

RSNA *News*

OCTOBER 2002 • VOLUME 12, NUMBER 10

THE NEWSLETTER OF THE RADIOLOGICAL SOCIETY OF NORTH AMERICA

RSNA 2002 Meeting Preview and Restaurant Guide



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- Radiology Temps Also in Short Supply
- (Wire)less is More for Radiologists
- Teens Will Explore Their Future in Radiology
- History of the RSNA—Part 20

Advance Registration Deadline
November 1, 2002, for North Americans

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RSNA News

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ASTRO Elects New Officers

The American Society for Therapeutic Radiology and Oncology (ASTRO) has announced its new slate of officers for 2003:

- President-Elect: **Ted Lawrence, M.D., Ph.D.**, University of Michigan, Ann Arbor
- Community Practice Member-at-Large: **Peter Blitzer, M.D.**, Radiation Therapy Associates, Cape Coral, Fla.
- Academic Clinician Member-at-Large: **Colleen Lawton, M.D.**, Medical College of Wisconsin, Milwaukee
- Nominating Committee: **Sarah Donaldson, M.D.**, Stanford University, Stanford, Calif., and **Minesh Mehta, M.D.**, University of Wisconsin Hospital Medical Center, Madison



Ted Lawrence, M.D., Ph.D.

Peter Blitzer, M.D.

Colleen Lawton, M.D.

Sarah Donaldson, M.D.

Minesh Mehta, M.D.

Siemens CEO Joins NEMA Board of Governors

Thomas N. McCausland, president and CEO of Siemens Medical Solutions, is among four new members of the Board of Governors for the National Electrical Manufacturers Association (NEMA). The others are **Kenneth Honeycutt**, president and CEO of Acuity Lighting Group; **Gregory B. Kenny**, president and CEO of General Cable; and **James L. Packard**, chairman and CEO of Regal-Beloit. McCausland is also the new chairman of the NEMA Medical Products Department Board of Directors.

ASTRO Names New Honorary Members

ASTRO has also announced its new honorary members, the highest honor ASTRO bestows upon distinguished cancer researchers and leaders in disciplines other than radiation oncology, radiation physics and radiobiology. They are **Ann Barrett, M.D.**, from the University of East Anglia in the United Kingdom, and **John J. Curry**, outgoing executive director of the American College of Radiology. Formal presentation of the honorary memberships will be during ASTRO's annual meeting, October 6-10 in New Orleans.



Ann Barrett, M.D.



John J. Curry

Levin Joins HealthHelp

David C. Levin, M.D., has been appointed national medical director for HealthHelp, a radiology service management company based in Houston.

Dr. Levin was previously professor and chairman of the Department of Radiology at Jefferson Medical College and Thomas Jefferson University Hospital in Philadelphia. He is a member of the RSNA Research & Education Foundation Fund Development Committee.



David C. Levin, M.D.

HHS Forms Council on Public Health Preparedness

Radiologist **Timothy T. Flaherty, M.D.**, a member of the AMA's Board of Trustees since 1994, is among the 21 people named to the U.S. Department of Health and Human Services Council on Public Health Preparedness. The council will advise HHS on appropriate actions to prepare for and respond to public health emergencies, including acts of bioterrorism.



Timothy T. Flaherty, M.D.

2002 Introduction to Research for International Young Academics

The names of this year's participants in the Introduction to Research for International Young Academics have been announced:

Mehmet S. Albayram, M.D.	Turkey
Azian B. Aziz, M.D.	Malaysia
Audun E. Berstad, M.D.	Norway
Nuri C. Cimsit, M.D.	Turkey
Heike E. Daldrup-Link, M.D.	Germany
Dagrasumberel Gonchigsuren, M.D.	Mongolia
Rodrigo Hermann Pons, M.D.	Chile
Maka Kekelidze, M.D.	Georgia
Roman Kostrytsya, M.D.	Ukraine
Mizuki Nishino, M.D.	Japan
Andrea Ruppert-Kohlmayr, M.D.	Austria
Shu-Huei Shen, M.D.	Taiwan
Gouravaram Sujatha, M.D.	India
Ian Y. Tsou, M.D.	Singapore
Mingwang Zhu, M.D.	China

The focus of the Introduction to Research for International Young Academics program (formerly the International Young Academics Seminar) is to encourage young radiologists from countries outside of the United States and Canada to pursue careers in academic radiology.

The program consists of a special seminar that is held during the RSNA Scientific Assembly and Annual Meeting. The participant receives complimentary registration to the RSNA Scientific Assembly and a \$1,000 grant is provided to the individual's department to help defray travel expenses to the meeting. Fifteen International Young Academics are selected each year by RSNA's Committee on International Relations and Education and approved by the RSNA Board of Directors.

This program is intended for candidates from both emerging and industrialized countries who are in the early stages of their research careers. Nominations are by the candidate's department chairperson or training director. Fluency in English is required.

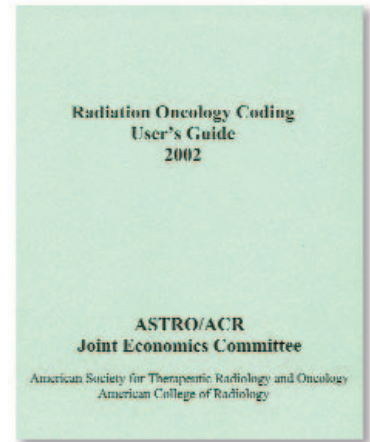
Deadline for nominations each year is April 15. For more information, contact Fiona Miller at (630) 590-7741 or e-mail CIRE@rsna.org.

Radiation Oncology Coding User's Guide

After nearly three years of work, the Joint Economics Committee (JEC) of ASTRO and ACR has released the 2002 *Radiation Oncology Coding User's Guide* for sale.

It is intended to be a comprehensive resource for appropriate utilization of the radiation oncology CPT codes. Each code in the radiation oncology (77xxx) series of CPT codes is clearly defined and examples of appropriate usage are provided.

More information is available at <https://ec.astro.org/UserGuide2002.cfm>.



New Poster Presentation Format

Scientific poster presentations will be structured a little differently at RSNA 2002. A moderator will be in charge of a select group of posters. The moderator will introduce each poster and author, and will lead attendees from one poster to the next. This will provide for a more cohesive presentation and will help to ensure the presentation remains on time. Category 1 CME credit is available during these poster presentations:

Sun., Dec. 1	12:30-1:30 p.m.
Mon., Dec. 2 – Thurs., Dec. 5	12:00-1:00 p.m.

Following interchange with the authors, those desiring category 1 credit must leave an attendance voucher with the authors. Scientific posters can be found on Level 3 of McCormick Place's Lakeside Center next to the education exhibits. This year, 497 posters will cover 15 specialties.

Neuroimaging Guidelines for Neonates

The American Academy of Neurology and the Child Neurology Society have released a new practice parameter in response to questions regarding brain imaging of pre-term and term infants. The practice parameter has been endorsed by the American Academy of Pediatrics, the American Society of Pediatric Neurology and the Society for Pediatric Radiology. The report is available as a portable document format (PDF) file at www.aan.com/professionals/practice/pdfs/neuroimaging.pdf.

The recommendations are: "US plays an established role in the management of preterm neonates of <30 weeks' gestation. US also provides valuable prognostic information when the infant reaches 40 weeks' postmenstrual age. For encephalopathic term infants, early CT should be used to exclude hemorrhage; MRI should be performed later in the first postnatal week to establish the pattern of injury and predict neurologic outcome."

CSR Reorganization May Change Imaging Research Evaluation Process

As Roderic I. Pettigrew, M.D., Ph.D., begins his tenure as the first permanent director of the National Institute of Biomedical Imaging and Bioengineering (NIBIB), two related and important milestones are looming in determining the future of the new Institute.

Congress has yet to decide NIBIB's fiscal 2003 budget. That budget, which funds operations as of October 1, will establish how much money will be available for extramural grants. Meanwhile, at the end of January, a National Institutes of Health (NIH) advisory committee will recommend whether a significant number of investigator-initiated imaging grant proposals will continue to be reviewed by radiology review committees.

Normally, the House and Senate would have approved appropriations for NIH in September, but that schedule has been shattered this year. When Congress took its August recess, only the Senate Appropriations Committee had acted on the appropriations bill that includes money for NIH, and thus NIBIB. The House has not acted on the NIH appropriation. The Senate Committee approved \$283.1 million for NIBIB in fiscal 2003, which comes out to a \$21 million increase over the year before.

Ed Nagy, executive director of the Academy of Radiology Research (ARR), says his group had hoped for a budget of at least \$300 million. Nagy says it will be an uphill battle both to convince the Senate to add



ARR President Philip O. Alderson, M.D., testified before the U.S. House Appropriations Subcommittee on Labor, Health and Human Services and Education in May.

additional funds and to convince the House to exceed the Senate's appropriation for NIBIB. That assessment is based on the fact that President Bush asked for \$271.2 million for NIBIB in fiscal 2003. The House, controlled by Republicans, may be more likely to approve the President's budget proposal than to increase the appropriation. Nevertheless, the Academy is continuing to communicate with key appropriators in support of an increased budget for NIBIB.

The higher the NIBIB budget, the more grants the Institute can fund. That is where the Center for Scientific Review (CSR) comes in; it is the NIH office charged with reviewing most grant applications. Currently, applications to fund research that is predominantly imaging centered—comparing

the efficacy of MR imaging versus PET scans, for example—are considered by a radiology study group within CSR. But that could change, which worries ARR.

Since 1998, NIH has been in the process of reorganizing some study sections within CSR. As part of that process, NIH has proposed new Integrated Review Groups (IRGs), which are umbrella administrative groups into which scientifically related study sections are sorted. NIH has proposed two new IRGs of relevance to imaging research. One is a Surgical Sciences, Biomedical Imaging and Bioengineering (SBIB) IRG. The other is a Bioengineering Sciences and Technologies (BST) IRG.

ARR and other radiology organizations have two kinds of problems with

Continued on next page

 A graphic logo for NIBIB. It consists of a dark blue diamond shape on the left and a lighter blue arrow pointing to the right on the right. The word "NIBIB" is written in white, bold, sans-serif capital letters across the center of the arrow.

NIBIB

Continued from previous page

this reorganization. First, the two radiology IRGs may trip over one another. Second, and more important, the groups worry that a significant number of radiology grant applications will no longer be channeled to a radiology IRG, but will be diverted instead to a disease- or organ-associated IRG, such as oncology or cardiology.

Elliott Postow, Ph.D., director of the NIH division of clinical and population-based studies, and a key CSR official, admits that the radiology IRGs may get their wings clipped in January. A CSR advisory committee met early this month, but imaging was not discussed. "Some of the organ-related

ARR is continuing to press the argument for a CSR reorganization plan that ensures appropriate reviews for imaging research proposals.

IRGs, which are part of the reorganization, have been very hospitable in welcoming into study sections in their IRG every grant application that concerns the organ," Dr. Postow says. "Radiology thinks its IRGs should handle the applications where

imaging science is the key component. These conflicts have to be resolved."

ARR President Philip O. Alderson, M.D., says, "Imaging proposals should be referred to organ-based IRGs only if the imaging is turnkey—for example, routine, commercially available imaging technology designed to reveal or depict a biological process. Otherwise, we are deeply concerned that organ-related study sections will not include sufficient expertise in imaging and bio-engineering to evaluate other imaging research proposals effectively and fairly." ARR is continuing to press the argument for a CSR reorganization plan that ensures appropriate reviews for imaging research proposals.

Ed Nagy worries that an NIH decision to divert important imaging grant applications to disease-related IRGs will undercut NIBIB. "We now have a



ARR Executive Director Ed Nagy says the Academy is trying to convince Congress to approve a budget of \$300 million for NIBIB this fiscal year.

new institute and the CSR review process should reflect that," he emphasizes.

To that Dr. Postow replies, "The radiology study section has always reviewed for more than a half-dozen institutes. Adding one to the mix will not make a difference. There continues

to be a lack of understanding of the difference between review and funding. Each institute receives reviews from many study sections (and IRGs) and most study sections review applications that are in the portfolios of many different institutes." □

Practice Radiology the way it USED to be in Historic Gettysburg, PA

Practice Radiology is in
farming, historic Gettysburg, PA. Gettysburg is a
all town community spirit but less than 1 hr
of Baltimore and Washington, D.C. With the
additional provider call will be 1:30 and each provider
averages only 12,000 readings/year.

For the interested candidate, there is an opportunity
to work in a new Women's Diagnostic Center. This
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ship opportunities and an exclusive contract with
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Stowell, toll-free: 1-866-230-1477. Fax your CV to
717-851-2968. EOE.



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New Workshops Will Define State-of-the-Art Opportunities in Imaging

Identifying and exploring opportunities for basic science research and engineering development in biomedical imaging will be the focus of a series of opportunities workshops planned over the next five years.

The workshops, called Biomedical Imaging Research Opportunities Workshops (BIROW), will be co-sponsored by RSNA, the American Association of Physicists in Medicine (AAPM), the Academy of Radiology Research (ARR) and the Biomedical Engineering Society (BMES), along with support from many other radiological, engineering and basic imaging science societies. The National Institute of Biomedical Imaging and Bioengineering (NIBIB) and the National Cancer Institute (NCI) will provide advice and scientific participation.

