

RSNA *News*



RSNA Visiting Professor Program Thrills Teachers as Well as Students

Also Inside:

- New MQSA May Include Additional Requirements
- Radiology Residents Shy Away from Mammography
- UFE Safely and Effectively Treats Fibroids
- HIPAA Privacy Rule Requires New Documents from Researchers
- Strong Start for RSNA's New Virtual Journal Club

RSNA 2003 Course Enrollment Begins June 23
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McNeil, Pelc Join NIBIB Advisory Board

Two new members have been appointed to the National Advisory Council for Biomedical Imaging and Bioengineering, the principal advisory body of the National Institute of Biomedical Imaging and Bioengineering (NIBIB). They are **Barbara J. McNeil, M.D., Ph.D.**, and **Norbert J. Pelc, Sc.D.**

Dr. McNeil is the Ridley Watts Professor and founding head of the Department of Healthcare Policy at Harvard Medical School. She is also a professor of radiology at Harvard Medical School and Brigham and Women's Hospital.

Dr. Pelc is the associate chair for research and a professor in the Radiology Department at Stanford University School of Medicine.



**Barbara J. McNeil,
M.D., Ph.D.**



Norbert J. Pelc, Sc.D.



**Roderic I. Pettigrew,
M.D., Ph.D.**



Donna J. Dean, Ph.D.

Pettigrew, Dean Named AIMBE Fellows

The American Institute for Medical and Biological Engineering (AIMBE) has inducted two top NIBIB officials into its prestigious College of Fellows.

NIBIB Director **Roderic I. Pettigrew, M.D., Ph.D.**, was honored for significant contributions to research in MR imaging. Dr. Pettigrew is known for his pioneering work at Emory University using MR for 4-D imaging of the heart and work on quantitative assessment of blood flow and hemodynamics.

NIBIB Deputy Director **Donna J. Dean, Ph.D.**, was honored for directing the initial establishment of the new institute and for important contributions to the field. She was instrumental in the formation and development of the organizational, administrative, scientific and fiscal activities for NIBIB.

CAR Awardees Announced

The Canadian Association of Radiologists (CAR) has announced its 2003 award winners. In October, a CAR gold medal will be bestowed upon 1991 RSNA President **Carl J. Zylak, M.D.**, from Henry Ford Hospital in Detroit.

The CAR 2003 Young Radiologist Award will go to **Derek Muradali, M.D.**, of Mount Sinai Hospital in Toronto.



Carl J. Zylak, M.D.

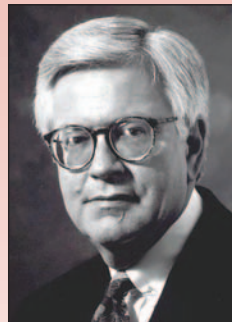
AUR/APDR Issue Awards

The Association of University Radiologists honored two outstanding radiologists at its annual meeting in April. They are **Stanley Baum, M.D.**, editor-in-chief of *Academic Radiology*, and **A. Everette James Jr., M.D., Sc.M., J.D.**, from Chapel Hill, N.C.

At the same meeting, **Charles S. Resnik, M.D.**, from the University of Maryland Medical Center in Baltimore, received an Achievement Award from the Association of Program Directors in Radiology.



Stanley Baum, M.D.



**A. Everette James Jr.,
M.D., Sc.M., J.D.**



**Charles S. Resnik,
M.D.**

Philips Promotes Price, Strengthens Management Team

Jack Price, president and C.E.O. for Sales & Service at Philips Medical Systems, North America, has been promoted to executive vice-



Jack Price

president of Philips Medical Systems.

Also at Philips, two new top executives have been added to the Medical Systems division.

Randy E. Dobbs, former president and C.E.O. of GE Capital Information Technology Solutions for North America, is the new

C.E.O. for North America's Sales & Service Region. **Barbara D. Franciose**, former president and general manager for worldwide Nuclear Medicine at Siemens Medical Solutions, is the new global C.E.O. for the ultrasound business line.

Fearn to Lead ASRT in 2004-2005

Dawn M. Fearn, M.A., R.T.(R)(T)(QM), CMD, is the new president-elect of the American Society of Radiologic Technologists (ASRT). She takes office this month.

Fearn says she'll focus on workforce recruitment and retention issues during her presidential year (June 2004 to June 2005). She also hopes to expand ASRT's role as an advocate for radiologic science issues in the legislative arena.

Fearn is the director of the Samaritan Regional Cancer Center in Corvallis, Ore.



Dawn M. Fearn, M.A., R.T.(R)(T)(QM), CMD

RSNA News

Send your submissions for *People in the News* to rsnanews@rsna.org, (630) 571-7837 fax, or *RSNA News*, 820 Jorie Blvd., Oak Brook, IL 60523. Please include your full name and telephone number. You may also include a non-returnable color photo, 3x5 or larger, or electronic photo in high-resolution (300 dpi or higher) TIFF or JPEG format (not embedded in a document). *RSNA News* maintains the right to accept information for print based on membership status, newsworthiness and available print space.

ANNOUNCEMENTS

Record Number of Abstracts

The RSNA Scientific Program Committee met June 6 at RSNA Headquarters in Oak Brook, Ill., to work on the scientific sessions for RSNA 2003. A record 7,700 abstracts were received for consideration. That's about 300 more than those submitted for RSNA 2002.

Letters will be sent in mid-June to notify individuals about the status of their submitted abstracts for education exhibits. Letters will be mailed in mid-July for scientific papers and poster presentations.

RSNA Public Outreach Program Added to AAA Honor Roll

RSNA's program to make teenagers aware of careers in radiology was named to the 2003 Associations Advance America Honor Roll.

"Exploring Your Future in Radiology" invites Chicago Public High School students to spend a day at the RSNA Scientific Assembly and then complete a 100-question test about radiology. The winners of the 2002-2003 competition will be announced

this summer. They will be presented with scholarship money during a ceremony at RSNA 2003.

"Contributions such as yours are vital and add real value to society," says Michael S. Olson, C.A.E., president and C.E.O. of the American Society of Association Executives which administers the awards.

"I commend the work you are doing and encourage you to continue."



RSNA'03

COMMUNICATION FOR
BETTER PATIENT CARE

Medicare Expands Coverage for PET Scans, MR Angiography

The Centers for Medicare and Medicaid Services (CMS) says it will expand coverage of positron emission tomography (PET) to improve the care of Medicare beneficiaries with thyroid cancer and those with potential cardiac diseases.

CMS also says it is designing a demonstration to evaluate the potential role of PET for patients with suspected dementia, as well as a multi-disciplinary expert meeting to fully explore the value of PET for Alzheimer disease (AD). For more information on the use of PET in the early detection of AD, see the April issue of *RSNA News*.

CMS has also announced that it intends to expand diagnostic options for certain Medicare beneficiaries by making MR angiography available to patients with abdominal and pelvic vascular disease under certain clinical circumstances.

Distinguished Honorees and Lecturers

The RSNA Board of Directors has announced this year's list of distinguished honorees and lecturers to whom the Society will pay tribute at the 89th Scientific Assembly and Annual Meeting. They are:



GOLD MEDALISTS



Stanley Baum, M.D.
Philadelphia



William G. Bradley Jr., M.D., Ph.D.
San Diego



David B. Fraser, M.D.
Musquodoboit Harbor,
Nova Scotia

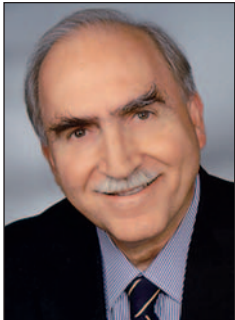
EUGENE P. PENDERGRASS NEW HORIZONS LECTURE



The NIH Vision

Elias A. Zerhouni, M.D.
Bethesda, Md.

HONORARY MEMBERS



Nicholas C. Gourtsoyiannis, M.D.
Heraklion, Crete, Greece



Lilian F.L.Y. Leong, M.D.
Hong Kong, China

ANNUAL ORATION IN DIAGNOSTIC RADIOLOGY



*Internal Derangements of Joints:
Anatomic-patho-physiologic Imaging
Correlation*

Donald L. Resnick, M.D.
San Diego

ANNUAL ORATION IN RADIATION ONCOLOGY



Alois Rüttimann, M.D.
Zurich, Switzerland



Jacob Valk, M.D., Ph.D.
Wilnis, Netherlands



*The Invaluable Role
of PET in Radiation
Oncology*

Lester J. Peters, M.D.
Melbourne, Australia

Detailed information about each of these honorees and presenters will be available in future editions of *RSNA News*.

Shaping Our Future

The RSNA Associated Sciences Consortium is sponsoring three symposia during RSNA 2003. The theme for this year's program will be *Associated Sciences: Shaping our Future—Forces at Work*.

The symposia will be held from 10:30 a.m. until 12:00 p.m. Each is approved for 1.5 hours of CME credit.

MONDAY, DECEMBER 1

Consumer-Driven Healthcare: Strategies for the Retail Medicine Era of Radiology, presented by Russell C. Coile Jr.

TUESDAY, DECEMBER 2

"Show me the Money": Government Reimbursement Policy, presented by Bibb Allen Jr., M.D., and *Are You Getting Paid for What You Do? Key Indicators to Audit*, presented by James P. Trotter Jr.

WEDNESDAY, DECEMBER 3

The Cost of Doing Business, presented by Monte G. Clinton and Bobbi Miller, R.T.(R)(M)

The Associated Sciences program also includes a series of eight refresher courses:

- *How to Effectively Manage the Capital Asset Cycle: From Acquisition Planning to Replacement Strategies*
- *Continuity of Care*
- *Advanced Radiographic Practice*
- *Maximizing Your Practice Potential with Nurse Practitioners and Physician Assistants*
- *Workforce Crisis: Strategies for Management*
- *The Digital Department: Its Architecture and Design*
- *HIPAA: The Operational Impact in Radiology*
- *Digital Technology for Diagnostic Imaging (PACS, Digital Radiography and Computed Radiography)*

The Associated Sciences Consortium consists of American Healthcare Radiology Administrators (AHRA), American Institute of Architects—Academy of Architecture for Health (AIA—AAH), American Radiological Nurses Association (ARNA), American Society of Radiologic Technologists (ASRT), Association of Educators in Radiological Sciences, Inc. (AERS), Association of Vascular and Interventional Radiographers (AVIR), Canadian Association of Medical Radiation Technologists (CAMRT), Radiology Business Management Association (RBMA), Section for Magnetic Resonance Technologists (SMRT-ISMRT), Society for Radiation Oncology Administrators (SROA) and Society of Nuclear Medicine—Technologists Section (SNM—TS)

AMA Reviews Report on Commercialized Medical Screening

When the American Medical Association holds its annual policy making meeting this month in Chicago, the AMA House of Delegates is scheduled to review a report on commercialized medical screening.

The report, from the

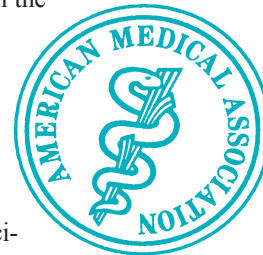
AMA Council on Scientific Affairs (CSA), briefly reviews the use of electron beam CT for determining

coronary artery calcification, spiral CT for

lung cancer screening and CT colonography for colon cancer screening in the context of generally accepted criteria that comprise a valid screening test. The use of total body scans for screening purposes was not specifically evaluated.

RSNA was able to comment on the scientific review included in a draft copy of the report. These comments will be considered by the CSA as it finalizes its report for consideration by the House of Delegates.

More information will be available in a future edition of *RSNA News*.



