

Chair's Message



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As many of you know, I am fond of insightful quotes by individuals much smarter than I. This quote by Peter Drucker captures the important strategic work of leadership, especially in times of rapid change. It emphasizes what leadership must correctly do as it observes changes in its environment.

“... the most important work of the executive is to identify the changes that have already happened ... to exploit the changes that have already occurred and to use them as opportunities to identify the ‘future that has already happened.’” (The Daily Drucker p.4)

The important message in this quote is the importance of identifying appropriately and responding to “the future that has already happened.”

For many of the burgeoning opportunities in radiology, the “future” has leaked into the present and may, in fact, have already been here for quite some time. The important insight is to recognize when new features transition from being an innovation into an early adopter stage activity as defined by the diffusion of innovations sigmoid curve.

The current health care and radiologic environment is almost dizzying in the remarkable concurrent changes taking place, ranging from new technology to headline-grabbing AI acceleration, to new radiology business models, to market consolidation and to an expanding array of innovative treatment options, especially for cancer patients. In this latter category, immunotherapy is drawing more attention and gaining increased acceptance, not only in the multiplying clinical trials, but in everyday clinical treatments.

Until recently, radiology appeared not to have much of a role in this new direction of cancer treatment. That, however, is changing as new evidence, some of which is still anecdotal, has shown that some forms of electrical and ultrasound ablation therapies of the primary cancer have resulted in regression of non-treated masses or metastases. Without direct treatment of metastatic lesions, image-guided tumor ablation has been demonstrated to cause subsequent decrease in size or involution of anatomically distant lesions. This clearly is a new treatment paradigm radiology cannot afford to ignore. As a result, the Department is forming an interdisciplinary team to investigate what I will loosely term “Image-Guided Immunotherapy” (IgImRx). The Department is literally loaded with talent and focusing on this near-term opportunity that can position us to be a national innovative leader in IgImRx. Constructing a formal clinical and research structure in the Department to execute a strategy of growing IgImRx is a critical step for the Department to achieve a rightful leadership position in this new paradigm of cancer treatment. 