“The idea of biomedical imaging sciences and the research and development and applications in the field are key to the future of radiology because disciplines are maintained and extended when fundamental investigative

work is done and when there is incentive for creativity within the discipline,” says C. Leon Partain, M.D., Ph.D., chairman of the RSNA Research Development Committee and member of the BIROW Organizing Committee. “The future of biomedical research, including molecular biology, genomics and proteomics, is increasingly depend-

ent upon the dramatic new developments in molecular imaging, which are based traditionally in radiological and biomedical imaging disciplines. It is essential that we come together as an interdisciplinary team to define the state-of-the-art, identify priorities and influence program initiatives and funding.”

The annual workshops will deal with a finite number of topics and will generate a white paper that will be the vehicle to define radiological and medical imaging sciences in a dynamic and creative fashion. Recognized leaders, students, fellows and new investigators will participate.

The first workshop is January 31 – February 1, 2003, at the Hyatt Regency in Bethesda. Topics will include:

- An example of imaging solutions to a multi-disease biological challenge—imaging of hypoxia
- Extending imaging methodologies and systems across spatial scales

It is essential that we come together as an interdisciplinary team to define the state-of-the-art, identify priorities and influence program initiatives and funding.

—C. Leon Partain, M.D., Ph.D.





- Assessment and validation of imaging methods and technologies
- Image-guided therapy

Another goal of the workshop is to show support for accelerated development of biomedical imaging as a scientific discipline and facilitate coordinated imaging research.

“It is clear that RSNA, as the primary professional Society for radiological sciences, has a unique opportunity and significant responsibility to help define biomedical imaging research opportunities, contribute to its maintenance and enable the requisite collaboration, cooperation and communication,” says Dr. Partain.

AAPM is the organizing sponsor of the first workshop. Registration is \$225 on or before November 20, 2002. From November 21–January 3, 2003, registration is \$275. Onsite registration is \$325. CME credit will be awarded.

To register or for more information, go to www.birow.org or send an e-mail to birow@aapm.org. □

Radiology Temps Also in Short Supply

There is one more sign of the severity of the shortage of radiologists: The demand for radiologists working on a temporary basis vastly exceeds the availability.

The *2002 Review of Temporary Healthcare Staffing Trends and Incentives* shows that almost three job opportunities exist for every radiologist who is willing to travel from city to city to fill-in during short-term vacancies. According to the study, hospitals, medical groups, clinics and other facilities spent \$1.9 billion on radiology and all other locum tenens, or temporary physician services, in 2001, up from \$899 million in 1999.

Staff Care, an Irving, Texas-based locum tenens firm, conducted the survey of more than 5,000 physicians, administrators and imaging technologists. "The study shows radiology makes up 16 percent of the demand for our locum tenens physicians," says David Faries, a Staff Care spokesman. "Last year, there were 23,489 radiologist days demanded just at Staff Care and there are several other similar agencies." Pay rates for locum tenens radiologists jumped more than 20 percent in the second half of 2001 as medical facilities competed to fill positions.

One of the people vying for those radiologists is Barbara Friedrich. She is the recruiting coordinator for Central Wisconsin Radiologists. Physicians with her organization work at Riverview Hospital in Wisconsin Rapids and St. Michael's Hospital in Stevens Point, Wisconsin. "We've been

recruiting for permanent radiology positions for three years," she says. "In the meantime, we must use locum tenens."

Temporary physicians working for Central Wisconsin Radiologists contract to work Monday through Friday from 8 a.m. to 5 p.m. They are paid extra for work after 5 p.m. They also agree to



E. Stephen Amis Jr., M.D.
Co-Chair, ACR Taskforce on
Human Resources



David Faries
Spokesman, Staff Care

two nights of teleradiology call, with back up from staff radiologists if necessary. "We need locum tenens to work two weeks out of every month, but we work around their schedules," Friedrich says.

In return, temporary radiologists are paid up to \$2,200 per day, plus travel and housing. "It is costly, but we are grateful to staffing organizations for the system. They do what we can't," she says.

In addition to locum tenens, Friedrich says the hospitals get week-

end coverage by bringing in residents from the medical schools at the University of Wisconsin in Madison and St. Joseph's Hospital in Milwaukee. Retired radiologists also help where they can.

"We have an ongoing recruiting effort," Friedrich says. "If we particularly like the locum tenens, we ask if he or she might be willing to join our staff permanently. We hired one of our temporary radiologists about a year ago, but he left when his wife got a job elsewhere. We have a good practice here and well-paying jobs for radiologists, but Wisconsin Rapids and Stevens Point are small towns. We can't compete with the allure of a big city," Friedrich says.

Credentialing Takes Time

In addition to the cost, another problem for hospitals using locum tenens is credentialing the physicians. "Sometimes, by the time you do all the background checking, you run pretty close to the time when the locum tenens radiologist is needed," Friedrich says. She only uses physicians who have a Wisconsin medical license because credentialing takes an additional three months.

Faries says the length of time to credential a physician is different in each state. "Some states have different rules for permanent physicians versus locum tenens."

E. Stephen Amis Jr., M.D., a profes-

Special Focus Session at RSNA 2002

On Monday, December 2, 4:00 – 5:30 p.m., C. Douglas Maynard, M.D., and E. Stephen Amis Jr., M.D., will co-moderate a special focus session at RSNA 2002 titled, "The Radiologist Shortage: Will it Continue?" For more information on other focus sessions, see page 25.

Top 10 Locum Tenens Specialties by Demand

The following specialties represent 77 percent of global demand for locum tenens physicians. Demand is measured by days requested for each specialty by employers of physicians, such as hospitals, medical groups, clinics, managed care organizations, solo practices, etc. Radiology made up just over 16 percent of all requests for locum tenens support in 2001.

SPECIALTY	DEMAND	OPPS/PHYS.	RATE CHANGE*
Radiology	16%	2.91	+23%
Psychiatry	16%	2.54	+15%
Family Practice	13%	1.63	NC
Anesthesiology	10%	2.89	+20%
Internal Medicine	8%	1.61	NC
Child Psychiatry	4%	8.64	+29%
ER	4%	2.01	+6%
ORS	2%	4.11	+20%
Cardiology	2%	2.72	+18%
Pediatrics	2%	1.53	NC

*Rate change measure increase/decrease of locum tenens pay between 6/01 and 12/01

Source: 2002 Review of Temporary Healthcare Staffing Trends and Incentives

26,752

Physicians Working Locum Tenens 2001 (estimate)

65,789

Locum Tenens Opportunities 2001 (estimate)

585,556

Days Unfilled 2001 (estimate)

2.46

Opportunities/Physician

41%

Fill Rate

Source: 2002 Review of Temporary Healthcare Staffing Trends and Incentives

sor and chairman of the Department of Radiology at Albert Einstein College of Medicine and Montefiore Medical Center in the Bronx, N.Y., says generally, he does not use locum tenens physicians because of the cost and the length of time for credentialing. "For example, if a radiologist is a New York State licensed physician with board certification, it still takes two months at my hospital to credential the physician," he says.

"We have to make sure the CV is in proper order and can confirm that the physician did attend and graduate from medical school. It takes time to get PIN numbers for Medicare and Medicaid, plus dozens of managed care plans here," he adds.

As the co-chair of the American College of Radiology's Task Force on Human Resources, Dr. Amis is quite familiar with the shortage of radiologists. He says while the numbers in the *2002 Review of Temporary Healthcare Staffing Trends and Incentives* do show

a dramatic increase in demand for locum tenens radiologists versus family practice, he does not think temporary radiologists will help plug the radiology shortage.

We have a good practice here and well-paying jobs for radiologists, but Wisconsin Rapids and Stevens Point are small towns. We can't compete with the allure of a big city.

— Barbara Friedrich

Like Friedrich, Dr. Amis says he's re-hiring retired radiologists. "I've found retirees are the best source of help to fill the gap," he says.

In the last three months, Dr. Amis has hired four retirees on a part-time basis, ranging from 1.5 to four days a week. "They are good teachers and are a known quantity," he says. "As soon as I find a full-time staffer, I'll let go of the retirees. They knew this going in and approved of it," he adds.

As for locum tenens radiologists, Dr. Amis says being a temporary physician is a good job. He says they can control where they work and when they work.

In the past, hospitals were reluctant to hire locum tenens for fear that their work would be sub par. Faries says

today, hospital administrators have a very different point of view. "They tell us locum tenens are well screened, good physicians. Eighty-five percent of the administrators we surveyed rated locum tenens as good or better than their staff physicians," Faries adds.

"Locum tenens probably won't generate excess revenue for a medical facility, but a temporary physician at least maintains revenue and patient care," Faries concludes. □

Special Theme Issue

The August issue of *Academic Medicine* focuses on workforce issues. Abstracts and some full-text articles are available at no charge at www.academicmedicine.org. *Academic Medicine* is the peer-reviewed journal of the Association of American Medical Colleges.

Teens Will Explore Their Future in Radiology

Some Chicago public high school students will get exposure to the world of radiology at RSNA 2002 in December. It is the first step in a program to offer scholarships to students interested in careers in radiology.

The project, "Exploring Your Future in Radiology," was originally conceived as a way to thank the people of Chicago, where RSNA has held its annual meeting exclusively since 1985. "To put on a meeting as large as ours requires an enormous amount of support from the people and the city of Chicago," says R. Gilbert Jost, M.D., RSNA Board Liaison for Communications and Corporate Relations. "The Board felt it was important to give a signal that we appreciate that support—and we set out to look for a way to say thank you."

The RSNA Board decided to target the new program toward young people in the public school system. "We felt that the scientific meeting that takes place every year is a terrific opportunity to excite young people about the field of medicine, specifically, the field of radiology," Dr. Jost says.

School officials were happy to jump on board. "It is generous and a nice way to think about how to introduce high school students to professions and new worlds," says Cynthia Greenleaf, director of partnerships for the Chicago Public Schools and head of their Futures Exchange program which

engages businesses in the public schools.

Learning and Earning

A major goal of the program is to acquaint students with the potential careers that await them in an area of

help educate some of the students in Chicago, while giving radiology the potential to gain a lot as well," he says.

He points to the growing shortage of radiologists, nurses and technologists. "It's as bad a problem as I have ever seen," he says.

"Radiology is a field that has continued to grow, and we have an expanding need for both radiologists and support personnel," he says. (See temporary staffing article on page 6.)

Most radiology programs throughout the country are moving into newer technologies and are expanding their programs. They are also experiencing a large growth in patients who have a need for

radiology services," he continues. "It's often the lack of personnel that restricts our ability to grow our programs fully."

Dr. Jost says radiologists have come to realize there is a need to be proactive about telling young people about career opportunities in the field. "And we think we need to start at younger ages, when ideas about a career are germinated. That's not always at the college level—it's often at the high school level," he points out.

Taking the First Steps

Before the December meeting, public school officials will identify eight schools and offer teachers at those schools opportunities to take part in the RSNA meeting. The teachers will



R. Gilbert Jost, M.D.
RSNA Board Liaison for Communications and Corporate Relations



Cynthia Greenleaf
Director of Partnerships, Chicago Public Schools

healthcare with which they may not be familiar.

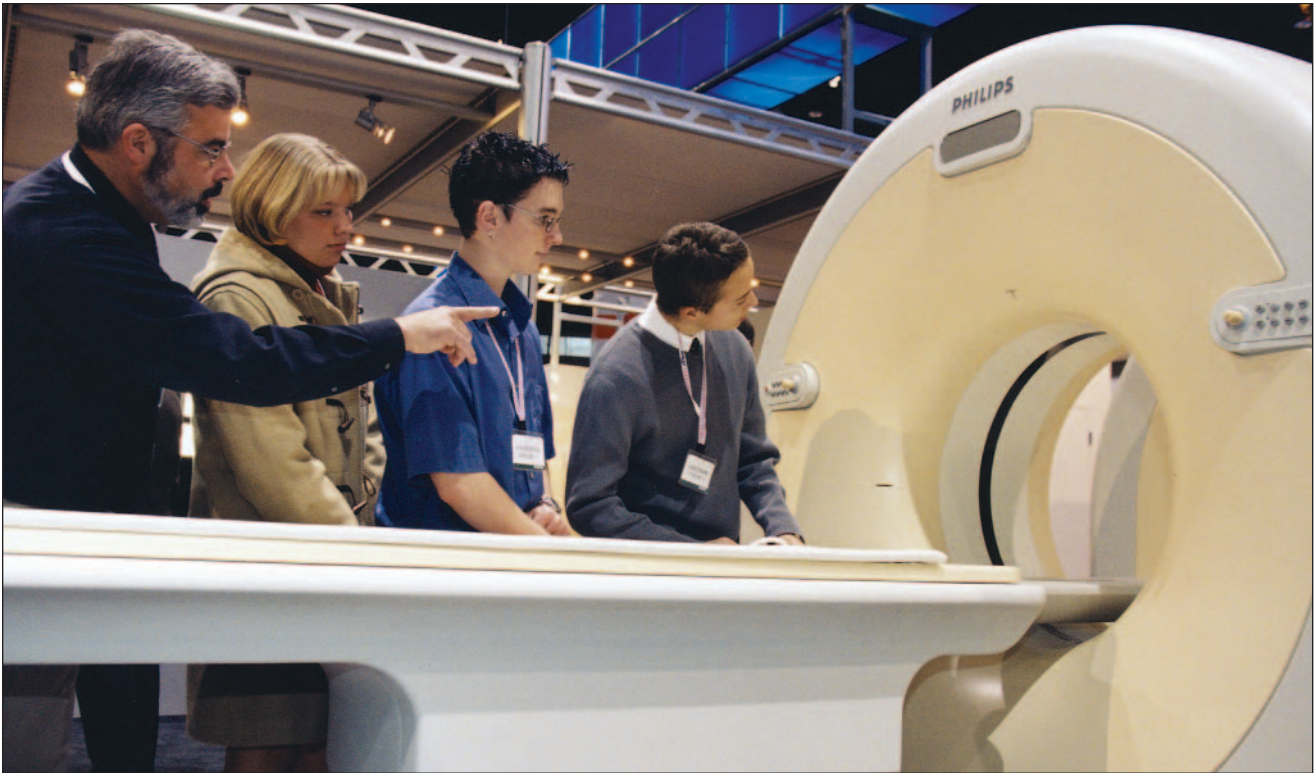
"It offers the opportunity to introduce students to a whole world of radiology, from physicians and medical physicists to the whole range of allied



CHICAGO PUBLIC SCHOOLS

professions, technicians and nurses," says Greenleaf. "I think many of our students really aren't aware of these career opportunities."