Letters to the Editor

RSNA News welcomes Letters to the Editor. Let us know what's on your mind. Send your Letter to the Editor by mail to *RSNA News*, 820 Jorie Blvd., Oak Brook, IL 60523, by fax to (630) 571-7837, or by e-mail to rsnanews@rsna.org. Please include your full name and telephone number. Letters may be edited for purposes of clarity and space.

RSNA *News*

New MQSA May Include Additional Requirements

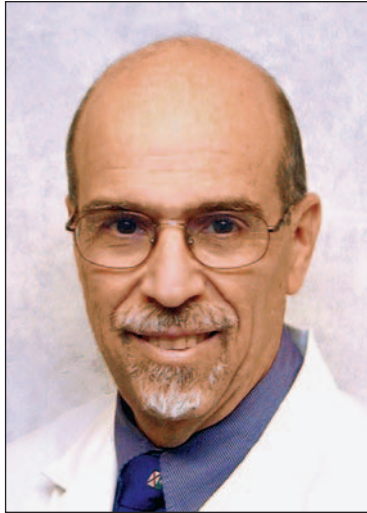
Growing public concern over the perceived inaccuracies in mammogram interpretation may lead to new, congressionally imposed requirements for radiologists. Congress is preparing to reauthorize the Mammography Quality Standards Act (MQSA).

At a hearing in April before the Senate Health, Education, Labor and Pensions Committee, MQSA author and committee member, Senator Barbara Mikulski (D-Md.), said, “While federal standards have improved the overall quality of breast x-rays ... incorrect readings remain a strong concern.”

The acting committee chair, Senator John Ensign (R-Nev.), sponsor of the Health Act of 2003, said, “The MQSA was originally passed in 1992 to ensure that all women have access to quality mammography for the detection of breast cancer in its earliest, most treatable stages. ... The issue of interpretive self-assessment has been raised as a possible improvement to MQSA for the future. While an interpretive skills assessment is generally recognized as a good idea, there are questions as to whether an interpretive skills test will result in improving a radiologist’s skills in interpreting mammograms.”

Groups such as the Susan G. Komen Breast Cancer Foundation are advocating interpretative skills assessment as part of the MQSA-required CME, as well as hospitals tracking additional mammography quality parameters. One breast cancer survivor told the Senate Committee that many within the survivor community do not believe the current requirements are rigorous enough.

Currently, interpreting physicians must read at least 480 mammograms each year. In addition, educational requirements demand that every three



Leonard Berlin, M.D.
Chairman, Department of Radiology
Rush North Shore Medical Center



D. David Dershaw, M.D.
Director of Breast Imaging, Memorial
Sloan-Kettering Cancer Center

years interpreting physicians must obtain 15 hours of category 1 CME credits specific to mammography.

Professional radiology groups acknowledge that, in theory, it makes sense to improve the accuracy of mammogram interpretation but there is a delicate balance to consider—the accessibility of mammography versus making regulatory requirements so stringent that fewer radiologists specialize in mammography.

D. David Dershaw, M.D., professor of radiology at Cornell University Medical College and director of breast imaging at Memorial Sloan-Kettering Cancer Center in New York, noted at the hearings: “The possible advantage of mandated self-evaluation, an additional regulation that would need to be fulfilled and documented by mammography facilities, should be weighed against the detrimental impact of increased regulation of mammography facilities and radiologists interpreting mammograms. Steps that might further discourage radiologists from incorporat-

ing mammography into their careers may accelerate the developing crisis in availability of mammography services.”

Articles published by *The New York Times* in June 2002 spurred talk of federally mandating the ACR’s Mammography Interpretive Skills Assessment (MISA) program. The MISA test was made available in 1999 as an interactive computer-based CD-ROM. It offers radiologists an opportunity to participate in mammography self-assessment.

Dr. Dershaw tells *RSNA News* that this type of program might be of value but should be optional, “Generous CME credits should be given for taking the exam so that radiologists would be encouraged to participate.”

But he cautions that the results should be nondiscoverable in court and by the public: “While self-assessment testing may be of value, it should also be recognized that there are no data to indicate that such tests provide feed-

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back that accurately determines competence. There is also no science to indicate that such tests result in improvement in the quality of medical care.”

In addition, Dr. Dershaw recommends that the entire package of MQSA regulations be reviewed to determine what can be discarded, “After 10 years of federal regulation, none of the regulatory requirements have been deleted. They have only been added to, making them progressively onerous.”

Leonard Berlin, M.D., chairman of the Department of Radiology at Rush North Shore Medical Center and professor of radiology at Rush Medical College in Chicago, also spoke before the committee: “It is true that there is much variance among radiologists in rendering mammographic interpretations and that some radiologists perform poorly in this regard. Because of such concerns, the need has been generated to objectively assess and monitor the performance of radiologists when interpreting mammograms, so as to assure the public that all mammograms performed in every part of the nation receive competent, relatively uniform radiological evaluation.”

Dr. Berlin agreed that self-assessment results should not be available to the public. He provided a comprehensive review of how the public’s unreasonable expect-

ation of the infallibility of mammography has led to untold lawsuits and huge judgments against radiologists. He linked those lawsuits to the price of malpractice insurance and a decreasing number of radiologists specializing in mammography. “The purpose of my emphasizing the adverse impact of malpractice on radiologists who do mammography is what may happen if the

results of any self-assessment process undertaken by radiologists are made public or are discoverable in legal proceedings,” he explained. “The malpractice litigation problem will be exacerbated and, as a result, many more radiologists will simply refuse to undergo self-assessment exercises and participate in performance improvement activities.”

At the Senate hearings, Democrats and Republicans seemed to agree that it made sense to renew the law for two years during which time the General Accounting Office could do a major study on the pertinence of some of the current regulations to the practice of mammography in the 21st century and utility of mandating an ACR-type self assessment. They agreed that all MQSA requirements should be reviewed and that compliance with regulations should be an easier task than it is presently.

“I know that radiologists reading mammograms face many challenges—low reimbursement for mammography, difficulty reading mammograms and high medical malpractice rates,” Sen. Mikulski said. “I want to find the right balance to improve the skills of physicians reading mammograms to make sure women’s lives are saved through the accurate reading of mammograms, but not take steps that drive radiologists away from mammography.”

Sen. Ensign concurred: “The bottom line is that at a time when the medical liability crisis is hitting the industry harder than ever, the last thing the Federal government should be doing is creating more avenues for abusive lawsuits. That is why Congress must bal-



Senator Barbara Mikulski
(D-Md.)



Senator John Ensign
(R-Nev.)

ance the need to find ways to improve the quality and delivery of women’s health, while at the same time preserving a positive and equitable medical environment for well-intentioned professionals to practice.”

Reimbursement

The issue of “grossly undercompensated” mammography services also sparked some passionate testimony. “I encouraged them to raise reimbursement for mammography and to make it comparable to reimbursement for similar time and effect in reading CTs,” says Dr. Dershaw.

Two days after the hearing, Senators Tom Harkin (D-Iowa) and Olympia Snowe (R-Maine), along with 13 additional cosponsors, introduced the Assure Access to Mammography Act of 2003—legislation identical to a measure introduced in the House in February.

The new bill, like its predecessor, seeks to increase patient access to mammography by increasing Medicare’s low reimbursement. This low reimbursement has led to the closures of more than 700 mammography facilities over the past two years, according to ACR.

More Radiology Residency Slots

In addition to the increase in reimbursement, the bill also provides for additional radiology residency slots. Specifically, the bill allows radiology residency programs to add one resident each year for five years. □

Steps that might further discourage radiologists from incorporating mammography into their careers may accelerate the developing crisis in availability of mammography services.

—D. David Dershaw, M.D.

Radiology Residents Shy Away from Mammography

The current shortage of mammographers will likely get worse before it gets better.

Lawrence W. Bassett, M.D., the Iris Cantor Professor of Breast Imaging at the David Geffen School of Medicine at UCLA, and colleagues surveyed third- and fourth-year radiology residents, who had completed breast imaging rotations, at 211 accredited radiology residencies in the United States and Canada.

“Sixty-four percent of residents would not consider a fellowship in breast imaging if offered and 63 percent would not want to spend one-fourth or more of their time in clinical practice on interpretation of mammograms,” says Dr. Bassett. The study appears in the June issue of *Radiology*.

The most common reasons included:

- not interesting enough
- fear of lawsuits
- too much stress

“It was somewhat surprising to find that 87 percent of residents rated interpretation of mammograms as being more stressful than other types of imaging,” says Dr. Bassett. “That’s higher than I would have thought. The finding that surprised us the most was the concern about liability. Apparently residents are very attuned to medical-legal issues.”

As for the excitement of new technology, Dr. Bassett admits that specialties like neuroradiology involve complicated procedures where radiologists get to use CT, MR and interventional angiography. “Breast imaging relies heavily on conventional radiography, although there are interventional procedures and increasing use of digital technology and sophisticated high-resolution ultrasound equipment,” he says.



Lawrence W. Bassett, M.D.
Iris Cantor Professor of Breast Imaging, David Geffen School of Medicine



Barbara S. Monsees, M.D.
Chief of Breast Imaging, Mallinckrodt Institute of Radiology

Coauthor Barbara S. Monsees, M.D., professor and chief of breast imaging at the Mallinckrodt Institute of Radiology in St. Louis, says that in both academic and private settings, the outlook for access to quality breast imaging

The profession needs the help of others to drastically alter the reimbursement scheme to compensate for actual costs ... [and] there needs to be some relief from medical-legal liability.

— Barbara S. Monsees, M.D.

is dismal: “Because of the Baby Boomer population, an additional one million women annually enter the pool of those needing screening mammograms. In addition, because breast cancer is more common in older women, we are seeing a rising number of breast cancers as the older population increases.”

The National Center for Health Statistics reports that the female population aged 40 to 84 years will increase from 64.6 million to 77.4 million in the next two decades.

Dr. Monsees, who is immediate past-president of the American Society of Breast Imaging, says clinics and hospitals are reluctant to expand their mammography departments: “If they have to make choices about where they’re going to put their resources, they’re going to put them into more lucrative services—services that pay their own way. Because mammography is a money loser, they don’t want to invest in it.”

In addition, technical reimbursement for mammography services is lower for hospitals than it is for outpatient facilities. This has had a major impact on teaching institutions because, for the most part, they are hospital-affiliated practices, according to Dr. Monsees.

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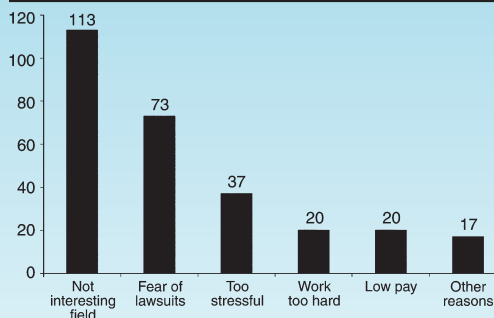
“There are disincentives to being in breast imaging,” says Dr. Monsees. “People are concerned about lawsuits, about the lack of reimbursement, about stress and burnout. It’s perceived as a second-class specialty, which is already affecting the workforce. We see a decline in interest in breast imaging fellowships. We hear from people in practice that can’t find radiologists willing to read mammograms for the same reasons residents expressed in this survey.”

Dr. Bassett says the lack of interest in mammography cannot be blamed on training: “This survey and previous surveys found that training has continuously improved both in the amount of time residents spend on breast imaging and in their participation. Radiology residents are much more involved in interpretation, doing procedures, using ultrasound and so forth, than they were before 1990 when breast imaging was included on the American Board of Radiology exam.”

