMATOM Open CT". The newsletter also includes several smaller text boxes with headlines and images of two doctors. At the bottom, there's a "REGISTER TODAY!" button and a "SUPPORTED BY TOSHIBA" logo. The footer contains social media icons and a small note about the email being sent to opt-in recipients.

Contact Kieran Anderson at 908-337-3366 ([Kieran@appliedradiology.com](mailto>Kieran@appliedradiology.com)).

APPLIEDRADIOLOGY.COM

Appliedradiology.com has attracted over 60,000 international members from over 100+ different countries. Our membership primarily includes radiologists, residents, technologists, radiology administrators and directors and related medical imaging professionals and specialists (interventional and vascular physicians, nuclear medicine physicians, physicists, radiation oncologists and cardiologists).

Average Monthly Statistics

- Total Visitors.....58,350
- Unique Visitors43,750
- Page Views.....83,350

SEARCH ENGINE OPTIMIZATION

Applied Radiology's highly ranked content lands on the first or second page of related web searches through our use of metadata tags, HTML headers, and keywords for all recent content. Our e-blast communications with our audience and our social media channels, which include LinkedIn, Facebook, and Twitter, keep us active and current in the online world.

SPONSORSHIP OPPORTUNITIES

Integrate your media plan with an online sponsorship package which includes homepage and/or run-of-site sponsorship via standard and interactive banners. Sponsorship of specific content or content categories is also available including:

- Featured Cases
- Featured Articles
- Featured News
- Featured Quizzes
- Digital Portals

All banners are hosted through Google's DoubleClick For Publishers (DFP), which offers many options for providing standard, interactive and third party hosted content. Impression and click-through reports are available on a monthly basis.

- Leaderboard = 728 x 90 pixels
- Right Column = 300 x 250 pixels

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APPLIED RADIOLOGY®

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SPONSORED DIGITAL PORTALS

Tie your brand to our sought-after physician-authored content by sponsoring one or more of our digital portals. Our content can be selected to meet your specific areas of interest and then archived in a custom-sponsored digital portal surrounded by your banners and messaging.

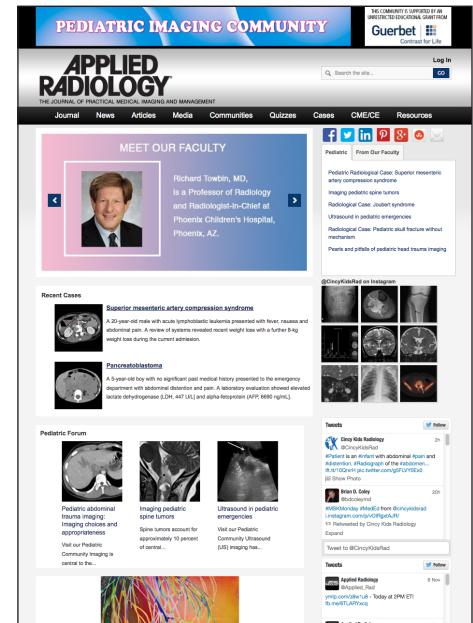
Content includes: clinical-review articles, industry news, clinical case studies, clinical quizzes and any related video-based content. Sponsors may also provide white papers, case studies, brochures, and information about meetings and conferences you will be attending.

Each digital portal includes a custom monthly column (500-750 words) derived from research and interviews on topics of interest to you.

Sponsorship Includes:

- One (1) Leaderboard banner
- Two (2) Medium Rectangle banners
- Custom column
- Custom sponsored email blast
- Print and online promotion of your sponsored portal

Note: Minimum sponsorship is six (6) months



Appliedradiology.com has attracted over 60,000 international members from 100+ countries. Our membership primarily includes radiologists, residents, technologists, radiology administrators and directors and related medical imaging professionals and specialists (interventional and vascular physicians, nuclear medicine physicians, physicists, radiation oncologists and cardiologists).

15 TOP SUBSCRIBER COUNTRIES

- 1 United States
- 2 India
- 3 United Kingdom
- 4 Canada
- 5 Australia
- 6 South Korea
- 7 Japan
- 8 Brazil
- 9 Egypt
- 10 Philippines
- 11 Turkey
- 12 Saudi Arabia
- 13 Malaysia
- 14 Italy
- 15 Germany

Contact Kieran Anderson at 908-337-3366 (Kieran@appliedradiology.com).

DIGITAL RATE CARD

Email Broadcasts

Vendor Provided

Promotional.....	\$6,500.....
Educational.....	\$5,500.....
e-Newsletter (top banner).....	\$3,995.....
e-Newsletter (middle banner).....	\$2,995.....
e-Newsletter (bottom banner).....	\$1,995.....

Applied Radiology Developed

Featured Clinical Quiz.....	\$4,500.....
Featured Radiological Case.....	\$5,500.....
Letter from the Editor.....	\$6,500.....
Wet Read Column.....	\$6,500.....
Enterprise Imaging Column.....	\$6,500.....
Top Ten Conference Sessions.....	\$8,500.....

Home Page / ROS Banner Advertising

Leaderboard (728w x 90h).....	\$4,000.....
Square Banner (300w x 250h).....	\$4,000.....