Dr. Jost says it could be a win-win situation. "This is an opportunity to



Students from a nucleonics class at a suburban Chicago school were invited to tour the technical exhibits area at RSNA 2001. At RSNA 2002, as many as 40 Chicago public high school students will participate in "Exploring Your Future in Radiology," a new RSNA program to offer scholarships to students interested in careers in radiology.

choose five students from each school to participate.

"The idea is to involve a small number of students. The target in this first year is approximately 40 students who will visit the meeting and will have some educational opportunities," says Dr. Jost. "They'll tour the exhibits and then the teachers will help us construct some educational follow-up sessions."

While the plans are still being finalized, students may be chosen for the program by participating in a contest based on the *RadiologyInfo*™ Web site (www.radiologyinfo.org).

Following the annual meeting, students will take part in a scholarship competition that may include projects based on learning tools provided by

RSNA and presentations at RSNA 2002.

"We're thinking of doing a scavenger hunt, where they have to look on the Web and answer some questions about radiology," says Greenleaf. "I think it will be an interesting way to see how much students who probably haven't known much about the field can learn through that kind of exercise."

The winners will be announced next April or May, and scholarships will be awarded to the students at RSNA 2003.

Greenleaf suggests that RSNA members can continue the effort in their home communities. "I think that this reaching out from professionals to engage our schools is really terrific,"

she says. "And if they could help think about ways in their own communities to introduce high school and even middle school students to the world of radiology and the range of jobs that are possible, it would lead to more of those students thinking about actually doing those jobs."

If the scholarship program is successful, it may eventually be expanded beyond the Chicago area. Dr. Jost urges fellow radiologists to offer their input.

"I encourage those who are attending RSNA 2002 to keep an eye out for this program," he says. "We're interested in feedback about how successful it is, and whether the Board should look for ways to expand a program of this kind." □

We need to start at younger ages, when ideas about a career are germinated. That's not always at the college level—it's often at the high school level.

—R. Gilbert Jost, M.D.

(Wire)less is More for Radiologists

Do you have your “assistant” in your pocket? Increasing numbers of radiologists are using personal digital assistants (PDAs) for work-related tasks such as storing textbooks, database programs, reference materials, teaching files and indices, as well as PowerPoint slide presentations. But many physicians — especially computer-savvy residents — are looking ahead to the wireless environment that will free them from their tether to picture archival and communication systems (PACS). Among hospitals on the leading edge of the technology is Bronson Hospital in Kalamazoo, associated with Michigan State University.

“A few medical centers, including our own, are wired for 802.11b (Wireless Fidelity, or WiFi) transfer of data,” says Terrence Lewis, M.D., assistant clinical professor of radiology. “There’s also wireless telemetry in our 350-bed hospital. For example, patients on the CICU can walk around with wireless EKG monitors. So the infrastructure is there, but I don’t know of any radiology department that has distributed PDAs with 802.11b cards for their radiologists to access films, voice dictation or medical records.”

A PDA’s value for viewing medical images is limited by screen size and resolution, though Dr. Lewis says handhelds can be used for images under some circumstances. “We have in one of our radiology file rooms, a terminal for the PACS network with cradles for Palm and Handspring devices. People can download images from the PACS to their handhelds. I call these consultation quality images. You can’t make a diagnosis from them and they don’t meet the ACR standards for imaging, but they’re useful for getting points

across to clinicians.”

Dr. Lewis says some of his clinical colleagues put images on their PDAs to show to patients, their families and other physicians. For example, this allows a local neurologist to give patients a visual idea of where a stroke has occurred and what structures are involved. “I think there’s a use for that, but not for what we do in radiology in terms of primary reading,” says Dr. Lewis.

Technology is moving so fast that Dr. Lewis and others are confident that PDA image quality will improve by the time of the RSNA Scientific Assembly December 1–6 in Chicago. And if any specialty can make best use of handheld convergent technology it’s radiology, says Adam E. Flanders, M.D., director of radiology informatics

research at Thomas Jefferson University Hospital in Philadelphia.

The traditional methods of recording patient data and ordering patient tests and medications on a paper chart are time-consuming, inefficient and fraught with errors. “Radiologists have been at work integrating various information systems probably longer than any other medical specialty,” says Dr. Flanders. “Radiologists have been innovators of electronic workflow in healthcare for a number of years. We’ve recognized that information systems are the best brokers of valuable medical data and the integration of these technologies maximizes efficiency and can help to minimize some forms of errors.”

Dr. Flanders believes PDAs of the future will enable physicians to order procedures and backfill diagnostic information from anywhere. This means that a physician will be able to make informed decisions about his or her patients without depending on handwritten charts in the office or hospital floor. Access to all patient information resources at the point of care is the ultimate goal. However, the radiologist’s point of service is often completely different from that of a clinician; therefore a radiologist’s uses for a handheld device in practice take on a different emphasis.

Although the displays on handhelds are significantly better than they were a few years ago, they are still not quite good enough to confidently support primary interpretation. Moreover, the amount of screen “real estate” offered by PDAs is relatively meager, making routine use for image review cumbersome. However, in some circumstances the quality of the image display may be

The Innovator Award Winners

◆ CAREGROUP HEALTHCARE SYSTEM, BOSTON

Personalized computer message system allows patients access to various services including prescription renewals, referrals and access to medical records through a secure server.

◆ COMMUNITY HEALTH NETWORK, INDIANAPOLIS

A Web site/recruitment tool to combat the nurse shortage: nurses for hire can take a virtual tour of the hospital, chat with administrators and apply for a position, all from their own homes.

◆ OHIO STATE UNIVERSITY HEALTH SYSTEM, COLUMBUS

Wireless clinical reporting system enables staff to retrieve radiology images and other medical records via the Web using a laptop, handheld or PDA.

Source: Hospitals & Health Networks’ Most Wired Survey, 2002



▼Name:	
▼I.D.:	
▼Date:	
▼CC:	Cough. Goiter
▼HPI:	Neck swelling in May. Lab workup revealed hyperthyroidism
▼PMH:	Pneumonia
▼Labs:	Uptake=54%. ?ectopic thyroid from isthmus. Antimicrosomal Ab +.
<input type="button" value="OK"/> <input type="button" value="Cancel"/> <input type="button" value="Delete"/> <input type="button" value="New"/>	

Examples of patient information stored in a PDA. (Larger than actual size.)

Images courtesy of Dr. Lewis

valuable to the radiologist in a consultative role. A wireless handheld device may have a more compelling role in monitoring radiology workflow. In a well-integrated, information-friendly radiology department, the process of scheduling, order-filling and reporting are all managed electronically. Imagine being able to tap into this information stream with your wireless handheld device.

“A radiologist is a consultant, but he or she is also likely being asked to manage workflow by prioritizing and protocoling pending cases for technologists and responding to a referring clinician’s needs,” says Dr. Flanders. “It would be invaluable to be able to monitor and modify workflow issues from anywhere without the additional burden of making multiple phone calls or locating a computer that can access the requisite information. Once the PDA technology is mature, I could envision being able to directly modify a brain MRI protocol, for example, on a patient who is being scanned on one of our offsite facilities based upon images and prior reports that I access live from my wireless PDA—all while riding the train to work!”

Mobility is the definite advantage that the PDA has over the ubiquitous PC workstation, says Dr. Flanders. “The reading room is the source of all imaging information. When you’re not

in the reading room, you can’t effectively provide any useful information to the technologist or referring physician about a patient’s imaging study. I think that it would be great to have some or all of the radiology data stream accessible on my handheld when I need it. This is no different from a clinician who yearns to have instant access to patient charts when he or she isn’t close to the office or hospital.”

Dr. Flanders says his PDA is not wireless—yet. “I’m playing the waiting game. I use my ‘wired’ PDA to manage my schedule, maintain custom research databases for teaching files, research studies and reference materials that I need for clinical practice. I see a lot of residents using PDAs for reference materials. Entire textbooks with images are available that are directly searchable. Eventually, we won’t need to lug textbooks into the reading area when a tough question arises. When a question pops into your head, you pull out your six-ounce PDA and access the information on the spot.”

The newest handheld computer is the Tablet PC or “super PDA.” This clipboard-size device offers a larger screen with a resolution more suitable for viewing radiological images. One model has a 10-inch touch screen with a resolution of 600x800 pixels, measures 14x8 inches overall and weighs 2½ pounds. Tablets also come with

such advanced features as wireless LAN adapters, handwriting recognition, digital ink software, speech recognition, integrated Wi-Fi technology and a host of expansion possibilities.

“Once high-resolution displays on wireless tablet computers become readily available, we may see the radiologist using this device as a portable, on-call workstation,” says Dr. Flanders. For other physicians, the handheld form-factor may be more appealing.

Ten Most Wireless

Berkshire Health Systems, Pittsfield, Mass.
Carilion Health System, Roanoke, Va.
Christus Health, Irving, Texas
Empire Health Services, Spokane, Wash.
Holy Family Hospital, Spokane, Wash.
Marion General Hospital, Marion, Ind.
Robert Wood Johnson University Hospital, Hamilton, N.J.
Sacred Heart Medical Center, Spokane, Wash.
UT Medical Center, Knoxville, Tenn.
Valley Health System, Ridgewood, N.J.

Source: Hospitals & Health Networks’ Most Wired Survey, 2002

At UCLA, Osman Ratib, M.D., Ph.D., and his colleagues are experimenting with a wireless system using PDAs and flat-screen monitors to retrieve and display medical information. The system, to be installed in a new UCLA hospital opening in two years, will have wall-mounted flat panels throughout the building. A physician will be able to walk up to a kiosk

Continued on next page

Continued from previous page

and call up patient information, including images, using his or her wireless PDA as a remote control device.

"My vision," says Dr. Ratib, "is that this will be more of a clinical device for distribution of radiological images, which is our current problem because we are getting rid of film and we really haven't solved issues of image distribution. We started to install workstations

It would be invaluable to be able to monitor and modify workflow issues from anywhere without the additional burden of making multiple phone calls or locating a computer that can access the requisite information.

— Adam E. Flanders, M.D.

to replace film, but they're not as convenient as when we had residents carrying the films during rounds and you could just pop the films into a light box. Now you have to go back to the workstation to look at an image, which is inconvenient. What radiologists like about the wireless flat panel concept is that they can get patient information—information that often is missing when you're reviewing an image at a workstation or during a procedure—without having to go to a dedicated hospital information system workstation."

Dr. Ratib says it's for this reason that residents, who make up the bulk of advanced PDA users, are pushing very hard for wireless access throughout the medical system.

Dr. Lewis, who holds a position at Kalamazoo Radiology, uses a PDA with an expansion slot that allows him to insert 512 megabytes in the form of a CompactFlash card. "I have a nice little CompactFlash disc drive that cost \$25, so if I make a file on my computer to export to my handheld, I can just stick it right on my CompactFlash card and put it right into my PDA," says Dr. Lewis. He also uses his handheld to

maintain a clinical database for thyroid patients.

"If I'm interviewing a patient whom I'm going to treat with radioactive iodine, I take all the notes on my PDA," he says. "When I put the PDA in its cradle, the patient's information is automatically stored in my database. I've even got it set up so that I can print a copy report for the chart from the Palm. In that case, we're saving the radiologist having to sit there and take manual notes and then have them transcribed. We're also building a database in the same step."

Northwestern Memorial Hospital in Chicago is among the "100 Most Wired" in the country, according to *Hospitals & Health Networks* magazine. There, through the radiology department in the Feinberg School of Medicine, a collaboration is under way with GE Medical Systems to explore wireless technology for medical applications.