He notes that of the 211 programs involved in the current study, 96 percent had a separate breast imaging section, compared with 81 percent in 1992. The amount of time devoted to breast imaging in the curriculum also increased—93 percent of programs now require at least eight weeks. Residents also reported that 41 percent of the directors or section heads worked exclusively in breast imaging and 75 percent spent at least half their time working in mammography.

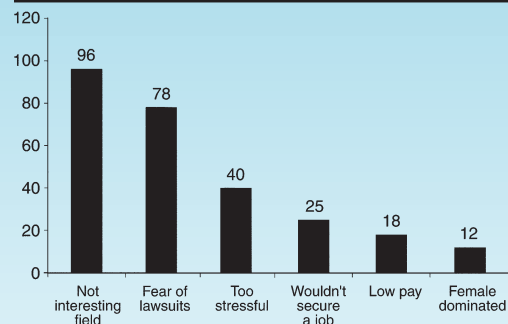
During their rotations, the residents indicated that they interpreted from 40 to 575 mammograms per week with supervision, with a mean of 162 per week.

Still, the good news on the training front has not translated to good news in



Graph 1 shows reasons selected by 132 residents who would not consider a fellowship in breast imaging if offered. Residents could select as many reasons as they thought applied to them. The y axis indicates the number of times the reason was selected by residents who would not consider a fellowship in breast imaging.

(*Radiology* 2003; 227:862-869)
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Graph 2 shows reasons selected by 133 residents who would not like to spend a substantial portion of time (25%) in interpretation of mammograms in their future practices. Residents could select as many reasons as they thought applied to them. The y axis indicates the number of times a reason was selected by residents who would not like to spend a substantial portion of time (25%) in interpretation of mammograms.

clinical centers suffering from rising deficits in breast imaging specialists. The researchers found that fellowships in breast imaging were offered at 53 institutions, but only 46 had filled their positions.

Dr. Monsees says making breast imaging an attractive specialty to young radiologists will require intelligent policy decisions at the national level: “The profession needs the help of others to drastically alter the reimbursement scheme to compensate for actual costs, and that’s going to depend first on Medicare and Medicaid, and perhaps Congressional action. There also needs to be some relief from medical-legal liability. There is movement in that direction on Capitol Hill, but it isn’t specific to breast imaging, and it may not be enough help.”

Reading Volume and Accuracy

A radiologist’s current reading volume does not statistically correlate with accuracy, according to a study in the February 19 issue of the *Journal of the National Cancer Institute*.

Lead author, Craig C. Beam, Ph.D., director of the Biostatistics Core at the H. Lee Moffitt Cancer Center and Research Institute of the University of South Florida in Tampa, says, “The main implication of the study is that

volume on its own is not a sufficient guarantor of expertise in mammography interpretation.”

The Beam study indicates that a complex, multifactorial process is involved and needs to be better understood. For example, the researchers found that recently trained radiologists interpreted mammograms more accurately than those trained earlier. Facility-level factors that were statistically, significantly and independently associated with better precision included the number of diagnostic breast imaging examinations and image-guided breast interventional procedures performed, being classified as a comprehensive breast diagnostic and/or screening center or freestanding mammography center, and being a facility that practices double reading.

While the article acknowledges that volume might be a determinant of expertise and quality of care, Dr. Beam says, “We don’t think that healthcare policy should base qualifying radiologists solely on reading volume. I think we need to investigate the set of factors that go into making an expert an expert.”

An accompanying editorial by Joann G. Elmore, M.D., from the University of Washington School of

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UFE Safely and Effectively Treats Fibroids

Uterine fibroid embolization (UFE) may soon be the first line of treatment for fibroid tumors, which affect as many as 77 percent of women according to government statistics.

“There are two trends that will intersect and make uterine fibroid embolization the preferred initial step in fibroid treatment,” says Mahmood K. Razavi, M.D., associate professor of radiology at the Stanford University School of Medicine in California. “Number one, patients are becoming more and more informed about the procedure to the point of directly referring themselves for embolization. Number two, gynecologists are beginning to recognize the efficacy of UFE and have started to refer patients for this procedure.”

UFE uses angiographic methods similar to those used in renal angiography or angiography of the extremities. A catheter is placed in each of the two uterine arteries and small embolization particles are injected to block the arterial branches that supply blood to the fibroids. The fibroid tissue dies, the masses shrink, the myometrium is unaffected and, in most cases, symptoms are relieved.

UFE offers a minimally invasive alternative to hysterectomy, which removes the uterus, and myomectomy, which surgically removes the fibroids but leaves the uterus in place.

New research presented at the American Roentgen Ray Society annual meeting in May found that UFE is effective and may not cause infertility

or premature menopause as previously suspected. A similar finding was reported at the Society of Interventional Radiology (SIR) meeting in March.

In the June 2003 issue of the *American Journal of Roentgenology*, Dr. Razavi published a paper comparing embolization with myomectomy. “We concluded that anybody with symptomatic fibroids should first be evaluated for embolization,” he says. “If for some reason the patient is not a candidate, then other procedures such as surgery should be considered.”

Dr. Razavi and colleagues compared 114 patients who underwent either UFE or myomectomy. “We found that in terms of efficacy, the women who had bleeding were far better off with embolization than with surgery,” he says. “There was a trend toward better pain and pressure outcome with embolization, but our numbers were not large enough to verify statistical significance.

We need to focus our efforts on educating the gynecology community about uterine fibroid embolization and its benefits to their patients.

— Mahmood K. Razavi, M.D.

Because myomectomy removes the mass, the surgical patients had better outcomes for relief of bladder pressure.”

The recovery for UFE patients was easier than for the myomectomy patients. UFE was performed on an outpatient basis and patients were back to normal activity by day 8. Myomectomy patients had a three-day hospital stay and took 36 days to return to normal activity. The use of pain medication was also lower among UFE patients. Estimated blood loss was significantly higher for myomectomy patients than for UFE patients.



Mahmood K. Razavi, M.D.
Associate Professor of Radiology
Stanford University School of Medicine

“Although it was not statistically significant, the rate of reintervention with embolization was lower than reintervention with myomectomy,” adds Dr. Razavi.

Since the mid-1990s UFE has become more common. Interventional radiologists have been performing uterine artery embolization for more than 20 years; however, it was mainly used to stop postpartum hemorrhaging and bleeding associated with certain cancer treatments.

Most women who have fibroids remain asymptomatic. Only 10 percent to 20 percent of fibroids require treatment, according to SIR. Medications such as ibuprofen, hormone treatments and oral contraceptives are typically prescribed. When uterine fibroids do not respond to medication, surgical removal is often recommended.

Drawbacks to UFE include small risks of amenorrhea, early menopause, pelvic inflammation and delayed

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Type Ia anastomosis in a 45-year-old woman

(a) Preembolization anteroposterior abdominal aortogram shows opacification of the right ovarian artery (arrowhead). Large uterine arteries are also visible bilaterally in the pelvis. (b) Selective right uterine angiogram in anteroposterior projection shows typical myomatous blush. Note the absence of contrast material reflux into the tubo-ovarian segment. (c) Selective anteroposterior ovarian angiogram after uterine artery embolization. Reflux into the lower segment of uterine artery is visible, with truncation of branches supplying the fibroids (solid arrows). A faint ovarian blush (open arrow) also is evident. Ovarian artery flow is no longer a source of blood supply to the fibroids.

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Continued from previous page

uterine cancer diagnosis, which is extremely rare. The mortality risk is very low, according to Dr. Razavi.

Currently, Dr. Razavi's research group is studying the pelvic arteries to characterize fibroid blood supply. They are evaluating the correlation between size of the fibroid and outcome and between MR characteristics and outcome. They are also looking at different methods of minimally invasive fibroid treatment, such as ablation.

"Although the radiology community knows that embolization works, there has been a problem communicating this knowledge to the gynecology community, which sees these patients first. At this point, most of our patients come directly to us," he says. "Working with gynecologists may be better for the patient because some of them have additional gynecological problems that

need to be attended to and we are not gynecologists. We need to focus our efforts on educating the gynecology community about uterine fibroid embolization and its benefits to their patients."

Patient Information about UFE

RSNA and the American College of Radiology have a joint patient information Web site that provides easy-to-understand information about radiology procedures and treatments. Patients who search for information about UFE on *RadiologyInfo*[™] (www.Radiology-Info.org), will find answers to the following questions:

- What is Uterine Fibroid Embolization?
- What are some common uses of the procedure?
- How should I prepare for the procedure?
- What does the equipment look like?

- How does the procedure work? How is the procedure performed?
- What will I experience during the procedure?
- Who interprets the results and how do I get them?
- What are the benefits vs. risks?
- What are the limitations of Uterine Fibroid Embolization?

RadiologyInfo also provides information on other women's imaging procedures such as mammography, obstetric ultrasound, ultrasound-guided breast biopsy and x-ray guided breast biopsy. □

HIPAA Privacy Rule Requires New Documents from Researchers

Ever since privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) went into effect on April 14, all medical researchers, including radiology researchers, must heed new restraints that protect patients' private health information.

HIPAA defines research as a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

HIPAA privacy rules for research cover all human beings, living or dead, regardless of whether or not the research is supported by the federal government.

As most physicians know, every practice and healthcare organization that act as a "direct treating provider" must now provide patients with a notice outlining the privacy practices of their healthcare organization and the patient's privacy rights, and the organization must try to obtain written acknowledgment from patients that they received the notice.

An "indirect treating provider," such as a diagnostic radiologist who provides treatment based on another physician's order, also must prepare a notice and give it to patients if they request it. However, the privacy rules do not mandate that the indirect provider has to obtain a patient's acknowledgement of the notice or post it in their office suite.

Researchers in particular are required to obtain a number of new documents in order to conduct research in the HIPAA era, including a **research authorization form**, a **waiver of au-**

thorization, a **review preparatory to research** and a **data use agreement**.

Under HIPAA's privacy rule, an institutional review board (IRB) is responsible for reviewing and approving the documents. At healthcare organizations where no IRB exists, a privacy board, as defined in the rule, has the same responsibility. The privacy review is separate and distinct from a human subjects review.

Research Authorization Form

Healthcare entities must obtain a patient's written permission before using his or her protected health information (PHI) for most clinical research. This

Researchers can avoid preparing all of the privacy documents and use PHI without a patient's authorization by de-identifying or stripping the information of any specific identifiers. . . . However, if the researchers need to use some of the patient's health information . . . they must file a data use agreement that spells out the limited identifiable data they need for research purposes.

requirement applies to new patients enrolled in studies after April 14, 2003. Patients enrolled prior to April 14 do not have to sign a new authorization.

The good news for researchers is that the amended Privacy Rule allows a single authorization form for all uses and disclosures of PHI that combines informed consent to participate in a research study and the HIPAA-required patient authorization for research-related PHI use or disclosure.

The research authorization form must spell out the health information the researcher intends to use, including medical history, lab results, imaging studies and physical findings. It also must name the people and organizations that may use, share or disclose the information and the purpose of the disclosure, along with an expiration date for the use of the information.

The form must notify the patient that they have the right to refuse to sign the research authorization form and advise them they may revoke the authorization after they have signed it. Additionally, the form must notify the patient of how they may revoke and the

exceptions to that right, or refer to the researcher's notice of privacy practices for that information.

Under HIPAA, a patient must withdraw in writing to revoke subsequent use or disclosure of PHI. However, if data have already been submitted to the sponsor of the study, the researcher does not have to revoke that data.

