Report of the 2010 Scientific Program Committee

The deadline for abstract submission (April 15, 2010) resulted in the science section receiving 6,916 abstracts, with over 5,000 abstracts arriving within 48 hours of the deadline. Of abstracts received, 66% were from outside North America, compared to 81% in 2009. New this year, authors could suggest their preferred format of formal (paper) or informal (poster) presentation, with section chairs making the final choice based on their programming needs. The number of accepted abstracts was 2448 (35% acceptance rate), of which 1769 were papers and 679 were posters. In total, 58% of the accepted abstracts were from outside North America, a decrease of 3% from 2009.

As in 2009, the scientific formal (paper) presentations were 7 minutes in duration and were followed by a 3-minute discussion period. These sessions were grouped by organ systems into 1-hour and 1.5-hour scientific sessions and were distributed throughout the week. The Integrated Science and Practice (ISP) sessions, which combined presentations of scientific abstracts and education on a given topic, were repeated this year. Each ISP session started with an invited lecturer, followed by proffered abstracts and many sessions concluded with a panel discussion on the subject. Each Scientific Session and ISP was moderated by one or two recognized experts in the field many of whom were members of the Scientific Program Subcommittees. In recognition of the growth of international participation in the annual program, we increased our efforts to include international members to serve as moderators for the scientific sessions. Session moderators were identified as Presiding Officers in the printed and on-line programs.

The presiding officers were requested to indicate outstanding papers that would merit publication, and that information was provided to Herbert Y. Kressel, MD, Editor, Radiology. The presiding officers were also asked to select outstanding papers that could be made available on-line as a digital presentation after the meeting.

The scientific informal (digital poster) presentations were presented with each author requested to stand by their poster for 30 minutes during one of the noon hour time periods to discuss their work and answer questions from registrants. During these one-hour sessions, AMA PRA Category 1 Credit™ was available. A pilot program was introduced in which volunteer session hosts, many of whom were members of the Scientific Program Committee, monitored activities in subspecialty communities and provided assistance as needed.

The Lakeside Learning Center, the home for scientific informal (digital poster) presentations and education exhibits, was located in Hall E (Level 2, Lakeside Center)
across from the Arie Crown Theater. The Lakeside Learning Center was organized by subspecialties, as in past years. Contained within each subspeciality area were computer workstations that were used for individual or group viewing and discussions of electronic exhibits and scientific informal presentations.

The Interventional Oncology Symposium continues to be favorably received and it returned in 2010 as a five-afternoon series. The Symposium provided integration of lectures and proffered scientific abstract presentations in an organ based oncology program. The Pediatrics Series provided 2 1/2 days of this same type of integrated (lectures plus papers) programming. Based on the continued success of these two programs, the Committee expanded series programming in 2010 to include half-day series courses in Breast, Breast/Nuclear Medicine/Molecular Imaging, Cardiac, Cardiovascular/Nuclear Medicine/Molecular Imaging, Chest, Emergency, Ultrasound/Gastrointestinal, MR/Gastrointestinal, Genitourinary, Musculoskeletal, Interventional, Neuroradiology, and Vascular. It was felt by the Committee that Series courses are the best way to review state of the art in each specialty and that these courses serve to introduce the registrant to new research in each area.

Upon recommendation of the Scientific Program Committee, the Board of Directors committed resources to grant prizes to residents, physics trainees, fellows, and medical students to encourage interest in academic radiology. The name of the award is Trainee Research Prize with three categories (Resident/Physics Trainee, Fellow, and Medical Student) eligible for this award. All accepted abstracts from trainees were offered the opportunity to apply for the awards. Each subcommittee Chair could award up to three prizes (one in each category). The awards were announced and presented at the corresponding scientific session in which the recipient presented his/her abstract. Each winner was given the opportunity to be photographed with Dr. N. Reed Dunnick, Board Liaison for Science, and Dr. Robert M. Quencer, MD Scientific Program Committee Chair.

In an effort to assure that each scientific session flowed smoothly, we continued with the Officer of the Day designation, a process which has been in place for a number of years. Primarily section Chairs of the scientific program subcommittees serve in this capacity. An Officer of the Day, assigned to each building, ensured proper function of each room in their assigned building, and communicated with the central Program Office by a cell phone if last-minute problems arose.

The Scientific Program Committee’s responsibilities beyond abstract review, program construction, and session supervision include recommendations for the content and speakers for the Hot Topic sessions.

Because of the large number of educational opportunities at the RSNA, it is important to keep the meeting user friendly, and therefore an enhanced online program was available through the RSNA web pages. Attendees could use the program to customize their own individual schedule before the meeting.
At the Brainstorming meeting the Scientific Program Committee considered, as it had in prior years, new and innovative ideas from the committee chairs, committee members, and the general RSNA membership in order to maintain the relevance of the annual meeting to radiologists worldwide. Over the years many of these ideas have been incorporated into the Annual Meeting.

The members of the Scientific Program Committee evaluate a large volume of abstracts within a relatively short period of time to construct a coherent and quality driven program which is pertinent to practicing Radiologists and trainees in Radiology. To aid the committee members with their evaluation and improve the quality of the information contained in the submitted abstracts, the ability to submit an image or tabular information along with the abstract was continued in 2010. We have expanded the number of members in the subcommittees so that more time can be devoted to carefully analyzing the submitted abstracts. It is our intent to continually monitor this situation to ensure the proper ratio of papers per committee member. Committee members deserve thanks from the RSNA for the time spent in preparing the annual Scientific Program. The names of the Scientific Program Committee are listed on www.rsna.org and in the RSNA Meeting Program.

Respectfully submitted,

Robert M. Quencer, MD
Chair