"Portable and handheld computers are following Moore's Law of technology, getting better, faster, stronger and cheaper," says David Channin, M.D., associate professor of radiology and chief of imaging informatics at Northwestern.

"Wireless PDAs will be able to handle more of our grunt work because they'll have more integrated routine functionality, including built-in phones, pagers, voice recognition and even Global Positioning Systems. So you'll be able to say to the PDA, 'where's Dave Channin?' and it will tell you that I'm on the fifth floor."

Dr. Channin says PDAs will have authentication mechanisms that will be used as part of proximity detection and workstations will "recognize" approaching staff. Perhaps most exciting to radiologists are anticipated improvements in handheld screen resolution.

"There are now a whole generation of devices coming out that are in between a conventional PDA and a tablet. Call them 'super assistants.' They're the perfect size for a medical lab coat or pocket," he says.

Dr. Channin's advice to those considering buying a PDA: Avoid chasing gadgets for gadgets' sake. Identify workflow problems—inefficiencies in the way you're doing things that you want to solve—and look for technology to solve that problem. □

Useful PDA Information

Integrate a PDA into your practice with the help of the following Web sites:

Baylor College of Medicine	www.bcm.tmc.edu/medpeds/palm.html
Duke University Medical Center Library	www.mclibrary.duke.edu/respub/guides/pda/index.html
East Carolina State University The Ectopic Brain	www.ecu.edu/handheld pbrain.hypermart.net
George Washington University Guide to Handheld and Palmtop Computing for Health Care Professionals	www.gwumc.edu/library/pdares.htm www.medicalsoftwarefordpas.com
Medical Mneumonics	www.medicalmneumonics.com
Healthy PalmPilot	www.healthypalmpilot.com
Massachusetts Institute of Technology PDAs for Healthcare Providers	www.media.mit.edu/wearables educ.ahsl.arizona.edu/pda/index.htm
PDAs in Family Practice	www.urmc.rochester.edu/FamMed/PDAatFMC.htm
UCSF School of Medicine	missinglink.ucsf.edu/ebain/XcNewsPlus.asp
University of Alberta Libraries	www.library.ualberta.ca/subject/pdas
University of Virginia	www.med.virginia.edu/medicine/student-affairs/palm/index.html
Washington University	medicine.wustl.edu/~wumpi/

Wireless Technology at RSNA 2002

RSNA 2002 will be an ideal opportunity to see how wireless and handheld device technologies are being used in medical imaging. A number of exhibits and presentations in the *infoRAD* area will showcase the work of institutions that have begun to use these technologies in research and medical practice.

And, users of handheld personal digital assistants (PDAs) will be able to navigate through the meeting without having to page through the printed *Scientific Program*. The entire meeting schedule will be available online at rsna2002.rsna.org. Attendees will be able to create their own personal itineraries online. They can then download the itineraries to the datebooks of PocketPC- or Palm OS-based devices either in advance of the meeting or during the meeting at infrared beaming stations located near *RSNA Link Onsite* terminals throughout the convention hall.

Areas around selected banks of *RSNA Link Onsite* terminals, and other selected areas of the meeting, will also offer wireless connectivity using the 802.11b or "WiFi" protocol. Signage will clearly mark these areas where attendees with laptops or handheld devices with WiFi capability can connect to the Internet. These connections will use DHCP service to automatically supply IP addresses and Internet access.

RSNA is also making available a free service that will enable attendees to receive e-mail from the onsite Message Center via their personal wireless capable devices such as e-mail enabled cell phones and Blackberry wireless e-mail devices.

Captaris, a leading provider of unified communications and mobile busi-

ness solutions, is contributing a 100,000-user license of its Infinite Mobile Delivery software for use at RSNA 2002. Infinite Mobile Delivery will allow attendees to access e-mail remotely before, during and after the event.



"We are honored to provide this solution to the attendees and exhibitors of the RSNA Annual Meeting," says Jim Kimbrough, director of Infinite Mobile Delivery Sales for Captaris. "Our Infinite Mobile Delivery software allows attendees to quickly access and respond to their e-mail messages via *RSNA Link Onsite* or personal wireless capable device."

Meeting attendees and exhibitors will also be able to communicate with other attendees as well as their office during and after RSNA 2002. "We feel this contribution of our technology will make the event more productive by giving the attendees real-time communication through the Web and their wireless device of choice," says Kimbrough.

Wireless Beyond RSNA 2002

These wireless features of the RSNA Scientific Assembly are part of an RSNA wireless initiative that extends beyond McCormick Place, thanks to a

strategic plan developed by the Board of Directors. Among the objectives are to "exploit technological innovations in publications and education; evaluate and optimize the contents and delivery mechanisms of RSNA publications and communications; and to develop point-of-need access to digital information."

In the spirit of these objectives, the RSNA journal editors, Anthony V. Proto, M.D., and William W. Olmsted, M.D., are developing an online feature that allows the contents and abstracts of *Radiology* and *RadioGraphics* to be downloaded to a member or subscriber's PDA. □



An example of Infinite Mobile Delivery software, of which Captaris is contributing a 100,000-user license for use at RSNA 2002, as seen on an iPaq.

Image courtesy of Captaris.

History of the RSNA—Part 20

The R&E Fund Unveiled

The 1984 Scientific Assembly was to be held at the new convention center in Washington, D.C. The meeting was supposed to have convened in Dallas, but problems in that Texas city during the 1980 gathering convinced Society leaders to relocate the 1984 meeting. Since Chicago's McCormick Place was already booked, RSNA had few other options when it chose to hold the 70th Scientific Assembly in the nation's capital. By early 1984, Director of Scientific Meetings George Schuyler knew the Washington Convention Center would be too small for the Scientific Assembly. He informed the Board of Directors and Society President Douglas W. MacEwan, M.D., that all aspects of the scientific meeting had to be reduced by 20 percent.

New Editor for Radiology

1985 was the last year William R. Eyler, M.D., served as editor of *Radiology*. With the same grace, dignity and professionalism that had marked his tenure as editor, Dr. Eyler stepped down from the editorship. He continued to be a healthy, energetic presence at every RSNA meeting into the 21st century and still serves as the Society historian.

Stanley S. Siegelman, M.D., from Johns Hopkins University in Baltimore, was chosen to be the new *Radiology* editor. With his selection, many RSNA members expected the Society's editorial office to be moved from Southfield,

Mich., to Baltimore. However, Executive Director Adele Swenson saw an opportunity to establish a Publications Department at RSNA headquarters in Oak Brook, Ill.

RadioGraphics was three years old and RSNA was also publishing the *Scientific Program* for each annual meeting. Plans were being considered to publish syllabi for the categorical

tor of publications and began hiring staff for the Oak Brook office.

At the same time, Swenson announced she would retire. She believed a long-time tenure as executive director would risk stagnation for RSNA and blunt her own creativity.¹ One of her trusted assistants, Marian Godiksen, served as the staff manager until a new executive director could be found.



In 1984, Philadelphia radiologist Robert E. Campbell, M.D., was asked to convince corporations to contribute to the new R&E Fund.



Stanley S. Siegelman, M.D.
Radiology Editor 1986 - 1997

courses offered at each meeting. Revenue gained from advertisements in RSNA publications was nearly equal to and in some years, slightly more than the money the Society received from exhibitor space at the scientific assembly. Consequently, the editorial operations in Michigan were closed, an editorial staff was hired to help Dr. Siegelman with the peer-review process in Baltimore, and a new Publications Department was established in Oak Brook. Donald A. Stewart, the managing editor of *Radiology*, became direc-

tor of publications and began hiring staff for the Oak Brook office. At the same time, Swenson announced she would retire. She believed a long-time tenure as executive director would risk stagnation for RSNA and blunt her own creativity.¹ One of her trusted assistants, Marian Godiksen, served as the staff manager until a new executive director could be found.

Introducing the R&E Fund

Meanwhile, RSNA leaders directed their attention to the sad state of research in radiology. Money for radiology research seemed practically nonexistent. Most government funds were being given to physicians in surgery or internal medicine who had been engaged in research projects long before radiology was a recognized medical specialty. Many RSNA members did not realize the Society had made

attempts to fund research in the late 1920s when Robert H. Lafferty, M.D., John F. Herrick, M.D., and W. Walter Wasson, M.D., had established the Memorial Fund, which, after four decades, had ceased to exist.

In 1984, the RSNA Research and Education Fund (now Foundation) was established. Chicago radiologist Richard E. Buenger, M.D., worked with lawyers to develop bylaws and to appoint a Board of Trustees to oversee the fund. The Board consisted primarily of RSNA past presidents and was head-

ed initially by 1976 President R. Brian Holmes, M.D., who had been a voting member of the RSNA Executive Committee longer than anyone in Society history. Philadelphia radiologist Robert E. Campbell, M.D., who was known for his expertise at raising funds for the hospital in which he practiced, was asked to solicit contributions from commercial companies. Also, a campaign was developed to obtain contributions from RSNA members.

Meeting in Washington

Although the Washington Convention Center was not adequate for the 1984 Scientific Assembly, attendees did not experience the stifling conditions that had characterized the last gatherings in Chicago's Palmer House hotel during the 1970s. Based on Schuyler's recommendation, the scientific program had been cut back. Unfortunately, many refresher courses were not given, some papers were not presented and a number of scientific exhibits were not on display simply because the space was not available. A few companies, unable to secure booth space on the technical exhibition floor, used large trailers, which were parked on the streets surrounding the convention center. For one week, these trailers created traffic jams during rush hour in that part of Washington.

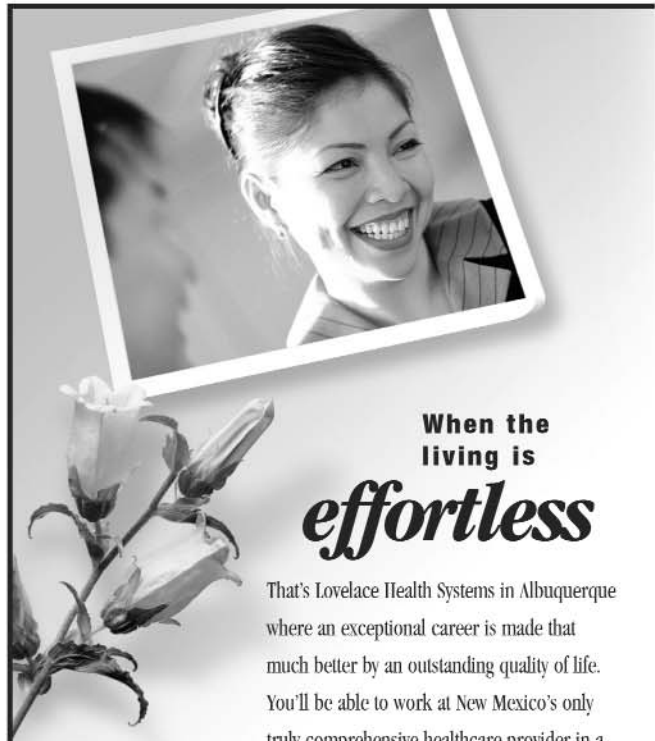
But the most important event at that meeting was the official unveiling of the RSNA Research and Education Fund. Months later, the Fund had approximately \$500,000. The RSNA Board of Directors augmented this with an additional \$500,000. The first research grants were awarded in the summer of 1985.

Reference

1. Elkin M. Adele Swenson: Executive Director, Radiological Society of North America, 1971-1985. *Radiology* 1985; 154:539-540.

 The entire *History of the RSNA* series, to date, is available on our Web site at www.rsna.org/about/history/index.html.

Money for radiology research seemed practically nonexistent. Most government funds were being given to physicians in surgery or internal medicine.



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Radiology in Public Focus

A press release has been sent to the medical media for each of the following scientific articles appearing in the October issue of *Radiology* (radiology.rsnajnl.org):

"A Comparison of the Performance of Screening Mammography, Physical Examination and Breast Ultrasound and Evaluating the Factors that Influence Them: An Analysis of 27,825 Patient Evaluations"

Adding ultrasound to screening mammography significantly increases the detection of small cancers, especially among women with dense breasts.

Thomas M. Kolb, M.D., a private practitioner in New York, N.Y., and colleagues found that breast density is the single most important predictor of mammographic sensitivity at any age. In fatty breasts, mammographic sensitivity is 98 percent, while in women with dense breasts mammographic sensitivity diminishes to a low of 48 percent.

By screening ultrasound after mammography and physical examination in women with dense breasts, the yield of women diagnosed with non-palpable invasive cancers increased by 42 percent.

(*Radiology* 2002; 225:165-175)

Editor's Note: Dr. Kolb released the findings of the Radiology study at the 21st annual AMA's Science Reporters Conference, September 19-21 in Washington, D.C. An expanded article will appear in the November issue of RSNA News.

"Imaging for Suspected Appendicitis: Negative Appendectomy and Perforation Rates"

Preoperative imaging should be considered part of the routine evaluation of women with suspected acute appendicitis, according to Sandra E. Bendeck, M.D., and colleagues at Stanford University Medical Center. The researchers retrospectively reviewed the medical records of 462 consecutive patients who had undergone appendectomy for clinically suspected acute appendicitis.