Waiver of Authorization

If researchers need to use PHI for some purpose other than

treatment, payment, operations or a research protocol, they can apply for a waiver of authorization under these circumstances:

- The research could not practically be conducted without a waiver and without access to and use of PHI.
- The use or disclosure of the PHI presents no more than a minimal risk to the patient's privacy. Researchers must show how they will protect the

Continued on next page

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patient's identifying information, present a plan to destroy the identifiers, and give written assurances that the protected health information will not be reused.

Reviews Preparatory to Research

If researchers need to assess the feasibility of conducting their research prior to beginning the study, they may submit a document called a review preparatory to research to the IRB/privacy board. This preparatory review document permits PHI use and disclosure without requiring authorization or documenting the alteration or waiver of authorization if researchers only record de-identified PHI and do not remove PHI from the organization reviewing it. Practically, the document also should include the research's title and the list of PHI the researchers intend to use.

Data Use Agreement

Under HIPAA, researchers can avoid preparing all of the privacy documents and use PHI without a patient's authorization by de-identifying or stripping the information of any specific identifiers. The HIPAA privacy rule lists 18 official identifiers of PHI, including the patient's name, address, telephone number, employer's name, social security number and health insurance plan beneficiary number.

However, if the researchers need to

HIPAA Privacy Rule Educational Materials for Researchers



Several agencies of the U.S. Department of Health and Human Services, including the National Institutes of Health and the Centers for Disease Control and Prevention, have developed HIPAA Privacy Rule educational materials for researchers and the research community.

The materials are available at privacyrule-andresearch.nih.gov.

use some of the patient's health information with only the obvious identifiers stripped from the dataset, they must file a data use agreement that spells out the limited identifiable data

they need for research purposes.

The overall purpose of the HIPAA privacy rule is to protect the rights of individuals to control disclosure of and access to their medical records. Civil

penalties for not complying with the privacy rule include a \$100 fine for each violation per individual patient. So if the research involves 100 patients, the fine could be a hefty \$10,000. □

More HIPAA Information

- Center for Medicare and Medicaid Services www.cms.hhs.gov/hipaa/hipaa2/default.asp
- American College of Radiology www.acr.org/dyna/?doc=departments/econ/hipaa/
- American Medical Association www.ama-assn.org/ama/pub/category/4234.html

Radiology Residents Shy Away from Mammography

Continued from page 8

Medicine in Seattle, and colleagues notes, "We still suspect that reading high volumes of films annually in conjunction with auditing and continuing education programs is the best approach to obtain and maintain radiologist expertise and thereby increase the accuracy of mammography."

Value of Mammography

The largest study to date on the benefits of mammography finds a significant drop in breast cancer deaths among women who undergo screening mammography.

In the April 26 issue of *The Lancet*, Laszlo Tabar, M.D., director of the Department of Mammography at Falun Central Hospital in Sweden, and col-

leagues compared breast cancer deaths among women before screening was introduced (1958-1977) with breast cancer deaths among women after the introduction of screening (1978-1997). They found a "significant 44 percent reduction in breast cancer mortality in women aged 40-69 years who were exposed to screening." □

Strong Start for RSNA's New Virtual Journal Club

Many radiologists are taking advantage of RSNA's new interactive Web site designed to help them learn more about specific articles in *RadioGraphics*, the Society's bi-monthly, peer-reviewed education journal.

RadioGraphics editor William W. Olmsted, M.D., says he created the RSNA Virtual Journal Club (vjc.rsna.org) after finding that about 50 percent of residents queried in a recent RSNA publications survey do not participate in a formal journal club, "I realized *RadioGraphics* articles might be used as the nucleus for starting this type of program."

Dr. Olmsted, who is also RSNA's Education Editor, says he hopes the Virtual Journal Club will become an important tool for residents and other RSNA members who would like to know more about the issues addressed in featured articles.

How Does It Work?

One article from the current issue of *RadioGraphics* is featured on the Virtual Journal Club site.

Readers can review the article as a PDF or on *RadioGraphics Online* and then can post their comments and questions to the authors. The authors will respond online within a few days of the postings. After an initial three-week period, the discussion will remain open, but the author of the article will no longer respond.

All content is monitored for appropriateness and usage by RSNA staff.

The first article, "US of Gastroin-



William W. Olmsted, M.D.
RSNA Education Editor
RadioGraphics Editor



Martin E. O'Malley, M.D.
Abdominal Imaging Division
University Hospital Network

testinal Tract Abnormalities with CT Correlation," was posted in January. The author of the article, Martin E. O'Malley, M.D., is an assistant professor at the University of Toronto. Dr. O'Malley also works in the Abdominal Imaging Division at the University Hospital Network and Mount Sinai Hospital in Toronto.

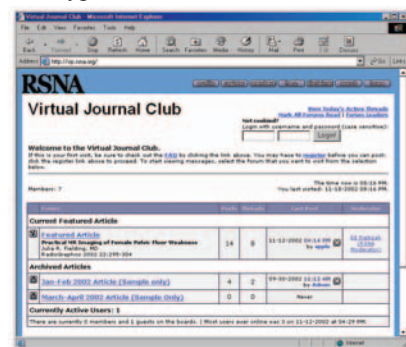
cating with other radiologists: "The strength of the program is that any radiologist with access to the Internet anywhere in the world can ask the authors a question. The format is less formal and labor intensive than writing a letter to the editor, for example. I think this will allow more radiologists to participate in this type of educational exercise."

The strength of the program is that any radiologist with access to the Internet anywhere in the world can ask the authors a question. . . . I think this will allow more radiologists to participate in this type of educational exercise.

—Martin E. O'Malley, M.D.

There were 2,300 hits to Dr. O'Malley's online article and 2,000 hits on the discussion board. Dr. Olmsted calls the response "terrific."

Dr. O'Malley says the Virtual Journal Club is a unique way of communi-



Dr. O'Malley says he had no difficulties navigating the site, "Once you go through the initial steps, it is relatively easy to use." The only minor drawback is that the authors must be

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RSNA Visiting Professor Program Thrills Teachers as Well as Students

Two radiologists participating in the RSNA International Visiting Professor Program say their April visit to Guatemala was an incredibly rewarding adventure. In a telephone call from Antigua, Guatemala, James J. Abrahams, M.D., couldn't contain his excitement: "This has been a phenomenal experience. This terrific program is a plus to the RSNA."

Dr. Abrahams is a nationally recognized neuroradiologist and head and neck radiologist at the Yale University School of Medicine in New Haven, Conn. He is the chief of ear, nose and throat radiology, a professor of diagnostic radiology and surgery and director of medical studies for Yale's Radiology Department. He traveled to Guatemala with Marc J. Gollub, M.D., who is a specialist in gastrointestinal (GI) radiology and body CT at Memorial Sloan-Kettering in New York City. Dr. Gollub is chief of the CT section, is director of GI fluoroscopy and teaches residents to perform state-of-the-art barium studies.

Like Dr. Abrahams, Dr. Gollub says the journey has had a significant impact on him: "This has been a learning experience as to how subspecialized my work is in cancer radiology. At Sloan-Kettering, my primary focus is on radiology of the intestinal tract in cancer patients. There is no such thing as a radiology specialist here in Guatemala. Radiologists here must be generalists because there are so few of them."

The entire nation of Guatemala, a country the size of Tennessee, has 20 CT scanners and four or five MR imaging units.

In the United States, patients are accustomed to the relative ease of access to medical care. In Guatemala



Drs. Abrahams and Gollub (seated left to right) review a CT scan of the brain at Democracy Hospital in Guatemala. Standing behind them are Dr. Eric Maldonado (left), chief of radiology, and Dr. Carlos Santizo.

In Guatemala City, children prepare for the Holy Week processional by making *alfomas*—colorful sawdust carpets.

Photos courtesy of Dr. Abrahams

City, patients line up at 5 a.m. for a chance to get a radiographic study. Dr. Gollub says these are patients with serious injuries and advanced forms of cancer standing for hours in the warm hallways of Roosevelt Hospital. Government financial assistance for patients in Guatemala is limited.

As part of the visit, Dr. Gollub had the opportunity to review unusual patient studies that, until now, he has only seen in textbooks, such as patients suf-

fering from parasites.

"The level of disease is far more advanced in Guatemala, especially in the rural areas, than what we typically see in the United States," says Dr. Abrahams.

The physicians say there are some differences in medical training for radiologists in Guatemala. There, students spend eight years in a combined college/medical school/internship curriculum instead of the nine total years need

for this in the United States. In Guatemala, the chief radiology resident remains in the hospital where he or she has trained. The rest of the fourth-year residents must continue training that year in rural hospitals. Most will eventually go into private practice. Just like in the United States, there is a severe shortage of radiologists in Guatemala.

Drs. Abrahams and Gollub began their journey in the capital, Guatemala City. They gave a series of talks at the National Congress of Radiology of Guatemala to very receptive audiences of residents and radiology attending physicians.

“There is a great eagerness on the part of the doctors and residents to learn. Most radiologists in Guatemala rely on reading medical materials because they don’t have access to a lot of lectures,” Dr. Gollub says.

Having lived in Guadalajara, Mexico, for three years, Dr. Abrahams was able to conduct his lectures in Spanish. “It’s been a while since I taught in Spanish, so I was surprised by being able to speak in Spanish for such a long time. It was fun for me,” he adds.

Dr. Gollub, who speaks French, says he was able to pick up the Spanish very quickly. He says he was very grateful for two excellent translators, Rosa and Sue. “I think they were surprised by the length of the lectures. They got to learn some new medical terms too,” he says.

On their second day in Guatemala, Drs. Abrahams and Gollub toured Roosevelt Hospital. “We projected case studies from our laptops to 15 residents. The residents were so eager for knowledge. Despite the warmth of the room, no one fell asleep during the presentations,” Dr. Abrahams says.

They shared several meals with the residents giving them an opportunity to talk about medicine, work and their families.

“We had incredible hosts, who have made this experience easy and wonderful,” says Dr. Abrahams. Francisco A. Arredondo, M.D., incoming president



Dr. Gollub reviews a GI case with radiologists and residents at Democracy Hospital.

of the Guatemala Congress of Radiology and a member of the RSNA Committee on International Relations and Education (CIRE) who is based in Guatemala, and Reuben Alvarez, M.D., outgoing president of the Guatemala Congress of Radiology, picked them up each day and showed them around.

“Dr. Arredondo invited us to his home during Easter week.

This has been such a nice experience for us,” Dr. Abrahams adds.

“The formal participation of Drs. Abrahams and Gollub was very well received and

their presentations were excellent, both as audiovisual material and overall in their content,” says Dr. Arredondo. “All the residents and radiologists that participated in the activities were very happy and enthusiastic about the visit and also to learn about the international programs of RSNA. I think the experience also was rewarding for the visiting professors.”

Drs. Abrahams and Gollub took a break from teaching during Easter week to tour the ancient ruins at Tikal. They also spent time in Antigua, the former capital of Guatemala and its

second oldest city. Antigua is famous for Semana Santa, or the Holy Week. Thousands of people, including Drs. Abrahams and Gollub, watched as residents carried heavy religious statues and altars made with flowers and walked through the streets of Antigua over elaborately constructed *alfromas* (colored sawdust carpets also made

with flowers).

They wrapped up their trip teaching in a hospital in Quetzaltenango, Guatemala.

Dr. Gollub says he applied for the Visiting Professor Program with

the encouragement of his chairman, Hedvig Hricak, M.D., Ph.D., who is the newest member of the RSNA Board of Directors. Dr. Gollub says this program is a great fit for those who enjoy teaching and travel. He would recommend a working knowledge of the language of the country whenever possible. Dr. Abrahams applied for the program after reading an article about the International Visiting Professor Program in *RSNA News*.