Run of Site Banner Advertising

Top Banner (728w x 90h).....	\$3,000.....
Square Banner (300w x 250h).....	\$3,000.....

Additional Sponsorship

Video Advertisements.....	\$6,500.....
Exclusive Digital Issue Sponsorship.....	\$12,500.....
MyAR TV Conference Video.....	\$3,995.....

Expert Forum Webinars

Applied Radiology Expert Forum Webinars have gained tremendous popularity with our online members. One hour in length, each webinar features a 30-minute presentation followed by a 30-minute Q&A moderated by our editorial staff.

Sponsorship includes:

- Turn-key management of the entire process from start to finish
- Promotion of event to a combined audience of more than 45,000 radiology professionals
- On demand archival for one year
- Continued promotion of archived webinars
- Custom polls and surveys
- Sales leads from opt-in registrants/attendees
- Institutional & geographic information info from non opt-in registrants/attendees

Cost: \$14,995

Mobile App Sponsorship

Applied Radiology's new Mobile App is designed for the on-the-go radiology professional who wants access to our latest print and exclusive online content anytime, anywhere from their smart phone or tablet.

Top Banner (250w x 50h).....	\$1,000.....
Bottom Banner (250w x 50h).....	\$750.....

Digital Portals

Applied Radiology Digital Portals combine related content (articles, cases, quizzes, videos) from the archives of AppliedRadiology.com with sponsored content (white papers) to create a dedicated portal designed to meet your specific area of interest. Additionally, all portal sponsorships will include portal-specific industry related news and events.

Sponsorship: \$7,500/month (6-month minimum)

File formats accepted are .gif, .jpeg, .swf

Online ads must comply with IAB standards: http://www.iab.net/iab_products_and_industry_services/1421/1443/1452

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THE JOURNAL OF PRACTICAL MEDICAL IMAGING AND MANAGEMENT

PRINT RATE CARD

Advertising Rates (black and white)

Space	1x	4x	6x	12x	18x	24x
Spread	\$9,000	\$8,800	\$8,600	\$8,400	\$8,200	\$8,000
Full page	4,500	4,400	4,300	4,200	4,100	4,000
1/2 page	3,500	3,400	3,300	3,200	3,100	3,000
1/3 page	3,000	2,900	2,800	2,700	2,600	2,500
1/4 page	2,500	2,400	2,300	2,200	2,100	2,000

Preferred Position Charges

Cover 2.....	\$2,000	Opposite TOC 1.....	\$1,500
Cover 2 + Page 1.....	\$3,500	Opposite TOC 2.....	\$1,250
Cover 3.....	\$2,000	Opposite Guest Editorial....	\$1,000
Cover 4.....	\$2,150	Opposite Lead Article	\$1,000
Inserts			
2-Page.....	\$9,000	4-Page.....	\$18,000
6-Page.....	\$25,000	8-Page.....	\$30,000

Other options available include sponsored cases, white papers, technology review articles, newsletters and more.

Production Information and Requirements

- Publication trim size is $8\frac{1}{8} \times 10\frac{7}{8}$. Allow 1/8 inch on all sides for bleed.
- Electronic format: High-resolution PDF
- You may email us your pdf or contact us for ftp information. If you prefer, you may send us a CD and color proof.
- Ad materials are held for one year from the last insertion then killed unless otherwise requested.
- Send your materials and direct your production questions to:

Barbara Shapiro, Art Director/Production Manager, Anderson Publishing
15 Tamagues Way, Westfield NJ 07076
Telephone: 908-246-0616, Email: barbara@appliedradiology.com

Mechanical Requirements (in inches, width × depth)

Space	Live area	Bleed size	Trim size
1 page	7 × 10	$8\frac{3}{8} \times 11\frac{1}{8}$	$8\frac{1}{8} \times 10\frac{7}{8}$
2 page spread*	14½ × 10	$16\frac{1}{2} \times 11\frac{1}{8}$	$16\frac{1}{4} \times 10\frac{7}{8}$
2/3 page	$4\frac{9}{16} \times 10$	$5\frac{1}{4} \times 11\frac{1}{8}$	$4\frac{9}{16} \times 10\frac{7}{8}$
1/2 page horiz.	7 × 5	$8\frac{3}{8} \times 5\frac{9}{16}$	$8\frac{1}{8} \times 5\frac{7}{16}$
1/3 page	$2\frac{3}{16} \times 10$	—	—

*A spread can also be supplied as two separate full pages, we will place properly for printing.

(Ads for supplements or inserts may have different size specifications; call for information.)

Color Rates

4-color process.....	\$1,100
Matched inks	850
Metallic colors.....	1,350
Bleed	No charge

Digital Edition Enhancements

When you advertise with Applied Radiology, your full ad will appear in our digital edition with a link to your website. We also offer the following ways to enhance your ad:

- Multimedia
- Deep Links
- Interactive Survey
- Blow In Ads
- Opening Page



Additional terms

Earned Rates

Based on total number of insertions within a 1-year period. Full-run inserts count toward frequency rate. Space purchased by a parent company and subsidiaries is combined for frequency rate.