They found that in women, the negative appendectomy rate was significantly lower for those who had preoperative imaging with CT or US (seven percent and eight percent respectively) compared to 28 percent for those who had no preoperative imaging. The negative appendectomy rates for girls, men and boys were not significantly affected by preoperative imaging.

Previous research has found that the diagnosis of appendicitis, based on clinical presentation alone, may be extremely difficult in women patients because of the broad overlap of symptoms of acute gynecologic abnormalities.

(*Radiology* 2002; 225:131-136)

"Robotically Driven Interventions: A Method of Using CT Fluoroscopy without Radiation Exposure to the Physician"

Radiation exposure to a physician's hands during interventional procedures with CT fluoroscopic guidance may be limited by using a robot that can hold, orient and advance a needle to a target lesion.

Stephen B. Solomon, M.D., and colleagues from Johns Hopkins Medical Institutions performed 23 robotically guided percutaneous interventions. In each case, the robotic arm held and advanced the needle without complication.

They write: "Since the physician's hands did not need to be in the scanning plane at all, physician radiation exposure was dramatically reduced.

In fact, radiation exposure to the physician can be completely eliminated if the joystick and computer are placed in the control room, where the physician can view the technologist's monitor to perform the procedure."

(*Radiology* 2002; 225:277-282)

"Alzheimer Disease: Functional MR Imaging Index as a Marker"

Researchers from the Wisconsin have found that the coefficients of spontaneous low frequency, or COSLOF, index may be a useful tool to distinguish between patients with probable Alzheimer disease (AD), subjects with mild cognitive impairment (MCI) and cognitively healthy elderly subjects.

Shi-Jiang Li, Ph.D., and colleagues used functional MR imaging to measure the functional synchrony in the hippocampus of

24 subjects. They write: "COSLOF index values were significantly lower in AD patients than in control subjects. For MCI subjects, COSLOF index values were significantly higher than those of AD patients but significantly lower than those of control subjects."

(*Radiology* 2002; 225:253-259)



RSNA press releases are available at jol.rsnajnl.org/pr/pr1.cfm.

RSNA 2002 SCIENTIFIC PROGRAM POINTS TO A DIGITAL FUTURE

This year's scientific program at RSNA 2002 promises to be a milestone in radiology's historic transition from x-ray to digital imaging and computer-assisted diagnosis. RSNA's 2002 Program Committee and its subcommittee members, representing every subspecialty of radiology, have engineered a scientific program that demonstrates the future of radiology by presenting the best of today's research—research that shows how radiology is “Leading Medicine's Digital Transformation.”

The Program Committee reviewed 7,669 submitted scientific abstracts, including 5,434 scientific paper or poster abstracts, 2,077 education exhibit applications and 158 *infoRAD* applications. Over the summer, the committee accepted 1,698 scientific papers for presentation, 497 scientific posters, 1,086 education exhibits and 134 *infoRAD* abstracts.

THE DIGITAL AGE

“There is clearly a lot of emphasis this year on digital imaging, informatics and computer-assisted diagnosis,” says 2002 Program Committee Chairman George S. Bisset III, M.D., vice-chairman of the Radiology Department and professor of radiology at Duke University Medical Center in Durham, N.C. “This emphasis is leading us into the digital age. Much more attention is focused this year on computer-assisted diagnosis, probably because the technology is good enough to perform well in everyday practice. In light of the manpower shortage in radiology, people are looking at ways to improve efficiency. Only within the last couple of years has the technology of computer-assisted diagnosis come up to the level of being useful to the average radiologist.”

The scientific program will reflect a number of trends in clinical radiology as well as new applications for existing technology, such as CT, MR imaging, ultrasound and PET. “There are some really outstanding basic science abstracts that will be presented throughout the entire week,” Dr. Bisset says. “There will be an entire session focused on angiogenesis in clinical areas of radiology. Speakers will



Front row, from left: Kimberly E. Applegate, M.D., M.S., Charles F. Lanzieri, M.D., Leanne L. Seeger, M.D., Joseph K.T. Lee, M.D., Gilda Cardenosa, M.D., Simon C. Kao, M.D., Sandy Napel, Ph.D., H. Hugh Hawkins Jr., M.D. Back row, from left: George S. Bisset III, M.D., *Chairman*, Paul Stark, M.D. (representing Caroline Chiles, M.D.), Anne C. Roberts, M.D., Myron A. Pozniak, M.D., Dennis M. Balfe, M.D., David R. Pickens III, Ph.D., *AAPM Liaison*, Robert R. Kuske, M.D., Melvin E. Clouse, M.D. Not pictured: Patrice K. Rehm, M.D.

address ways to evaluate angiogenesis and assess the effects of antiangiogenic drugs. In addition, the program will include research on lots of new applications for CT, MR and ultrasound and a very expanded program on PET scanning. There has been a virtual explosion in the number of abstracts accepted that deal with applications of PET.” In fact, PET has become the hottest issue in more than a decade in nuclear medicine.

The program will also reflect a trend toward an expansion of the role of radiofrequency (RF) ablation, he says. “Several years ago, radiologists were

using radiofrequency ablation to deal with liver lesions, but it is now being used in the musculoskeletal system, lungs and other organs as well.”

Another major trend among the abstracts is greater emphasis on screening. “A great number of abstracts take a closer look at screening. We have whole sessions dedicated to screening exams in such areas as cardiac imaging, lung imaging, health services policy and mammography,” Dr. Bisset says. “Researchers are looking at the value of screening and how screening should be done, including the radiation doses involved in screening procedures.”

CONTINUED ON NEXT PAGE

RSNA 2002 Preview

SCIENTIFIC PROGRAM HIGHLIGHTS

CONTINUED FROM PREVIOUS PAGE

RESEARCH IN SUBSPECIALTY AREAS

Dr. Bisset identified some cutting-edge areas of research that will be presented at RSNA 2002 in various subspecialties of radiology:

- In the area of **breast imaging**, the scientific program will reflect a move toward greater use of digital mammography and MR for dynamic breast studies.
- In **cardiac imaging**, the cutting-edge trend is for greater use of CT and MR to examine left-ventricular function, detect atherosclerosis and evaluate myocardial viability after infarction.
- In **gastrointestinal imaging**, research will be presented on the use of CT colonography coupled with computer-assisted diagnosis.
- In **genitourinary imaging**, CT urography research is on the cutting edge.
- In **neuroradiology**, the newest areas of research concern imaging of thought processes, such as mood and thought disorders.
- In **vascular imaging**, the latest research focuses on noninvasive imaging techniques, such as MR angiography, MR venography and CT angiography.

The chairs of the subcommittees of the Program Committee also identified trends among the abstracts selected for presentation at RSNA 2002 and highlighted some noteworthy abstracts.

BREAST IMAGING

Gilda Cardenosa, M.D., chair of the Breast Imaging Subcommittee, agrees with Dr. Bisset, saying that the abstracts reflect a trend toward greater use of digital and MR breast imaging and computer-assisted diagnosis. She highlights an abstract showing the first clinical results of the use of elastography as an adjunct to contrast-enhanced MR breast imaging. The authors of the study concluded that MR elastography provides clinically relevant diagnostic information that may improve the classification of breast tumors, but that this technology may be useful only as a targeted study focused on lesions already identified by MR breast imaging. Another

abstract she notes compares the accuracy of conventional mammography against that of digital mammography in a population-based screening program. The results of the study showed that digital mammography using a soft-copy reading system showed a higher cancer detection rate than conventional mammography among people 50- to 69-years old, but an equivalent detection rate among people 45- to 49-years old.

CARDIAC IMAGING

The chair of the Cardiac Subcommittee, Melvin E. Clouse, M.D., sees a trend among the abstracts revealing that CT and MR are becoming more important in evaluating current and future cardiac disease. He points to an abstract describing the value of real-time MR imaging in assessing the size of an atrial septal defect before transcatheter placement of a closure device. "Real-time MRI is a precise, noninvasive technique for evaluating the size of atrial septal defects that will help interventionalists select the appropriate occluder to close the defect," Dr. Clouse says. He also finds noteworthy two abstracts dealing with new techniques designed to improve coronary artery imaging as a screening test for stenosis. One technique involves pretreatment use of beta-blockers to improve coronary segment agreement between multislice CT coronary angiography and conventional invasive coronary angiography. The other abstract shows the value of MR coronary angiography in detecting clinically significant stenoses.

CHEST RADIOLOGY

Computer-assisted diagnosis and RF ablation of lung tumors are the latest trends among the abstracts in chest radiology, says Chest Radiology Subcommittee Chair Caroline Chiles, M.D. Dr. Chiles highlights an abstract on RF ablation that suggests that RF ablation may be a safe and effective management tool for patients with unresectable primary pulmonary cancers and an excellent tool for controlling secondary pulmonary malignancies. Another abstract she notes assesses the benefit of physician referral versus patient self-referral to screening chest-imaging studies. "This research shows that patients who

are referred to screening imaging studies by a physician receive more goal-directed studies and a lower radiation dose, and they have a higher clinically significant lesion detection rate," she says. Dr. Chiles notes that the usefulness of these screening studies is still hotly debated.

GASTROINTESTINAL RADIOLOGY

Dennis M. Balfe, M.D., chair of the Gastrointestinal Radiology Subcommittee, notes a trend toward greater use of radiology in emergency situations. In addition, tumor ablation by RF waves, laser or microwave remains a hot topic, as does virtual colonoscopy. He identifies two abstracts dealing with angiogenesis as noteworthy. "Angiogenesis is increasingly important in cancer therapy, and it's a challenge to develop imaging techniques that are accurate," he says. In one of the studies, researchers found that functional CT is useful in quantifying various characteristics of tumor microcirculation during antiangiogenic drug therapy. This finding may help clinicians better control this therapy. The other study compares the use of small versus large molecular contrast agents for dynamic contrast-enhanced MR imaging of colon tumor angiogenesis. The authors conclude that a small molecular weight contrast agent may be recommended for these MR imaging studies to assess tumor angiogenesis in patients with colon carcinoma.

GENITOURINARY RADIOLOGY

In genitourinary radiology, Joseph K.T. Lee, M.D., the subcommittee chair, sees a trend toward the use of RF ablation in extrahepatic and extrarenal organs, MR spectroscopy in diagnosing and staging prostate cancer, CT urography for renal evaluation rather than conventional urography and MR angiography or CT angiography to evaluate donor organs preoperatively. He finds to be noteworthy an abstract on the value of transurethral ultrasound of the upper urinary tract in defining periureteral anatomy and guiding endourologic procedures. Dr. Lee also highlights a study showing that ultrafast diffusion-weighted imaging of the abdomen yields high-resolution images and diffusion maps of organs in the

SCIENTIFIC PROGRAM HIGHLIGHTS

abdomen with a single breath-hold. In addition, he notes as significant an abstract on the value of 3-Tesla imaging of the prostate in staging prostate cancer.

HEALTH SERVICES, POLICY AND RESEARCH

Kimberly E. Applegate, M.D., M.S., chair of the Health Services, Policy and Research Subcommittee, identifies a trend in the abstracts toward greater use of picture archiving and communication systems (PACS) and radiology information management systems. She finds interesting an abstract evaluating proscriptive health policies setting performance thresholds for screening mammography. The authors of the study investigated the probable impact on radiologists of a proscriptive policy designed to improve the accuracy of interpretations of screening mammograms. They concluded that proscriptive health policies based on accuracy are not efficient methods of improving the interpretation of mammograms and that, instead, efforts should be made to improve the skills of practicing radiologists and the tools they use. Dr. Applegate also notes a study of the impact of CT and other imaging methods on the overall cost of healthcare. The study found that between 1996 and 2001, imaging costs declined as a percentage of total healthcare costs for the patients studied and, therefore, imaging costs do not appear to be driving up the overall costs of care.

MUSCULOSKELETAL RADIOLOGY

The chair of the Musculoskeletal Radiology Subcommittee, Leanne L. Seeger, M.D., sees a trend toward greater use of ultrasonography in evaluating musculoskeletal conditions. In fact, one of the abstracts she highlights is a five-year analysis of national trends in the use of musculoskeletal ultrasound among Medicare patients. The study found that from 1996 to 2000, the use of musculoskeletal US jumped 29.6 percent, with radiologists performing the majority of the imaging procedures. Another abstract Dr. Seeger finds noteworthy is an evaluation of whole-body MR imaging in staging primary musculoskeletal tumors of bone and soft tissues. Although not as sensitive as chest

CT in detecting nodules smaller than 1 cm, the technique improves the radiologist's ability to assess skeletal and soft-tissue tumor metastases and to appreciate total tumor burden.

NEURORADIOLOGY/HEAD AND NECK RADIOLOGY

According to Charles F. Lanzieri, M.D., chair of the Neuroradiology/Head and Neck Radiology Subcommittee, the abstracts in his subspecialty show a trend toward greater use of functional brain imaging and new uses for MR imaging. Dr. Lanzieri is excited about an abstract describing an "MRI stress test" for the brain to identify people at risk for stroke. The modality, acetazolamide-BOLD MR imaging, presents a new perfusion reserve map that reveals various degrees of perfusion reserve and areas of cerebral hypoperfusion perioperatively. Another abstract he highlights describes a study of practice patterns for carotid stenting. The authors surveyed both academic medical centers and non-academic centers and found that a significant majority of carotid stenting procedures are performed at academic centers; however, the average number of procedures performed is only three per day. Specialists in fields other than radiology perform 33 percent of the carotid stenting procedures at academic centers and 19 percent at non-academic centers.