Interestingly, Drs. Abrahams and Gollub did not know each other before

Continued on next page

*In Guatemala City,
patients line up at 5 a.m.
for a chance to get a
radiographic study.*



Dr. Abrahams gives a copy of the RSNA Education Center Catalog to Dr. Maria Fonseca de Chacon, chief of radiology at Roosevelt Hospital, and chief radiology resident Pablo Hernandez. As part of the Visiting Professor Program, RSNA will provide \$1,500 worth of educational materials to the host institution.

Continued from previous page

they were accepted. They met for the first time at RSNA 2002 and spoke on the telephone many times before they traveled to Guatemala. "I couldn't have picked a better teammate. We were supportive of each other and truly augmented each other during our presentations," Dr. Abrahams says.

As part of the Visiting Professor Program, CIRE provided a \$1,500 budget for educational materials from the RSNA Education Resources Catalog to be donated to the host institu-

tions. Dr. Abrahams says the residents enthusiastically reviewed the catalog for educational materials to be sent to them at a later date.

"From our side it was a most successful visit that left a lot of new knowledge and overall a great appreciation for RSNA," says Dr. Arredondo. "The visiting professors now have many new friends in Guatemala who are very grateful for their teaching and open attitude."

Two other teams of visiting professors will travel to South Africa and

Kenya in August and El Salvador in November.

2004 International Visiting Professors

RSNA is currently accepting applications for 2004 Visiting Professors. Possible destinations include Argentina, Romania and Mexico.

More information about the Visiting Professors Program, as well as application forms, can be found at www.rsna.org/international/CIRE/ivpp or by calling (800) 381-6660 x7741. □

Strong Start for RSNA's New Virtual Journal Club

Continued from page 13

available and willing to check the questions on a regular basis for three weeks. Dr. O'Malley says he would participate in the Virtual Journal Club in the future.

Potential for the Future

Dr. Olmsted says he hopes the Virtual Journal Club becomes popular. He would also like to include more articles from *RadioGraphics* and other educational products and exercises in the future.

Dr. O'Malley says he sees great potential for the site too: "I think this will be an excellent learning tool for radiology trainees. The format is less intimidating than writing a letter to a journal or asking a question at a conference in front of a large audience. I would encourage trainees to make this site a regular part of their educational experience."

In the March-April issue, the featured article was "Clinical Role of FDG PET in Evaluation of Cancer Patients"

by Lale Kostakoglu, M.D., and colleagues.

The feature article from the May-June issue of *RadioGraphics* is "Pediatric Cervical Spine: Normal Anatomy, Variants, and Trauma," by Elizabeth Lustrin, M.D., and colleagues.

Access to the site and to the online RSNA journals is free for RSNA members. If you haven't activated your subscription yet, go to radiographics.rsna-jnls.org/subscriptions/. □



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Continued from previous page

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Includes general radiation principles, coverage of both ionizing and non-ionizing radiations, and guidance on which methods to follow. 384 pp.

RSNA Member Price: \$69.95

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Barry Berkovitz, Claudia Kirsch, Bernard J. Moxham, Ghassan Alusi, Tony Cheeseman

Detailed and labeled 3D model of the head and neck that can be rotated and layers of anatomy added or stripped away. 3D model is supplemented by text, MRI, clinical slides, video clips and 3D animations.

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Detailed and labeled 3D model of the shoulder, forearm and elbow that can be rotated and layers of anatomy added or stripped away. 3D model is supplemented by text, MRI, clinical slides, video clips and 3D animations.

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Interactive Foot & Ankle

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3D model of the foot and ankle that can be rotated and layers of anatomy added or stripped away. 3D model is supplemented by text, MRI, clinical slides, video clips and 3D animations.

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Andrew Chippindale, Fares Haddad, Jorge Gallante, Marchi Maheson, Sarah Muirhead-Allwood, Edmund Chao, David W. Stoller

Detailed and labeled 3D model of the hip joint and upper leg that can be rotated and layers of anatomy added or stripped away. 3D model is supplemented by text, MRI, clinical slides, video clips and 3D animations.

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Paul Aichroth, Vishy Mahadevan, Justin M. Harris, David W. Stoller

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Interactive Foot & Ankle

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3D model of the hand, wrist, forearm and elbow that can be rotated and layers of anatomy added or

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stripped away. 3D model is supplemented by text, MRI, clinical slides, video clips and 3D animations.

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Sports Injuries: The Knee

Paul Aichroth, Roger Wolman, Tracy Maunder, Andrew Amis, Anthony Bull

3D model of the knee that can be rotated and layers of anatomy added or stripped away. 3D model is supplemented by sports injuries, rehabilitation and biomechanics text, clinical slides, video clips and 3D animations.

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Orthopaedics In Action: Primary Hip Arthroplasty

T.W.R. Briggs, M.Ch. (Orth) FRCS, Consultant Orthopaed, S.R. Cannon, J. Skinner

3D model of the hip that can be rotated and layers of anatomy added or stripped away. It covers all aspects required for primary Total Hip Arthroplasty, from patients first visit to outpatients clinic through pre-operative planning phase and the surgical procedure itself, utilizing both lateral and posterior approaches. Descriptive text is supplemented by live surgery video clips and 3D animations.

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Interactive Spine Chiropractic Edition

Alexandra Webb, Guy Gosselin, Jonathan Cook, Dana J. Lawrence, Roger Soames

Detailed and labeled 3D model of the entire spine that can be rotated and layers of anatomy added or stripped away. 3D model is supplemented by chiropractic examination, conditions and treatment sections including text, clinical slides, video clips of tests and treatment.

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NEWSLETTER

The RBMA Bulletin

Your premier resource when it comes to radiology education. The RBMA Bulletin includes featured stories written by industry professionals as well as pertinent articles on practice management, compliance issues and legislation, HIPAA and ACR updates. You will also find up-to-date information on RBMA educational seminars, conferences, networking opportunities and products. Published six times per year.

RSNA Member Price: \$90.00

BOOK

The HIPAA Workbook for Privacy and Security

The HIPAA Workbook for Privacy and Security: A Radiology Guide to Implementation of the Health Insurance Portability and Accountability Act is a radiology-specific guide to implementing the HIPAA Privacy and Security Standards that includes sample policies and procedures, consent and authorization forms, sample business associate and chain of trust agreements, planning and implementation guidelines, and much more.

RSNA Member Price: \$995.00

TOOLKIT

RBMA Compliance Implementation Toolkit™

The RBMA Compliance Implementation Toolkit™ was designed for and written by RBMA members Claudia Murray and Hilary Huebsch Cohen, J.D. Designed as a turnkey Toolkit solution for radiology and radiation oncology practices to customize a compliance plan for their practice.

RSNA Member Price: \$895.00

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BOOK **MRI of the Foot & Ankle: Pearls, Pitfalls & Pathology**

R.J. Rolfes, M.D., S.J. Pomeranz, M.D., and T.W. Kim, M.D.

This 200+ page textbook is broken down into chapters on ligaments, tendons, fractures, arthropathy, coalitions, osteochondral defects, osteonecrosis, impingement, tarsal tunnel and neural entrapment, achilles, masses, infections, plantar fasciitis and parts & accessories. Fully indexed for ease of use, the hard cover volume is built to assist readily in daily practice and study of this complex and often difficult area. 200+ pp.

RSNA Member Price: \$112.50

BOOK **MRI Total Body Atlas Vols. 1-3 Set**

Stephen J. Pomeranz, M.D.

Complete set of the definitive, com-

prehensive anatomic reference not only commonly referenced structures throughout the body, but also spaces, areas between joints and less frequently imaged anatomic locations. 768 pp.

RSNA Member Price: \$630.00

BOOK **MRI Total Body Atlas Vol I Neuro**

Stephen J. Pomeranz, M.D.

Definitive, comprehensive anatomic reference detailing not only commonly referenced structures in the brain and spine, but also the larynx, neck spaces, and cranial nerves. 229 pp.

RSNA Member Price: \$225.00

BOOK **MRI Total Body Atlas Vol II Ortho**

Stephen J., Pomeranz, M.D.

Definitive, comprehensive anatomic reference detailing not only commonly referenced structures in the musculoskeletal axis, but also areas between

the joints in the extremities. 326 pp.
RSNA Member Price: \$225.00

BOOK **MRI Total Body Atlas Vol III Body**

Stephen J. Pomeranz, M.D.

Definitive, comprehensive anatomic reference detailing not only commonly referenced structures in the chest, abdomen and pelvis, but also the brachial plexus, uterus and testes. 213 pp.

RSNA Member Price: \$225.00

BOOK **Gamuts & Pearls Ortho MRI**

Stephen J. Pomeranz, M.D.; contributing authors: Timothy J. Jenkins, N. Judge King III, Mark J. Paluszny and R. Eric Shields

Subdivided into shoulder, elbow, hand & wrist, hip & thigh, knee, foot & ankle, musculoskeletal system and protocols & predicaments chapters, there is a wealth of information here for the busy imager at an extremely affordable price. 396 pp.

RSNA Member Price: \$85.50

BOOK **Gamuts & Pearls Neuro MRI**

Stephen J. Pomeranz, M.D., and Peter J. Smith

Subdivided into brain, spine, head & neck and protocols & predicaments

chapters, there is a wealth of information here for the busy imager at an extremely affordable price. 398 pp.

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Dr. Mazur addresses such topics as the anatomy of an MRI scanner, how to image the heart, cardiac analysis and spin tagging. The viewer is treated to coverage of stress modalities, rest-stress MR perfusion and spiral CT coronary angiography. Dr. Mazur also discusses the sizing spinal CT coronary angiography.

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This video recorded lecture series invites you into our state-of-the-arts theatre for lectures regarding musculoskeletal anatomy and pathology, subdivided into knee, foot & ankle, hip, shoulder, elbow, and hand & wrist.

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BOOK **PACS: A Guide to the Digital Revolution**

Keith J. Dreyer, Amit Mehta and James Hunter Thrall

With contributions from leaders in the field of PACS, this user-friendly guide addresses the introductory concepts, computing fundamentals, advanced imaging technologies and future opportunities. This text is geared toward radiologists, technologists, administrators and IT professionals wishing to gain a broader understanding of this emerging field. 408 pp., 122 illus.

RSNA Member Price: \$85.50

BOOK **The Internet for Radiology Practice**

Amit Mehta

The Internet and related technologies have had a significant impact on the field of radiology, enabling the acceptance, installation and proliferation of adjunct technologies such as picture archiving and communication systems (PACS), teleradiology, voice recognition (VR) and electronic medical records (EMR). This book contains authoritative coverage of the general application of the Internet in medicine, radiology Web sites, teleradiology, EMR and patient care. 208 pp., 40 illus.

RSNA Member Price: \$31.50

BOOK & CD-ROM **AJCC Cancer Staging Manual**

Frederick L. Greene, David L. Page, Irvin D. Fleming, April Fritz, Charles M. Balch, Daniel G. Haller, Monica Morrow

The *AJCC Cancer Staging Manual*, prepared by the American Joint Committee on Cancer, is used by physicians and health care professionals throughout the world to facilitate the uniform description of neoplastic diseases. The staging information in the AJCC is uniform with the UICC and must be used for all tumors staged as of January 1, 2003. The Manual includes 45 staging forms on CD-ROM for individual or institutional use. 480 pp., 95 illus.

RSNA Member Price: \$53.95

BOOK **AJCC Cancer Staging Handbook**

From the *AJCC Cancer Staging Manual* prepared by the American Joint Committee on Cancer, the *Cancer Staging Handbook* contains the complete text of the manual, except for the staging forms and CD-ROM, conveniently sized to fit the pocket of a lab coat for complete portability. 408 pp., 37 illus.