Rate Adjustments

If more or fewer insertions are used during a contract year, the rate will be adjusted to reflect the actual number of insertions used.

Payment Terms

Net 30 days. Credit card payments by MasterCard, Visa, Discover, and American Express are accepted.

Agency commission: 15% of gross billing is allowed to recognized agencies on space, color, bleed, and position if paid within 30 days. No commissions on conversion charges, reprints, or any mechanical operations. Agency commission is forfeited on invoices not paid in accordance with the terms stated. 2% discount on invoices paid within 15 days or 1% net 30. A monthly 1.5% penalty will be charged on all invoices over 30 days past due.

Closing Dates and Cancellation

Advertising reservation closing is 20 days preceding the month of issue, and the ad material deadline is 10 days preceding the month of issue. Cancellations are required in writing prior to the ad material closing date. Cover schedules can be cancelled only upon written notice 60 days before the closing date.

- *Applied Radiology* is published 12 times a year; 6 print issues and 6 digital issues.
- Advertising is accepted from recognized companies allied to the field of radiology. The publisher reserves the right to reject advertising deemed unsuitable.
- Advertising pages are interspersed with editorial features.
- The advertiser agrees to indemnify, defend, and save harmless the publisher from any claim or actions based on, or arising out of, any matter of any kind contained in such advertising, or the unauthorized use of any person's name or photograph, or of any sketch, map, words, labels, trademarks, or copyrighted matter, or libelous statements, in connection with ads purchased according to the terms of this rate card.

Month (reservation & material deadlines)	Topics	Technology	Bonus Distribution
January reserve by 12-02-15; materials by 12-09-15	Penetrating neck trauma Imaging uncommon jaw lesions Interventional Radiology The 3-Piece Suit Radiologist: Radiology for developing countries Technology Trends: RSNA review	CT CTA MRI	HIMSS
February Digital Issue reserve by 01-15; materials by 01-19	Mammography in breast augmentation MRI of hand and finger	MAMMO MRI	
March reserve by 02-01; materials by 02-09	Cerebral venous thrombosis Acute perineum and scrotum imaging Avoiding neuro pitfalls Enterprise Imaging: Big data and analytics The 3-Piece Suit Radiologist: Benefits of ultrasound for patients Technology Trends: USD elastography	CT MRI NEURO	AIUM SIR ARRS
April Digital Issue reserve by 03-15; materials by 03-21	Biliary tree imaging CT of drug-induced lung disease	USD CT MRCP	
May reserve by 04-04; materials by 04-13	Brachial plexus MRI Radial T-1 MRI: Past, present, future GI bleeding scintigraphy Enterprise Imaging: Interoperability and imaging Interventional Radiology Technology Trends: Advances in Neuro MR	MRI	ISMRM ASNR SNMM
June Digital Issue reserve by 05-16; materials by 05-20	Pleural lining imaging Small bowel MRI	X-RAY CT MRI	SCCT SIIM
July reserve by 06-01; materials by 06-15	Dual energy CT Imaging neck trauma Enterprise Imaging: Communication and collaboration The 3-Piece Suit Radiologist: Teleradiology troubles Technology Trends: Advances in DR	CT MRI	
August Digital Issue reserve by 07-13; materials by 07-20	Ileocecal infection and inflammation imaging Spine infection imaging	CT MRI USD	
September reserve by 08-03; materials by 08-10	Improving screening mammography ACR update: Low back pain Interventional Radiology Technology Trends: Advances in breast imaging	CT MRI MAMMO	
October Digital Issue reserve by 09-12; materials by 09-19	Breast MRI overview Emergency esophageal imaging	BREAST MRI	
November reserve by 10-05; materials by 10-12	Imaging bariatric surgery: Part I Imaging of blunt pancreatic and duodenal trauma Enterprise Imaging: The economics of enterprise imaging Interventional Radiology The 3-Piece Suit Radiologist: Keeping contrast agents safe Technology Trends: Industry Perspectives	FLUORO CT	RSNA
December Digital Issue reserve by 11-09; materials by 11-16	Imaging bariatric surgery: Part II Holographic imaging in radiological practice	FLUORO CT	

Enterprise Imaging: AR Advisory Board Member, Rasu Shrestha, MD, MBA, evaluates the ways PACS, EHRs, and cloud computing are converging to create the image exchange network of the future.

Interventional Radiology: Jeffrey C. Hellinger, MD, New York Cardiovascular Institute at Lenox Hill Radiology, New York, NY covers developments in the rapidly evolving field of IR. Dr. Hellinger is an *Applied Radiology* Advisory Board Member.

The 3-Piece Suit Radiologist: Sarah Conway, MD, President, Delphi Radiology Associates will present topics about managing quality, safety, and cost.

Technology Trends: Keeping our readers on the top of their technology game, *Applied Radiology* covers the latest medical imaging equipment and IT advances.

Wet Read: Radiologists can identify with the trials and tribulations in the radiology reading room as told each month from the irreverent perspective of C. Douglas Phillips, MD, of Weill-Cornell Medical College/New York-Presbyterian Hospital, New York, NY. Dr. Phillips is an *Applied Radiology* Advisory Board Member.