NUCLEAR MEDICINE

Patrice K. Rehm, M.D., chair of the Nuclear Medicine Subcommittee, notices a significant increase in the number of abstracts reporting on PET. Research will be presented on the use of PET images co-registered with CT done separately through a post-acquisition fusion process, and the use of PET-CT, a single scan procedure in which the two modalities are automatically co-registered. Dr. Rehm finds important an abstract comparing 11C-Choline PET versus 18F-FDG-PET for restaging prostate cancer. The study found 11C-Choline PET to be superior to 18F-FDG-PET and complementary to conventional imaging, with the advantage of being able to stage prostate cancer in a single step. She also notes an abstract describing the use of fused PET/CT scans to detect abdominal metas-

tases from ovarian cancer. The fused scans are fairly sensitive and highly specific for peritoneal metastases of ovarian cancer, and these images appear to improve specificity when compared with PET scans alone, the study finds.

PEDIATRIC RADIOLOGY

In the area of pediatric radiology, Simon C. Kao, M.D., subcommittee chair, identifies a trend to use functional MR techniques in pediatric neuroimaging. Dr. Kao points to an abstract that asks the question, "Are speech-delayed children's brains different than those of normal children as evaluated by functional MR?" The study demonstrates that speech-delayed children exhibit different patterns of activation on functional MR imaging, showing persistent right temporal lobe activation when compared with normal children. Another study he highlights looks at the effects of exposure to violence in the media on disruptive behavior in adolescents. The authors use functional MR imaging to evaluate brain activity. The study finds that adolescents with disruptive behavior disorder demonstrate less activation in certain regions of the brain while watching violent video games than normal adolescents do. This difference in activation patterns might reflect exposure to violent media. An entire short paper session will focus on the use of MR spectroscopy in a variety of disorders affecting the brain.

PHYSICS

The chair of the Physics Subcommittee, Sandy Napel, Ph.D., sees a continued increase in the number of accepted abstracts dealing with computer-aided detection, diagnosis and quantitation, resulting in eight sessions for this year's meeting; and a new emphasis on the development of molecular imaging techniques, resulting in two sessions. In particular, he finds interesting an abstract describing a novel optical imaging technique, called dual wavelength ratio imaging, as useful in quantifying enzyme activity in vivo. This technique was proven successful in detecting cathepsin B activity, a diagnostic marker for breast cancer. In addition, he notes an increase in the

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number of accepted abstracts across all relevant physics subspecialties dealing with radiation dose reduction. In particular, he identifies as noteworthy an abstract that shows a method of calculating the effective radiation dose in pediatric patients undergoing interventional cardiology procedures. This calculation is espe-

cially important in pediatric patients because it is necessary to keep the effective dose as low as possible due to the sensitivity of this patient population to radiation exposure and the potential risk of developing cancer.



The Sunday Image Interpretation Session at RSNA 2001 drew a capacity crowd in the Arie Crown Theater.

RADIATION ONCOLOGY AND RADIOBIOLOGY

Robert R. Kuske Jr., M.D., chair of the Radiation Oncology and Radiobiology Subcommittee, notes that accelerated partial breast irradiation for breast cancer is a rising trend. Dr. Kuske points to an abstract comparing the risk of true recurrences of breast cancer and new primary cancers in patients with invasive and noninvasive cancers, who have been unsuccessful with partial breast irradiation. The study found that the extent of radiation did not influ-

ence time to recurrence or the development of new primary cancers. He also earmarks as important an abstract reporting on the usefulness of forward-planning intensity-modulated radiation therapy (IMRT) for patients with breast cancer. Treatment planning with IMRT improved the therapist's confidence in locating the boost target exactly, and it provided excellent cosmetic results, the study found.

RADIOLOGY INFORMATICS

According to H. Hugh Hawkins Jr., M.D., chair of the Radiology Informatics Subcommittee, the trend in his field is toward image-enabled electronic medical records and greater integration of all the electronic information systems within a hospital or healthcare network. He takes note of an abstract describing a new DICOM server that produces automatically anonymized patient data to protect the patient's privacy and

comply with privacy regulations promulgated under HIPAA, the Health Insurance Portability and Accountability Act. Dr. Hawkins also finds noteworthy an abstract about a Web-based service developed at the M.D. Anderson Cancer Center in Houston known as ClinicStation that allows physicians throughout the cancer center to review patients' medical records electronically. Rather than creating a central database of medical records, the Web service uses existing databases and saves money.

ULTRASOUND

The chair of the Ultrasound Subcommittee, Myron A. Pozniak, M.D., identifies a number of abstracts that show new uses for ultrasound. In one, researchers used triplex US imaging to determine the age of a deep vein thrombosis by evaluating the

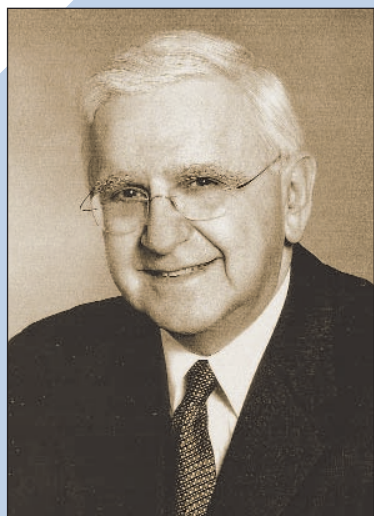
hardness of patients' blood clots. The triplex technique is based on compressional US augmented by elasticity imaging. The investigators found that chronic clots are 10 to 15 times harder than subacute clots. In another abstract Dr. Pozniak finds important, researchers used US to enhance drug delivery to malignant human tumors. They were able to maximize delivery of a cancer drug to colon cancer cells while preserving cell viability. A third abstract he earmarks assesses the value of screening ultrasound for patients with blunt abdominal trauma. The study found that trauma patients with negative US screening results, who have rib, lumbar spine or pelvic fractures or hematuria, should routinely undergo other imaging studies to eliminate false-negative results.

VASCULAR AND INTERVENTIONAL RADIOLOGY

Anne C. Roberts, M.D., the chair of the Vascular and Interventional Radiology Subcommittee, notes a trend to greater use of MR and CT in evaluating the vascular system and new materials for invasive vascular devices. In an abstract she finds noteworthy, investigators compared the biocompatibility of small intestinal submucosa-covered endografts (SCEs) with that of polytetrafluoroethylene-covered endografts (PCEs) and nitinol bare stents in the femoral arteries of sheep. The results of the study showed that PCEs had higher rates of stenosis than SCEs or bare stents. Another abstract Dr. Roberts finds interesting is one that provides evidence in an animal study that paclitaxel dissolved in contrast media used for selective angiography during interventional procedures can prevent restenosis if used instead of a plain contrast agent. ■

RSNA 2002 GOLD MEDALISTS

Three individuals will receive a Gold Medal—RSNA’s highest honor—at the 88th Scientific Assembly and Annual Meeting: Michael S. Huckman, M.D., from Chicago; Stanley S. Siegelman, M.D., from Baltimore; and Michael A. Sullivan, M.D., from New Orleans.



Michael S. Huckman, M.D.

Michael S. Huckman, M.D., has been in the forefront of radiology throughout his 40-year career. His dedication to the rapid advancement of neuroradiology is evident in his teaching, research and leadership in the field.

Dr. Huckman received his bachelor’s degree in biology from Princeton University and his medical degree in 1962 from St. Louis University School of Medicine. His interest in radiology was sparked during a rotating internship at Philadelphia General Hospital.

The following year, Dr. Huckman entered the United States Navy, where he served as a medical officer until 1965 when he returned to Philadelphia General Hospital as a radiology resident. His interest in neuroradiology led to a National Institutes of Health Special Fellowship with Juan Taveras, M.D., at the Edward Mallinckrodt Institute of Radiology at Washington University in St. Louis.

In 1970, Dr. Huckman accepted the posi-

tion as director of neuroradiology in the Department of Diagnostic Radiology and Nuclear Medicine at Rush-Presbyterian-St. Luke’s Medical Center in Chicago, where he has remained throughout his career. Since 1978, he has been professor of radiology at Rush Medical College. Rush installed the third CT scanner in the United States in 1973 and the following year, Dr. Huckman organized an RSNA course on CT of the brain that has continued annually for the past 29 years. In 1988, Dr. Huckman coauthored the first draft of guidelines for neuroradiology fellowship programs approved by the Accreditation Council for Graduate Medical Education.

Through research and instruction, Dr. Huckman has made outstanding contributions to radiology. He has trained over 50 fellows and an additional 25 international visiting fellows in neuroradiology. His research focuses on brain imaging, particularly the aging brain and brains with dementing and degenerative disease.

He is the author of more than 140 publications and has worked as an editor, reviewer and historian. Dr. Huckman has won a variety of honors and awards including the Gold Medal from the American Society of Neuroradiology. Earlier this year, Dr. Huckman was inaugurated as president of the World Federation of Neuroradiological Societies.

► For an expanded version of Dr. Huckman’s biography, see the *RSNA Scientific Program*.

Stanley S. Siegelman, M.D., has contributed in great measure to radiology as a scientist, teacher and editor during a career that has spanned nearly half a century.

Dr. Siegelman is a professor of radiology at the Johns Hopkins Medical Institutions

in Baltimore. A New Yorker, he received his bachelor’s degree from Cornell University in Ithaca and his medical degree from the State University of New York College of Medicine in 1957. Dr. Siegelman interned at Walter Reed Army Hospital in Washington, D.C. From 1958 to 1961, he served as a captain in the Army Medical Corps at Fort Meade Army Hospital in Maryland. Following his military service, Dr. Siegelman returned to New York City where he completed his radiology residency at Montefiore Medical Center at Albert Einstein College of Medicine in the Bronx. He remained at Montefiore Hospital, working with his mentor, Harold G. Jacobson, M.D. In 1973, Dr. Siegelman became director of diagnostic radiology, professor of radiology and residency program director at Johns Hopkins.

In 1977, Johns Hopkins installed a body CT scanner with Dr. Siegelman in charge. Some of the original descriptions of CT use were contributed by Dr. Siegelman, including descriptions of retroperitoneal

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Stanley S. Siegelman, M.D.

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fibrosis, transitional cell carcinoma, enteroenteric intussusception, nerve sheath tumors, invasive pulmonary aspergillosis, diagnosis of hepatic hemangioma, fluid collections associated with pancreatitis and inhomogeneous fatty infiltration of the liver.

A reviewer and editorial board member for numerous journals, Dr. Siegelman was the editor of *Radiology* from 1985 to 1997. His leadership brought a first-rate journal to an even higher level. He devoted considerable attention to soliciting diligent reviewers, monitoring the quality of each review and rewarding excellence in reviewer performance. Under his editorship, *Radiology* became the radiology journal with the highest impact factor. To foster the international scope of *Radiology*, Dr. Siegelman recruited and mentored international reviewers.

Dr. Siegelman is a widely published researcher. He coauthored a seminal series of papers on normal anatomy, bronchiectasis and a strategy for analyzing solitary pulmonary nodules. He also coauthored a textbook on thoracic CT.

He is a founding member of the International Skeletal Society and the Society of Cardiovascular Radiology. He has been honored with gold medals from the American Roentgen Ray Society and the Chicago Medical Society and Radiological Society.

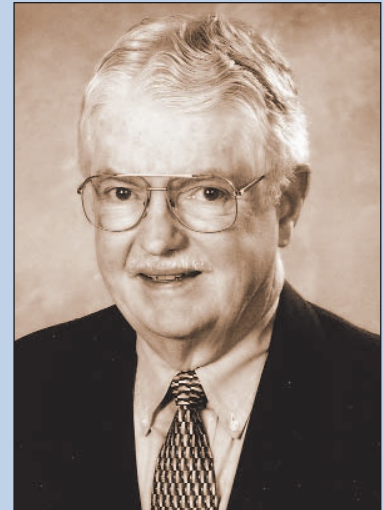
● For an expanded version of Dr. Siegelman's biography, see the *RSNA Scientific Program*.

Michael A. Sullivan, M.D., has earned the respect and admiration of his peers nationwide for his leadership activities and dedication to the specialty of radiology.

Dr. Sullivan is associate chairman of the Department of Radiology and director of the Radiology Residency Program at Ochsner Clinic Foundation in New Orleans, where he has been a staff radiologist since 1969. For three decades, he has been the program director or co-director of the radiology residency program and has trained more than 100 radiology residents. He is also a clinical professor of radiology at Tulane University School of Medicine and a clinical assistant professor of radiology at Louisiana State University School of Medicine.

Dr. Sullivan earned a bachelor's degree in zoology from Tulane University, where he was a member of the Alpha Epsilon Delta premedical honorary society and received his medical degree with AOA membership from Tulane University School of Medicine in 1964. He completed his internship at Philadelphia General Hospital and his residency in radiology at the Hospital of the University of Pennsylvania in Philadelphia, which included a National Institute of General Sciences research training grant in diagnostic radiology. He was also an assistant instructor at the University of Pennsylvania School of Medicine.