RSNA Member Price: \$35.95

BOOK **Practical FDG Imaging A Teaching File**

Dominique Delbeke, William H. Martin, James A. Patton, Martin P. Sandler

This is a comprehensive reference of cases with FDG images obtained on dedicated PET tomographs and hybrid scintillation gamma cameras. With over 300 FDG images, this book will serve as an excellent stand-alone guide for nuclear medicine physicians, radiologists, oncologists and residents in their practice of clinical PET. 440 pp. 320 illus.

RSNA Member Price: \$116.00

BOOK **Positron Emission Tomography Basic Science and Clinical Practice**

Peter E. Valk, Dale L. Bailey, David Townsend, Michael N. Maisey

This book covers the basic scientific principles and clinical applications of PET in research and medical practice and contains a final section discussing future directions of PET. It will be an invaluable reference resource to advanced research laboratories, clinicians, graduates and advanced trainees in general nuclear medicine and radiology practices requiring more in-depth knowledge of the principles of PET. 904 pp., 546 illus.

RSNA Member Price: \$152.00

BOOK **3D Contrast MR Angiography Third Edition**

Martin R. Prince, Thomas M. Grist, Jörg F. Debatin

This new edition addresses all relevant technical aspects, provides imaging protocols and describes tailored imaging strategies for different vascu-

lar regions. Basic concepts: pulmonary MRA, thoracic aorta, abdominal aorta, renal arteries, mesenteric arteries, portal vein, peripheral arteries, extracranial carotid arteries and arch vessels, 3D contrast MR venography. 298 pp., 200 illus.

RSNA Member Price: \$28.50

BOOK **Normal and Abnormal Swallowing Imaging in Diagnosis and Therapy Second Edition**

Bronwyn Jones

This beautifully illustrated volume presents an updated approach to the role of imaging in the diagnosis and treatment of the patient with dysphagia. Centered around the "gold standard" imaging modality, i.e. videofluorography, the text also includes chapters on other modalities such as ultrasound, computed tomography and magnetic resonance imaging. 308 pp., 248 illus.

RSNA Member Price: \$143.00

BOOK **Imaging-Guided Interventional Breast Techniques**

David Dershaw

This "how to" text features the most up-to-date information on biopsy technology, including the advantages and disadvantages of biopsy probes. It also addresses issues of patient management, and discusses the results of the latest studies on problems in the histopathologic interpretation of tissue obtained during biopsies. 288 pp., 304 illus.

RSNA Member Price: \$125.00

Continued from previous page

B O O K

Atlas of Cross-Sectional and Projective MR Cholangio-Pancreatography A Teaching File

Lieven van Hoe, Dirk Vanbeckevoort, Werner van Steenberghe

Magnetic resonance cholangio-pancreatography (MRCP) is a novel non-invasive technique for diagnosis of

pancreatic-biliary disease. This book highlights the advantages, limitations and indications of MRCP, including specific examples that showcase the utility of this technique in a large variety of clinical conditions. 429 pp. 450 illus.

RSNA Member Price: \$89.00

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B O O K

A Clinician's Guide to Nuclear Medicine

Andrew Taylor, M.D., David M. Schuster, M.D. and Naomi Alazraki, M.D.

This book builds on and expands the basic concepts found in *Fundamentals of Nuclear Medicine*. This introduction to the diagnostic and therapeutic uses of nuclear medicine procedures is a must have for clinicians, residents, interns, medical students and referring physicians. It reviews nuclear medicine procedures, available alternatives, advantages and limitations of each, and provides patient information to aid in preparing patients. Softcover, 410 pp., 2000

RSNA member price: \$40.50

B O O K

Self-Study Program III: Nuclear Medicine Cardiology

Series Editor: Elias H. Botvinick

Whether you're a nuclear medicine resident preparing for your board exams or a veteran clinician, the *Nuclear Medicine Self-Study Program Series in Nuclear Medicine Cardiology* will meet your self-assessment needs. Each book includes an extensive list of annotated references, questions and answers with critiques, along with an authoritative syllabus review of the topic.

Topic 1: Physical and Technical Aspects of Nuclear Cardiology

Softcover, 95 pp., 1997

RSNA member price: \$31.50

Topic 2: Pharmacologic Stress

Softcover, 195 pp., 1998

RSNA member price: \$56.70

Topic 3: Cardiac PET Imaging and Topic 4: Radionuclide Assessment of Congenital Heart Disease

Softcover, 127 pp., 1998

RSNA member price: \$44.10

Topic 5: Myocardial Perfusion Scintigraphy—Technical Aspects

Softcover, 218 pp., 2001

RSNA member price: \$107.10

Topic 6: Myocardial Perfusion Scintigraphy—Clinical Aspects

Softcover, 396 pp., 2001

RSNA member price: \$163.80

B O O K

Self-Study Program IV: Oncology

Series Editor: Thomas P. Haynie, M.D.

Management of cancer patients has significantly grown with better diagnostic techniques and chemotherapeutic agents. Learn about these exciting advances in nuclear oncologic imaging and therapy with SNM's *Self-Study Program Series in Oncology*. Each book includes an extensive list of annotated references, questions and answers with critiques, along with an authoritative syllabus review of the topic. This series is ideal either for residents preparing for board examinations or for veteran clinicians seeking to enhance their knowledge.

Topic 1: An Overview of Nuclear Oncology

Softcover, 50 pp., 1997

RSNA member price: \$18.00

Topic 2: Conventional Tumor Imaging

Softcover, 74 pp., 1997

RSNA member price: \$31.50

Topic 3: Antibody Tumor Imaging

Softcover, 49 pp., 1998

RSNA member price: \$18.00

Topic 4: PET Tumor Imaging

Softcover, 88 pp., 1999

RSNA member price: \$25.20

Topic 5: Bone Cancer Therapy and Topic 6: Radioimmunotherapy

Softcover, 83 pp., 2000

RSNA member price: \$18.00

B O O K

A Tabulated Summary of the FDG PET Literature

Sanjiv S. Gambhir, M.D., Ph.D., Johannes Czermin, M.D., Judy Schwimmer, M.B.A., M.A., Daniel H.S. Silverman, M.D., Ph.D., R. Edward Coleman, M.D., and Michael E. Phelps, Ph.D.

This supplement to *The Journal of Nuclear Medicine* provides a comprehensive literature review of the use of FDG PET in oncology, cardiology and neurology. This supplement has proven useful for healthcare providers, administrators and health economists who wish to better understand the role of FDG PET in the medical management of patients. Softcover, 93 pp., 2001

RSNA member price: \$13.50

B O O K

SNM Procedure Guidelines Manual

Commission on Health Care Policy and Practice Guidelines and Communications Committee

The guidelines were developed in response to requests for standardized protocols for nuclear medicine procedures and will keep your department up to date on the latest technologies and recently approved radiopharmaceuticals used in nuclear medicine. Softcover, 180 pp.

RSNA member price: \$67.50

B O O K

Guide for Diagnostic Nuclear Medicine

Jeffry Siegel, Ph.D.

New SNM/ACNP Guidance on Revised 10 CFR Part 35

The newly published *Guide for Diagnostic Nuclear Medicine* is a one-stop reference for nuclear medicine professionals who want to bring their departments and institutions into compliance with the recently revised requirements of 10 CFR Part 35. Working closely with representatives from the Nuclear Regulatory Commission (NRC), Jeffry A. Siegel, Ph.D., compiled this useful resource that covers all pertinent regulations, addresses compliance concerns and standards, and provides "At a Glance"

and summary features. Siegel is chair of the Joint Government Relations Committee of the American College of Nuclear Physicians and the Society of Nuclear Medicine (SNM), which recognized the need for such a volume and initiated its preparation. The book is intended to serve as a useful bridge between the new regulations and nuclear medicine practitioners who want to ensure continued compliance and thereby maintain the security and safety of licensed materials in clinical and research settings. Softcover, 86 pp., 2002

RSNA member price: \$39.60

C D - R O M

Basic Science Module

The Basic Science Module CD-ROM offers 22 hours of education toward the requirement mandated by the Nuclear Regulatory Commission for program requirements for residency education in nuclear medicine. This training module covers the basic science associated with the field of nuclear medicine including radiation science, radiation detection and instrumentation, the operation of the gamma camera, emission tomography, radiochemistry and radiopharmacy, radiation biology and radiation safety.

RSNA member price: \$17.95

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J O U R N A L

International Medical Devices (IMD)

International Medical Devices (IMD) furnishes China's healthcare field with vital information on the latest developments in this vibrant industry. IMD is distributed to general and military hospitals across China. It is supported by the Department of Pharmaceutical Administration of State Economic and Trade Commission and the Bureau of Drugs and Medical Instruments of Health Department of General Logistics Department of the PLA, etc. (12 issues)

RSNA Member Price: \$58.80

J O U R N A L

Conventional Clinical Equipment (CCE)

Conventional Clinical Equipment (CCE), launched in 2002, provides vital information on conventional medical equipment to serve the needs of small- and medium-size hospitals in China. With innovated friendly design,

the magazine reports the latest development directions and technological advancements of various medical devices. (6 issues)

RSNA Member Price: \$29.40

J O U R N A L

China Now: Medical Products (CN:MP)

China Now: Medical Products keeps foreign marketers abreast of China's medical device industry developments. It reports on the country's latest policy and regulations, market trends, technologies, products and other relevant information. (Spring & Autumn issues)

RSNA Member Price: \$14.00

Working For You

RadiologyInfo™ Content Expands

Cryotherapy and vertebroplasty are now among the radiologic procedures patients can learn about through *RadiologyInfo*™ (www.RadiologyInfo.org), the patient information Web site sponsored by RSNA and ACR. Information on colorectal cancer was recently added to the Radiation Therapy section and articles on the debate over whole body CT and CT colonography have been added to the News section. As many as 25 procedures will be added by the end of the year.



RadiologyInfo™ Poster Available

RSNA is offering a 16x20-inch *RadiologyInfo*™ poster for display in radiology departments, physicians' offices and hospital waiting rooms. These posters direct patients to www.RadiologyInfo.org, where they can access information on the radiologic procedures their physicians prescribe.

If you would like a poster for your department, please contact the RSNA Marketing Department at (800) 381-6660 x7844 or (630) 571-7844.

Teaching Patients About Image-Guided Interventions

This month, RSNA is sponsoring a media briefing in New York City to provide information about the latest advances in treatments using image-guided interventions. The media briefing is designed to educate medical reporters, who will then inform the public about radiology through stories appearing in newspapers and magazines and on television and radio.

IMAGE-GUIDED THERAPIES
Media Briefing



Specific presentations will be given on vascular interventions, women's procedures and cancer treatments.

An expanded article will appear in a future edition of *RSNA News*.

WORKING FOR YOU PROFILE

SERVICE TO MEMBERS:

The RSNA Technical Exhibits Department is responsible for the technical exhibition at the annual meeting. At RSNA 2002, there were 657 exhibiting companies and medical organizations from around the world.

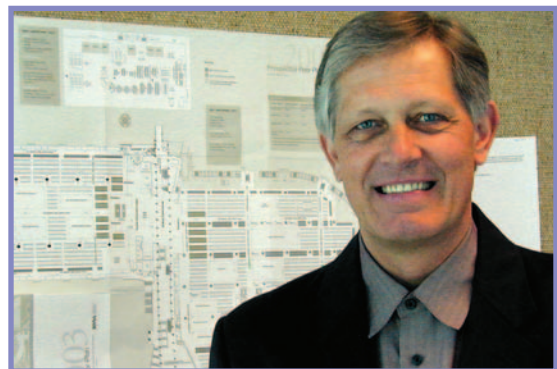
WORK PHILOSOPHY:

Prior to my current position, I was director of Advertising and Marketing Services for RSNA so I understand the value of reciprocal opportunities.