A committed RSNA member, Dr. Sullivan served on the Board of Directors from 1989 until 1997 when he was the Society's president. He is currently chairman of the RSNA Research and Education Foundation Board of Trustees. He has also served as chairman of RSNA's Refresher Course



Michael A. Sullivan, M.D.

Committee and as chairman of RSNA's Educational Council. Dr. Sullivan has been an RSNA representative to the American College of Radiology Committee on Systematized Refresher Courses.

Dr. Sullivan has also served in major offices at state and local radiological societies. He is a past-president of the New Orleans Radiology Society and the Radiological Society of Louisiana.

He is the author or coauthor of approximately 40 articles.

● For an expanded version of Dr. Sullivan's biography, see the *RSNA Scientific Program*. ■

RSNA 2002 HONORARY MEMBERS

Honorary Membership in RSNA is presented for significant achievements in the field of radiology. At RSNA 2002, Honorary Memberships will be given to Philippe A. Grenier, M.D., from Paris; Yuji Itai, M.D., from Ibaraki, Japan; and Henry N. Wagner Jr., M.D., from Baltimore.

Philippe A. Grenier, M.D., is a pioneer in the diagnosis of chronic airway disease and chronic diffuse infiltrative lung disease using high-resolution CT. He is currently contributing to the evaluation of chest disease with multislice CT and MR.

A French citizen, Dr. Grenier received his medical degree from the School of Medicine at the University of Paris in 1972. After he completed a residency in diagnostic radiology and a fellowship, he earned the position of associate professor of radiology at Faculté de Médecine Xavier Bichat, Université Paris VII. From there, he went on to Faculté de Médecine de Bobigny, Université Paris XIII, as professor of radiology. In 1989, he accepted his present position as professor of radiology with the Faculté de Médecine Pitié-Salpêtrière, Université Pierre et Marie Curie (Paris VI), where he served as vice-president of the university from 1998 to 2001. Since 1989, he has been chairman of the Department of Diagnostic Radiology at the Pitié-Salpêtrière Hospital in Paris.

A noted expert in chest imaging and respiratory disease, Dr. Grenier is author or coauthor of approximately 500 publications. He is a respected editor and has obtained 11 grants for research and several awards for scientific exhibitions and outstanding scientific research from international societies including a Cum Laude Award and four Certificates of Merit for scientific exhibits at the RSNA Scientific Assembly and Annual Meeting.

In addition to his RSNA membership, Dr. Grenier has been actively involved in the organization of the European Congress of Radiology (ECR) since 1991. He was president of ECR 2002 and is currently the chairman of the ECR Executive Committee. Dr. Grenier is president of the prestigious Fleischner Society, a group in which he was elected a member more than 10 years ago. He was a founding member of the

European Society of Thoracic Imaging.

Dr. Grenier is a member of the Société Médicale des Hôpitaux de Paris and the Société Française de Radiologie of which he has been the associate general secretary since 1994.

● For an expanded version of Dr. Grenier's biography, see the *RSNA Scientific Program*.

Yuji Itai, M.D., has broadened the scope of radiologic research and clinical practice around the world, especially in gastroin-

he worked his way up from an instructor of radiology to an associate professor of radiology. In 1981, he took time to complete a research fellowship at the University of California, San Francisco. In 1985, Dr. Itai became an associate professor at the University of Tokyo Hospital until he joined the University of Tsukuba in 1990 as professor and chairman of radiology.

A respected researcher, Dr. Itai is author or coauthor of about 400 English publications including peer-reviewed articles, books, chapters, reviews and letters. He has also served as an editor, a consultant to the editor and on several editorial boards. Dr. Itai is a reviewer for *Radiology* as well as 13 additional journals.

Dr. Itai has been a member of RSNA since 1982. He also belongs to many other societies and associations. In Japan, he is the



Philippe A. Grenier, M.D.



Yuji Itai, M.D.



Henry N. Wagner Jr., M.D.

testinal radiology. He is currently investigating synchrotron radiation—a state-of-the-art x-ray source.

Since 1990, Dr. Itai has been professor and chairman of the Department of Radiology at the Institute of Clinical Medicine at the University of Tsukuba in Ibaraki, Japan. He is also vice-president of Tsukuba University Hospital and chief of the Department of Diagnostic Radiology and Interventional Radiology.

Dr. Itai received his bachelor's and medical degrees from the University of Tokyo. From 1969 through 1985, Dr. Itai spent most of his time at the University of Tokyo where

head of the board of directors of the Japan Radiological Society and the head of the Japanese Society of Abdominal Radiology.

● For an expanded version of Dr. Itai's biography, see the *RSNA Scientific Program*.

Henry N. Wagner Jr., M.D., is a pioneer in nuclear medicine. He has spent nearly five decades helping to define and promote the specialty. His groundbreaking work in the applications of nuclear medicine to pulmonary and coronary artery disease and his studies of brain chemistry with radiolabelled tracers have led to

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significant advances in these fields.

Dr. Wagner is the director of the Division of Radiation Health Sciences at Johns Hopkins University in Baltimore, where he has worked since 1958. He is a professor emeritus of radiology and radiological sciences at the Johns Hopkins School of Medicine and is also a professor of environmental health sciences at the School of Hygiene and Public Health.

Dr. Wagner attended Johns Hopkins University where he completed his Bachelor's degree, medical degree, internship and residency. In 1955, he accepted a clinical associate position with the National Institutes of Health (NIH). After participating in a special fellowship in London, he returned to Johns Hopkins as an instructor

and chief medical resident of the Osler Medical Service.

Dr. Wagner's contributions to nuclear medicine have brought him numerous honors and awards, and he has three honorary degrees. In 1972, Dr. Wagner was the recipient of the First Vikram Surhabel Gold Medal from the Society of Nuclear Medicine of India, and in 1993 he received the First Annual Society of Nuclear Medicine President's Award for outstanding contributions to nuclear medicine.

An internationally renowned expert in nuclear medicine, Dr. Wagner serves as a consultant and advisor to a number of scientific, policy and legislative bodies. He is an advisory expert for the Network of World Health Organization Collaborating

Centres and a member of the NIH Ad Hoc Advisory Board on PET. He is also a member of the U.S. Food and Drug Administration's Panel for Radiology Devices. Dr. Wagner is a consultant in nuclear medicine to Walter Reed Army Medical Center in Washington, D.C., and a national consultant in nuclear medicine to the Surgeon General of the United States.

A prolific researcher and writer, Dr. Wagner is author or coauthor of more than 800 publications including peer-reviewed journal articles, books and chapters. He is a member of several editorial boards and many medical and radiological societies.

● For an expanded version of Dr. Wagner's biography, see the *RSNA Scientific Program*. ■

RSNA 2002 SPECIAL PRESIDENTIAL AWARD

While the RSNA Scientific Assembly and Annual Meeting is world renowned for its scientific excellence, the incredibly detailed logistics of the meeting also play an integral role in its success. The City of Chicago, directed by Mayor Richard M. Daley, has gone above and beyond to help RSNA generate an annual meeting that is friendly, affordable and efficient for the attendees.

For that reason, RSNA President R. Nick Bryan, M.D., Ph.D., will present a Special Presidential Award to Mayor Daley during RSNA 2002.

With the exception of three meetings in the late 70s and early 80s, the RSNA Scientific Assembly has been held at Chicago's McCormick Place continually since 1975.

Elected in 1989 to a post his father held from 1955 until his death in 1976, Mayor Daley previously served as an Illinois State Senator and as Cook County state's attorney. He's been nationally recognized for his pioneering programs to address crime, education, neighborhood development and other challenges facing the city he loves.

Mayor Daley's focus on quality-of-life concerns has led to greater emphasis on the delivery of basic services—from removing

graffiti, abandoned cars and deteriorating buildings to creating more green space and a citywide recycling plan.

In 1998, the mayor played a crucial role in ensuring that Chicago remained host to the RSNA Scientific Assembly for at least the next decade. He successfully negotiated more hotel space in the downtown area for meeting attendees, reduced hotel rates and new labor rules that have made the meeting run like clockwork at a reduced cost.

Mayor Daley also launched the innovative

"Chicago: We're Glad You're Here!" program (see page 30) for RSNA and five other mega shows at McCormick Place. The program includes a complimentary *Chicago Tribune* for attendees at their hotel with an RSNA program insert, RSNA welcome banners throughout the city, a meet-and-greet program at O'Hare International Airport, restaurant/information concierges at McCormick Place, welcome buttons, a calendar of events and reduced advertising

rates in Chicago newspapers for RSNA exhibitors.

In 1999, Mayor Daley won the Distinguished Service Award from the Trade Show Exhibitors Association. In 2000, Jan Morris wrote in *American Heritage* magazine, "Chicago is surely the most underrated city in the United States, especially among foreigners. It truly is one of the greatest cities of the world."

RSNA is proud to present this Special Presidential Award to Chicago Mayor Richard M.

Daley for his dedication to growth, innovation and business hospitality, all of which have contributed to the success and pre-eminence of the RSNA Scientific Assembly and Annual Meeting. ■



Mayor Richard M. Daley

PLENARY SESSIONS

Plenary Sessions are highlights of the RSNA Scientific Assembly and are open to all registrants.

SATURDAY

12:00–2:00 p.m.

AAPM/RSNA PHYSICS TUTORIAL FOR RESIDENTS

Topics in Ultrasound

Organized by Nicholas J. Hangiandreau, Ph.D.

2:15–5:10 p.m.

AAPM/RSNA TUTORIAL ON EQUIPMENT SELECTION

PACS Equipment Overview

Organized by Ehsan Samei, Ph.D.

SUNDAY

8:30–10:15 a.m.

PRESIDENT'S ADDRESS

The Digital rEvolution in Radiology

R. Nick Bryan, M.D., Ph.D.

RSNA President

Dedication of RSNA 2002 Scientific Program to the memory of Harold G. Jacobson, M.D.

Announcement of Outstanding Researcher and Outstanding Educator Awards

OPENING SESSION

Screening Examinations

Moderator:

George S. Bisset III, M.D.

Panelists:

Bruce J. Hillman, M.D.

Michael N. Brant-Zawadzki, M.D.

3:30–3:40 p.m.

REPORT OF THE RSNA RESEARCH AND EDUCATION FOUNDATION

Michael A. Sullivan, M.D.

Chairman, R&E Board of Trustees

Announcements of RSNA Research & Education Foundation Grant Recipients

3:30–5:15 p.m.

IMAGE INTERPRETATION SESSION

Moderator:

Hedvig Hricak, M.D., Ph.D.

Panelists:

Maximillian F. Reiser, M.D.

Susan M. Ascher, M.D.

Walter Kucharczyk, M.D.

Gerald D. Dodd III, M.D.

Gordon Gamsu, M.D.

MONDAY

10:30 a.m. - 12:00 p.m.

ASSOCIATED SCIENCES SYMPOSIUM: FUSION IMAGING— THE NEW HORIZON

Image Fusion: Techniques, Technology and Applications for Oncologic Patients from a Medical Physics Perspective

Charles A. Pelizzari, Ph.D.

Jeffrey T. Yap, Ph.D.

1:00–2:15 p.m.

EUGENE P. PENDERGRASS NEW HORIZONS LECTURE

Functional Imaging of the Brain in Space and Time

Bruce R. Rosen, M.D., Ph.D.

Dedicated to the memory of Juan M. Taveras, M.D.

(A preview of this lecture will appear in the November issue of RSNA News.)

PRESENTATION OF HONORARY MEMBERSHIPS

Philippe A. Grenier, M.D., Paris, France

Yuji Itai, M.D., Ibaraki, Japan

Henry N. Wagner Jr., M.D., Baltimore, Md.

(See pages 23–24)

PRESENTATION OF SPECIAL PRESIDENTIAL AWARD

Chicago Mayor Richard M. Daley

(See page 24)

4:00–5:30 p.m.

SPECIAL FOCUS SESSIONS

- *The Radiologist Shortage: Will It Continue?*

- *ASNR Invited Papers*

- *Digital Mammography: State of the Art*

- *Establishment of a Vascular Center*

- *Evaluation and Treatment of Hypertension: Which Test is Best?*

- *Controversies in Image-guided Tumor Ablation*

- *ASTRO Invited Papers*

- *What is Health Services/Outcome Research?*

TUESDAY

10:30 a.m. - 12:00 p.m.

ASSOCIATED SCIENCES SYMPOSIUM: FUSION IMAGING— THE NEW HORIZON

Fusion Imaging: An Introduction to Its Clinical Uses and the Education Challenges It Presents

Robert E. Henkin, M.D.

Betty G. Wilson, M.Ed., R.T.(R)(CT)

1:00–2:15 p.m.

ANNUAL ORATION IN DIAGNOSTIC RADIOLOGY

Screening Mammography: Controversies and Headlines

Valerie P. Jackson, M.D.

(A preview of this lecture will appear in the November issue of RSNA News.)

PRESENTATION OF RSNA GOLD MEDALS

Michael S. Huckman, M.D.,

Chicago, Ill.

Stanley S. Siegelman, M.D.,

Baltimore, Md.