It is important to me to provide our exhibiting companies with the best opportunity to meet and visit with as many customers and buyers as possible. At the same time, these companies

give RSNA members a chance to learn about the newest technology and to see the most comprehensive selection of radiology products and services available.

I also believe in providing superb customer service. I work with McCormick Place and all of our suppliers to make sure exhibit costs remain low. The RSNA Technical Exhibition is the top medical tradeshow in North America and in the world—and I will do everything possible to keep it that way.



NAME:

Tom Shimala

POSITION:

Managing Director,
Technical Exhibit Services

WITH RSNA SINCE:

May, 1991

If you have a colleague who would like to become an RSNA member, you can download an application at www.rsna.org/about/membership/memberapps.html, or contact the RSNA Membership and Subscription Department toll free at (877) 776-2636 (U.S. and Canada), (630) 571-7873 or membersh@rsna.org. For other inquiries, call (800) 381-6660.

Vanguard Company Spotlight

Philips Medical Systems



Philips Medical Systems is affirming its leadership in medical imaging and its commitment to the future of radiology by contributing \$100,000 to the RSNA Research & Education Foundation earmarked for radiation oncology research.

Three investigators and two medical students will benefit from Philips' generous contribution.

This new contribution is in addition to Philips' current sponsorship of four annual Research Seed Grants and one Medical Student Award.

Philips, an RSNA Vanguard Company since 1990, is also the first corporate sponsor of education grants offered by the Foundation. Contributions toward a \$1.5 million endowment for the Philips Medical Systems/RSNA Education Scholar will begin in 2004. This award funds board-certified individuals in radiology or related disciplines who hold an M.D. degree and who are seeking an opportunity to develop their expertise in the discipline of education in the radiologic sciences.

"It is our firm belief that the progress and continued success of radiologic practice and the industry which serves it depend critically on stimulating and supporting both interest and experience in research and education among young scientists and practitioners," says Jack Price, executive vice-president of Philips Medical Systems. "This is our primary motivation for supporting the RSNA Research & Education Foundation."

As a powerhouse in the healthcare industry, Philips Medical Systems has been expanding its portfolio of medical equipment since the manufacture of its



At RSNA 2002, Philips Medical Systems was the largest technical exhibitor with 24,000 square feet—more than 3,200 square feet over the second largest exhibitor. At RSNA 2003, the Philips exhibit will again be located in the North Building of McCormick Place.

first x-ray tube in 1896. The initial business of x-ray equipment production has mushroomed into vast offerings in general radiology, ultrasound, MR imaging, CT, nuclear medicine, PET and radiation therapy equipment and supplies. With representation in over 100 countries, Philips is a world leader in the healthcare arena.

RSNA Research Seed Grants give investigators an opportunity to test hypotheses and define research objectives before applying for major grant funding. The Research Seed Grant provides a maximum of \$30,000 for one year of research. Grant applicants must be full-time faculty members who have completed all of their advanced training and have not been the principal investigator or co-investigator on a major grant (\$50,000 or more).

Research currently being conducted by Philips Medical Systems/RSNA Re-

search Seed Grant recipients includes:

- "Treatment of Breast Cancer in Mouse Model with 188-Rhenium Based Compounds"
Ekaterina Dadachova, Ph.D.,
Albert Einstein College of Medicine,
Bronx, N.Y.
- "Imaging of the Femorotibial Articular Cartilage in Cadaveric Specimens: Qualitative and Quantitative Assessment with Diffusion-Weighted Imaging"
Christine B. Chung, M.D.,
University of California, San Diego
and Veteran's Administration Health-care System, La Jolla, Calif.
- "Receptor-Targeted Near-Infrared Fluorescence (NIRF) Imaging of Tumors with Naphthalocyanine-reconstituted Low-density Lipoprotein (LDL)"
Gang Zheng, Ph.D., University of Pennsylvania, Philadelphia

- “Human Cerebral Cortex Plasticity in Response to Lower Limb Immobilization”
Donna R. Roberts, M.D., Medical University of South Carolina, Charleston

The RSNA Medical Student Departmental Award offers medical students the opportunity to gain research experience by working with established radiology investigators. The Foundation provides \$1,000 per month in matching funds to radiology departments for each medical student. The school/department selects the student to work for at least three months.

Lusine Tumyan, from the Department of Radiological Sciences at the University of California, Los Angeles, is the 2002 Philips Medical Systems/RSNA Medical Student. Tumyan is participating in the department's study of “Diagnostic Imaging in the Evaluation of the Clinically Abnormal Breast.” □

For more information on RSNA Research & Education Foundation Grant programs, contact Scott Walter at (630) 571-7816 or at walter@rsna.org.

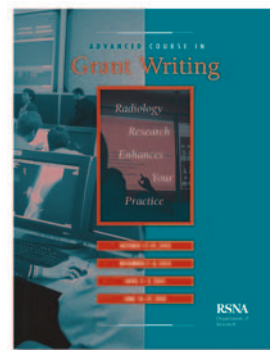
For more information about becoming an RSNA Research & Education Foundation Vanguard Company, contact Deborah Kroll at (630) 368-3742 or at dkroll@rsna.org.

RSNA: PROGRAM & GRANT ANNOUNCEMENTS

Advanced Course in Grant Writing

Application deadline is July 1, 2003

The RSNA Advanced Course in Grant Writing teaches participants how to prepare and submit a quality grant application to the National Institutes of Health, the National Science Foundation or other equivalent institution. The participant must possess an M.D. or Ph.D. degree and be a faculty member in a radiology, radiation oncology or nuclear medicine program. Held at RSNA Headquarters in Oak Brook, Ill., the course consists of four multi-day sessions over a nine-month period (Oct. 17-19, 2003, Nov. 7-8, 2003, April 2-3, 2004, and June 18-19, 2004). For more information, go to www.rsna.org/research/grantwriting/index.html.



Continued on page 25

JOURNALS

Radiology in Public Focus

Press releases have been sent to the medical news media for the following scientific articles appearing in the June issue of *Radiology* (radiology.rsnaajnl.org):

“Survey of Radiology Residents: Breast Imaging Training and Attitudes”

Residency training in breast imaging has improved in terms of time and curriculum; however, a majority of residents would not consider a fellowship and do not want to interpret mammograms.

For more information on this study by Lawrence W. Bassett, M.D., from the Iris Cantor Center for Breast Imaging at the Geffen School of Medicine at UCLA, and colleagues, see page 7. (*Radiology* 2003; 227:862-869)



“Multidetector-Row CT for the Depiction of Thoracolumbar Spine Fractures in Severe Trauma Patients”

Multidetector-Row CT (MDCT) is a better test for depicting spine fractures than conventional radiographs and could be used alone rather than in combination with conventional radiographs.

Max Wintermark, M.D., from Centre Hospitalier Universitaire Vaudois in Switzerland, and colleagues reviewed images from 100 severe trauma patients, most of whom had been involved in traffic accidents.

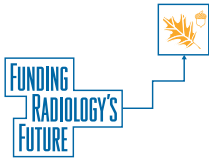
They found that not only did MDCT have a significantly higher sensitivity than conventional radiography in the screening of thoracolumbar spine fractures, but also performing MDCT alone would save time, money, radiation dose and discomfort to the patient.

Spinal cord injuries affect 10,000 people in the United States each year, according to information cited in the study. Treatment for acute spinal cord injury is estimated to cost \$2 billion annually.

(*Radiology* 2003; 227:681-689)



RSNA press releases are available at www2.rsna.org/pr/pr1.cfm.



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RSNA: PROGRAM & GRANT ANNOUNCEMENTS

Continued from page 23

Strategies for Running a Successful Radiology Practice

RSNA is sponsoring a course for current and future academic chairs and leaders of private practice groups, July 11-13, 2003, in Oak Brook, Ill. During this 2½-day course, you



will learn about issues relevant to future leaders in radiology, enabling you to navigate the obstacles each leader

will face. Attend sessions on financial, quality control, billing, compliance and legal issues as well as general strategies. Didactic morning lectures are followed by split interactive breakout sessions for academic or private practice strategic planning in the afternoon on Friday and Saturday.

Register online at www.rsna.org/education/shortcourses.

Registration is \$695 for RSNA members, \$275 for RSNA members-in-training and \$795 for non-members. For more information, contact the RSNA Education Center at (630) 368-3747 or ed_ctr@rsna.org.

News about RSNA 2003

Course Enrollment Opens June 23

The *Course Enrollment, Scientific Program and Advance Registration and Housing* brochure for RSNA 2003 will be mailed to all RSNA mem-

CME Update:
Earn up to 80.5 hours of category 1 CME credit at RSNA 2003.

bers in mid-June. Course enrollment begins June 23. An electronic version of the brochure will be available at www.rsna.org or by fax-on-demand by calling (847) 940-2146. Enter your fax

number and a document number—1300 for the entire brochure, 1350 for refresher courses only or 1375 for the registration forms only.



RSNA'03

COMMUNICATION FOR
BETTER PATIENT CARE

November 30 – December 5
McCormick Place, Chicago

Important Dates for RSNA 2003

June 23	Course enrollment opens
Oct. 10	Registration deadline for Non-North American participants to have badge wallet mailed
Oct. 31	Final advance registration deadline
Nov. 30–Dec. 5	RSNA 89th Scientific Assembly and Annual Meeting

Registration Made Easy

There are four easy ways to complete the registration process:

■ Online (24 hours a day)

www.rsna.org/register/

Enter your membership identification number found on the mailing label of your brochure or on the cover of *RSNA News*. The entire process takes only a few minutes. If you request hotel reservations, a hotel room deposit will be charged to your credit card.

■ Fax (24 hours a day)

(800) 521-6017

(847) 940-2386 outside the United States and Canada

■ Phone (Monday – Friday, 8:00 a.m. – 5:00 p.m. CT)

(800) 650-7018

(847) 940-2155 outside the United States and Canada

Please be ready to provide the following information:

- Registration information (name, organization, phone, etc.)
- Fax and e-mail address, if available
- Arrival and departure dates
- Preferred hotels
- Type of hotel room preferred (single, double, etc.)
- Special preferences (smoking, special needs, etc.)
- Credit card information (for hotel deposit)

■ Mail

ExpoExchange/RSNA 2003

108 Wilmot Rd., Ste. 400

Deerfield, IL 60015-0823

Keep a copy of your completed registration form for your records.



The *infoRAD* portion of the annual meeting features more than 120 education and commercial exhibits showcasing hands-on computer-assisted self-instruction, Web-based applications, clinical software and virtual reality.

Onsite Registration Moves to Lakeside Center

Admittance to the scientific assembly is free with advance registration for RSNA members and members of the American Association of Physicists in Medicine. Onsite, the fee for this registration category is \$100.

Onsite registration will now be located in the Lakeside Center, Hall E,



Level 2. This new location puts attendees closer to the scientific posters, education exhibits, the *infoRAD* area and the Arie Crown Theater where all of the plenary sessions are held. In addition, the Lakeside Center houses the Education Center Store, the Residents Lounge, the Membership/Publications Booth and the Research & Education Pavilion.

The walkway over Lake Shore Drive allows attendees to quickly travel between the Lakeside Center and the North and South Buildings of McCormick Place.

Registration Fees

BY 10/31	ONSITE	
\$0	\$100	RSNA Member, AAPM Member
\$0	\$0	Member Presenter
\$0	\$0	RSNA Member-in-Training and RSNA Student Member
\$0	\$0	Non-Member Refresher Course Instructor, Paper Presenter, Poster Presenter, Education or Electronic (<i>infoRAD</i>) Demonstrator
\$110	\$210	Non-Member Resident/Trainee
\$110	\$210	Radiology Support Personnel
\$520	\$620	Non-member Radiologist, Physicist or Physician
\$520	\$620	Hospital Executive, Research and Development Personnel, Medical Service Organization, Healthcare Consultant, Industry Personnel
\$300	\$300	One-day badge registration to view only the Technical Exhibits area.

For more information about registration at RSNA 2003, visit www.rsna.org, call (630) 571-7862 or e-mail reginfo@rsna.org.

EXHIBITOR NEWS: RSNA 2003

RSNA 2003 Exhibitor News

Chicago, McCormick Place Tops in Trade Show Service

McCormick Place has been named Best Convention Center in *EXPO* magazine's 2003 Suppliers of the Year survey.

What makes McCormick Place stand out? "Their event and sales staff are quite knowledgeable and will explore options presented by show management and attempt to find



a solution that works best for all," says Jacqueline Wolfe of the Graphic Arts Show Co. Inc.

The Las Vegas Convention Center and the San Diego Convention Center ranked #2 and #3.

In the category of Best Convention and Visitors Bureau, Chicago ranked #1, followed by Orlando and San Jose, Calif.



■ For up-to-date information about technical exhibits at RSNA 2003, go to www.rsna.org/rsna/te/index.html.

RSNA 2003 Exhibitor News

June Exhibitor Planning Meeting

Booth assignments will be released June 24 at the Exhibitor Planning Meeting and Luncheon. All exhibitors for RSNA 2003 are invited to attend at Rosewood Restaurant and Banquets near Chicago's O'Hare International Airport. The meeting is from 10 a.m. until 2 p.m. For those who do not attend, booth assignments, exhibitor floor plans and instructions on how to access the online-only *Exhibitor Service Kit* will be mailed immediately following the meeting.

■ For more information, contact RSNA Technical Exhibits at (630) 571-7851 or e-mail: exhibits@rsna.org.

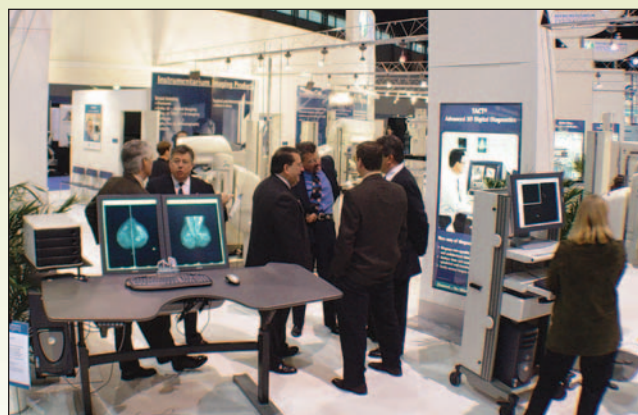
NEW

Exhibitor Service Kit Online Only

The RSNA 2003 *Exhibitor Service Kit* will be available beginning July 3 at www.rsna.org.

Exhibitors may access the password-protected site to view important information and download service request forms. The online-only kit will make it easier to navigate through the material and find important information such as registration hours, exhibit installation and dismantling hours, rules and regulations, RSNA forms and official contractor information.

In addition, the electronic kit will allow online ordering capabilities with some contractors.



Floor maps will be available in the *Buyer's Guide* and *Daily Bulletin* so that attendees can create a personalized itinerary to see some of the more than 600 technical exhibits at the annual meeting.

NEW

Technical Exhibit Hours

Sun., Nov. 30–Wed., Dec. 3 10:00 a.m.–5:00 p.m.
 Thurs., Dec. 4 10:00 a.m.–2:00 p.m.

Important Exhibitor Dates for RSNA 2003

- June 24** Exhibitor Planning/Booth Assignment Meeting
- July 3** *Exhibitor Service Kit* available online only
- July 9** Block Housing Deadline Date
- July 31** Deadline for reduction/cancellation (for full refund)
 Deadline for Product Information Form inclusion in *RSNA Buyer's Guide*
- Aug. 4** Hotel assignments are mailed to Block Housing Exhibitors
- Aug. 15** Deadline for final payment
- NEW**
Oct. 15 Deadline for submission to *Daily Bulletin's* New Products Section
- NEW**
Oct. 31 Exhibitor badge deadline
- Nov. 30–Dec. 5** RSNA 89th Scientific Assembly and Annual Meeting

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Breast Imaging/Women's Imaging Radiologist

The Department of Radiology is recruiting an additional faculty member to join its breast imaging section. The combined breast imaging centers have eight mammography units, three ultrasound units and two stereotactic biopsy devices. Three full field digital mammography units will be installed. A high volume of breast imaging studies is performed including mammography, breast ultrasound and breast interventional procedures. You must be a board-certified radiologist preferably with fellowship training or significant experience in breast/women's imaging. The department offers an extremely competitive compensation package based on experience. *Interested candidates should contact and send CV to: Lawrence P. Davis, MD, FACR, Vice Chair, Department of Radiology, Long Island Jewish Medical Center, 270-05 76th Ave., New Hyde Park, NY 11040 Ph: 718-470-7235. Fax: 718-343-3893. E-mail: ldavis@lij.edu*



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NEW!

Request Your Copy of the RSNA 2003 Scientific Program

RSNA members will soon be able to request a print copy of the RSNA 2003 *Scientific Program*.

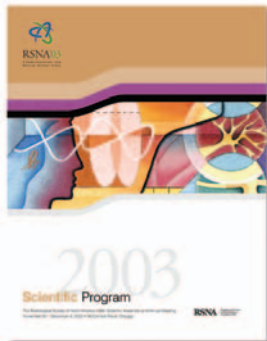
All members are entitled to one free copy as a benefit of membership.

To request a copy of the program, go to www.rsna.org/program, then choose either to:

- have the printed program mailed to you before the meeting
- pick up a copy of the program at the annual meeting

Members who do not exercise this Web option will not receive a print copy of the program.

The *Scientific Program* content will continue to be available online before, during and after the meeting.



New Acrobat Reader

Adobe Systems Incorporated is releasing a new version of its free Acrobat Reader (www.adobe.com/products/acrobat/readstep2.html). Acrobat Reader is the downloadable software necessary to view and print documents in Portable Document Format (PDF). Like many Web sites, *RSNA Link* uses PDFs for archival materials, such as annual reports and *RSNA News*, and for distribution of documents with precise formatting requirements, including brochures, the service kit for technical exhibitors and some application forms.

It is expected that PDFs created for the current Reader will be viewable and printable in the new Reader.

OTHER WEB NEWS

The U.S. Agency for Healthcare Research and Quality has launched a Web site that includes the first publicly available online collection of summaries of evidence-based quality measures and measure sets for use in evaluating and improving the quality of healthcare.

The National Quality Measures Clearinghouse is available at www.qualitymeasures.ahrq.gov.



Childcare Services at RSNA 2003

Preliminary information about childcare at RSNA 2003 is available at www.rsna.org/rsna/childcare.html. More detailed information will be available in a future edition of *RSNA News*.

Spam

Just about everyone who uses e-mail receives spam—unwanted e-mail that usually originates from aggressive marketers. Some estimate that spam accounts for half of all e-mail. At the end of April, three giants of the Internet—Yahoo, America Online (AOL) and Microsoft—announced an alliance to fight spam.

RSNA makes a conscientious effort to send out only e-mail of interest to its members in the form of E-News Alerts, *RSNA News* E-Newsletters and E-Reminders.

You can add or remove

yourself from any one or all three of the e-mail lists by going to the Member's LOGIN area of *RSNA Link* (www.rsna.org). Follow the My Profile link and then select E-News Subscriptions.

The Federal Trade Commission has information about how to deal with spam at www.ftc.gov/bcp/conline/edcams/spam/index.html.

For more information on the Yahoo, AOL and Microsoft agreement, go to www.internetnews.com/bus-news/article.php/2197381.

RSNA Strategic Plan

In March, the RSNA Board of Directors approved the 2003–2006 Strategic Plan, which renews the Society's mission, further defines the necessary goals and objectives and aligns the goals more closely with the cabinet. You can view the revised and updated strategic plan at www.rsna.org/about/strategic-plan.html.

Medical Meetings

July – September 2003

JULY 11-13

Strategies for Running a Successful Radiology Practice,
RSNA Headquarters, Oak Brook, Ill. • (630) 368-3747 or
www.rsna.org/education/shortcourses

JULY 16-19

Asian Oceanian Congress of Radiology (AOOR), Raffles City
Convention Centre, Singapore • www.aocr2003.org

JULY 27-31

Society of Computed Body Tomography and Magnetic Reso-
nance (SCBT/MR), Summer Practicum, Grove Park Inn Resort,
Asheville, N.C. • www.scbtmr.org

AUGUST 10-14

International Symposium of Radiopharmaceutical Chemistry
(ISRC), Sheraton on the Park, Sydney, Australia
• www.tourhosts.com.au/isrc2003

AUGUST 10-14

American Association of Physicists in Medicine (AAPM),
45th Annual Meeting, San Diego Convention Center, San Diego
• www.aapm.org

AUGUST 10-14

American Healthcare Radiology Administrators (AHRA),
31st Annual Meeting and Exposition, Anaheim Convention
Center, Anaheim, Calif. • www.ahra.com

AUGUST 15-18

Society of Molecular Imaging, Second Annual Meeting,
Hyatt Regency San Francisco • www.molecularimaging.org

AUGUST 17-22

Radiation Research Society (RRS), 50th Annual Meeting, in
conjunction with 12th International Congress of Radiation
Research (ICRR), Brisbane, Australia • www.icrr2003.org

AUGUST 24-29

World Congress on Medical Physics and Biomedical Engineer-
ing, WC 2003, Sydney Convention & Exhibition Centre,
Sydney, Australia • www.wc2003.org

SEPTEMBER 13-16

North American Society for Cardiac Imaging, 31st Annual
Meeting and Scientific Session, Hotel Adolphus, Dallas
• www.nasci.org

SEPTEMBER 13-17

Society of Chairmen of Academic Radiology Departments
(SCARD), Fairmont Waterfront, Vancouver, British Columbia,
Canada • www.scardonline.org

SEPTEMBER 17-20

International Skeletal Society, ISS San Francisco 2003,
The Fairmont Hotel, San Francisco
• www.internationalskeletalsociety.com

SEPTEMBER 18-21

Royal Australia New Zealand Congress of Radiology
(RANZCR), 54th Annual Scientific Meeting, Brisbane,
Australia • www.ranzcr.edu.au/open/asm2003/index.htm

SEPTEMBER 19-21

American College of Radiology Imaging Network (ACRIN),
Semi-Annual Meeting, Ritz Carlton Pentagon City, Arlington,
Va. • www.acrin.org

SEPTEMBER 20-24

Cardiovascular & Interventional Radiological Society of Europe
(CIRSE), Annual Meeting, Antalya, Turkey • www.cirse.org

SEPTEMBER 22-24

The Emerging Technologies and Healthcare Innovations
Congress, Marriott Wardman Park, Washington D.C.
• www.ethic2003.com

SEPTEMBER 22-26

American Osteopathic College of Radiology (AOOR),
Annual Convention, Loews Miami Beach Hotel South Beach,
Miami Beach, Fla. • www.aocr.org

NOVEMBER 30–DECEMBER 5

RSNA 2003, 89th Scientific Assembly and Annual Meeting,
McCormick Place, Chicago • www.rsna.org

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