Michael A. Sullivan, M.D.,

New Orleans, La.

(See page 21–22)

1:00–2:15 p.m.

AAPM/RSNA PHYSICS LECTURE FOR THE RADIOLOGICAL TECHNOLOGIST

ACR Magnetic Resonance Imaging Accreditation Program

Organized by Beth A. Schueler, Ph.D.

WEDNESDAY

10:30 a.m. - 12:00 p.m.

ASSOCIATED SCIENCES SYMPOSIUM: FUSION IMAGING— THE NEW HORIZON

Fusion Imaging and Issues of Reimbursement

Frances Keech, M.B.A., R.T.

1:00–2:15 p.m.

ANNUAL ORATION IN RADIATION ONCOLOGY

Linking Radiation Oncology and Imaging Through Molecular Biology

C. Norman Coleman, M.D.

Dedicated to the Memory of William E. Powers, M.D.

(A preview of this lecture will appear in the November issue of RSNA News.)

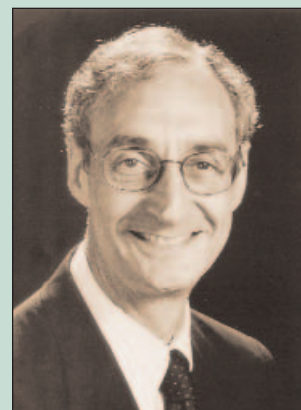
Announcement of Education Exhibit and infoRAD Awards



Bruce R. Rosen, M.D., Ph.D.



Valerie P. Jackson, M.D.



C. Norman Coleman, M.D.

CONTINUED ON NEXT PAGE

RSNA 2002 Preview

PLENARY SESSIONS

CONTINUED FROM PREVIOUS PAGE

4:00-5:30 p.m.

SPECIAL FOCUS SESSIONS

- *Call Me SIR: Highlights from the 2002 Scientific Program*
- *CT/PET Fusion Imaging*
- *New Applications of Radio-frequency Ablation Outside the Liver*
- *Coronary Artery Imaging: MR or CT?*
- *Oncodiagnosis Panel: Adult Brain Tumors*
- *Endovascular Grafts: The Role of the Radiologist*
- *Innovations in Ultrasound (Spatial Compounding, Harmonics, Acoustical Microscopy and Real-time 3D Imaging)*
- *Imaging Informatics: Techniques and Technologies for Integrating the Healthcare Enterprise*
- *Planning in a Time of Tax Law Changes*

THURSDAY

1:00-1:10 p.m.

INAUGURATION OF THE 2003 RSNA BOARD OF DIRECTORS

1:10-1:20 p.m.

INTRODUCTION OF THE 2003 AAPM OFFICERS AND COUNCIL CHAIRS

1:20-2:15 p.m.

RSNA/AAPM SYMPOSIUM

Volumetric Visualization and Analysis: Introduction and Clinical Benefits

Moderator:

Sandy S. Napel, Ph.D.

Panelists:

Geoffrey D. Rubin, M.D.
A. Gregory Sorensen, M.D.

2:30-3:30 p.m.

SPECIAL FOCUS SESSIONS

- *What's New in Cartilage?*
- *Imaging Angiogenesis: Abdominal Applications*
- *Evaluation of Gastrointestinal Bleeding: State of the Art*
- *Informed Consent for Screening*
- *The New Focus on Quality Assurance and Best Practices in Radiology by Insurance Companies*
- *Fungal Infections from Head to Toe*
- *CT Angiography and MR Angiography in Pediatrics: Current Applications*
- *Radiology Informatics: Implementing the Medical Imaging Resource Center (MIRC) to Share Information in the Radiology Community*

FRIDAY

12:45-3:15 p.m.

FRIDAY IMAGING SYMPOSIUM

PET Imaging

Moderator:

Barry A. Siegel, M.D.

Panelists:

Ronald L. Van Heertum, M.D.
Steven R. Bergmann, M.D., Ph.D.
R. Edward Coleman, M.D.
Barry A. Siegel, M.D.
Richard L. Wahl, M.D.
Harry Agress Jr., M.D.

SCIENTIFIC PAPER SESSIONS

RSNA 2002 will feature 1,698 scientific papers covering the following specialties:

- Breast Imaging
- Cardiac
- Chest
- Gastrointestinal
- Genitourinary
- Health Services, Policy and Research
- Musculoskeletal
- Neuroradiology/Head and Neck
- Nuclear Medicine
- Pediatrics
- Physics
- Radiation Oncology and Radiobiology
- Radiology Informatics
- Ultrasound
- Vascular and Interventional

Scientific paper sessions will be held during nine designated time slots during the week. Those attending sessions will be able to:

- 1) Evaluate the most current research

- 2) Identify current and future scientific and technologic developments

- 3) Modify academic and clinical practices

- 4) Identify and practice research methods

Seating for the scientific paper sessions is on a space-available basis. **Category 1 CME credit is earned on an hour-for-hour basis.** Attendees who move from one meeting room to another during a time block to hear different presentations will be credited only once for that particular block of sessions.

NEW!

DIGITAL SCIENTIFIC SESSIONS

For the first time, selected sessions from the RSNA meeting will be made available digitally for meeting attendees. Authors of a number of Scientific Sessions on Sunday, Dec. 1, will record their presentations using the audio capabilities of Microsoft PowerPoint. The presentations will be



George S. Bisset III, M.D.,
Chairman, RSNA Program
Committee

available for viewing throughout the week on designated personal computers in the infoRAD area, Hall D, Lakeside Center.

SCIENTIFIC POSTER SESSIONS

This year, the RSNA Scientific Assembly and Annual Meeting will feature 497 scientific posters covering 15 subspecialties.

Scientific posters allow attendees to:

- 1) Evaluate the most current research
- 2) Identify current and future scientific and technologic developments
- 3) Modify academic and clinical practices
- 4) Identify and practice research methods

Scientific posters are located on Level 3 of McCormick Place's Lakeside Center next to the Education Exhibits.

New!

During the scientific poster presentations, a moderator will introduce a select group of posters and their authors, and will lead attendees from one poster to the next. This will provide for a more cohesive presenta-

tion and will help to ensure the presentation remains on time.

Category 1 CME credit is available for these presentations on Sunday from 12:30 p.m. to 1:30 p.m., and Monday through Thursday from 12:00 p.m. to 1:00 p.m. Following interchange with the authors, those desiring category 1 credit must leave an attendance voucher with the authors.

Scientific Poster Viewing Hours

Sunday 8:00 a.m. – 6:00 p.m.
 Monday–Thursday . . . 7:00 a.m. – 10:00 p.m.
 Friday 7:00 a.m. – 12:45 p.m.



Scientific Posters are on display in the Lakeside Center of McCormick Place and are available for self-study credit during viewing hours.

EDUCATION EXHIBITS

About 1,100 education exhibits covering 16 subspecialties will be featured this year at RSNA 2002. The education exhibits are located on Level 3 of McCormick Place's Lakeside Center.

As a result of studying education exhibits, attendees will be able to:

- 1) Review the diagnosis of a specific condition using either a single-modality or multimodality approach
- 2) Identify the state-of-art imaging and methods of treatment of various pathologic conditions
- 3) Assess new research on applications of various imaging and therapeutic modalities

Category 1 CME credit is available for select exhibits only on Monday through Thursday between 12:00 p.m. and 1:00 p.m., at which time an author of the exhibit will be in attendance.



Kerry M. Link, M.D.
 Chairman, RSNA Education Exhibits Committee

Late Night Shuttle Bus

For the convenience of those who wish to study the exhibits in the evening, shuttle bus service between hotels in the RSNA hotel block and the Lakeside Center shuttle gates is scheduled Monday through Thursday from 7 p.m. to 10 p.m. Limited food service is also available for purchase from vending machines on Level 1, Monday through Thursday.

RSNA 2002 Preview

TECHNICAL EXHIBITS

The Technical Exhibits feature an impressive array of instrumentation and services providing attendees with a unique opportunity to acquaint themselves with the latest equipment and techniques.

A comprehensive list of exhibitors and their products and services can be found in the *Buyer's Guide: Radiology Products and Services*. A detailed floor plan of the

exhibit areas can be found in the printed and online *Buyer's Guide* and in the *RSNA 2002 Daily Bulletin*.

infoRAD EXHIBITS

The *infoRAD* area is devoted to computer applications in radiologic education and practice. It includes a technical exhibition and demonstration area in which vendors display and

demonstrate their products. The Hands-on Computer Workshops will be held in the *infoRAD* area.

infoRAD highlights include:

- Hands-on Computer-assisted Self-instruction
- Education
- Decision Support
- Literature Searchers
- Image Manipulation/Analysis
- Medical Imaging Resource Center (MIRC)
- New Technologies
- Practice Management
- Personal Digital Assistants (PDAs)
- Radiology Informatics/IHE
- Picture Archiving and Communication Systems (PACS)
- PACS Classroom
- Web Classroom
- Internet Tutorial Classroom/Internet2 Demonstrations

Category 1 CME credit is available for those who attend the courses *How to Submit Work to the RSNA Journals* and *How to*

Use the Journals Online or *The Radiologist and the Internet: Continuous Learning While You Work*. Category 1 credit is also available for the *infoRAD* PACS workstation classroom, for the *infoRAD* Web-based Classroom, and for the *infoRAD* Tutorial/Internet2 Classroom as well as certain demonstrations taking place in the Literature Searches area.

INTEGRATING THE HEALTHCARE ENTERPRISE (IHE)

The IHE initiative showcases an industry-wide collaborative effort to implement integration standards. After three years of successful vendor demonstrations, IHE this year will offer education in two venues to show how vital improvements to workflow and information sharing are being realized in healthcare institutions.



The IHE Theater on the technical exhibit floor in Hall A will offer information and tools for acquiring and implementing integrated systems. The IHE Classroom in the *infoRAD* area will offer more in-depth, targeted educational sessions about the benefits of truly integrated systems and the tools available through IHE to implement them.

Posters will also be displayed illustrating successful implementations of the IHE integration.

infoRAD EXHIBITOR PRESENTATIONS

Throughout the week, 20-minute presentation opportunities will be scheduled for selected *infoRAD* exhibitors in the *infoRAD* Theater to provide an expanded forum for interaction with meeting attendees.

infoRAD TUTORIAL CLASSROOM

Next Generation Internet, Internet2 and the Future of Medical Practice and Education

Advance registration is required. Seating is limited to 75 people but standby tickets may be available. This workshop will be repeated eight times. It will describe the

technologies making up the infrastructure of the current commodity Internet and the Next Generation Internet (NGI) and Internet2; advance network applications such as interactive collaboration tools and virtual reality; national, regional and campus networks that provide end-to-end high performance; engineering capabilities that enable network performance and reliability; end-to-end performance issues related to content quality, privacy, security, and other factors pertinent to the use of networks in medicine; and partnerships between academia, industry, government and international organizations to develop and test the technology of tomorrow's Internet.



infoRAD PACS WORKSTATION CLASSROOM

Workshop in Speech Recognition

Seating is limited to 90 people. Attendees will gain an understanding of the different components of a speech recognition system and learn how to optimize their use with emphasis on efficient system navigation and recognition accuracy. This workshop will be held three times.

The *infoRAD* Workstation Classroom will also conduct three hands-on refresher courses, *Basic PACS Workshop*, *Advanced PACS Workshop* and *The Integrated Radiology Department*.

infoRAD WEB-BASED CLASSROOM

This classroom will enable participants to gain hands-on experience with PC/Web-based applications. The following unique workshops have been categorized as Refresher Courses (located under track 54):

- *How to Get Radiologic Images into Your Personal Computer*
- *Introduction to PowerPoint Presentations—Basic Skills*
- *Introduction to PowerPoint Presentations—Advanced Skills*
- *How Your Radiology Practice Can "Work the Web"*

Three additional hands-on courses will take place in the Web-based Classroom and will be held twice, with the exception



Michael C. Brunner, M.D.
Chairman, Technical Exhibits Committee

of the pilot course *The Radiologist and the Internet*, which will only be held once. The following workshops will be held in the Web-based Classroom:

- *Working the RSNA Web*
- *How to Submit Work to the RSNA Journals and How to Use the Journals Online*
- *The Radiologist and the Internet: Continuous Learning While You Work*

HANDS-ON COMPUTER WORKSHOPS: BASIC TRAINING FOR RADIOLOGISTS

These workshops provide a unique opportunity for meeting attendees to gain valuable insight into the use of computers in radiology from experts in the field. Commercial leaders in the industry have reserved classroom space near the *infoRAD* exhibit area to conduct classes on their respective proprietary computer systems. These companies, AGFA Healthcare, Fujifilm Medical Systems, GE Medical Systems, Philips Medical Systems and Siemens Medical Solutions USA, have scheduled sessions throughout the week to teach new and existing customers about the intricacies of their software upgrades. The classrooms will hold 30 participants for each session.

infoRAD GUIDED TOURS

Take an in-depth look into *infoRAD* offerings for 2002 with a guided tour exploring



Seating was at a premium in the *infoRAD* PACS Workstation Classroom at RSNA 2001.

every major area of interest. The tour will direct your attention to cutting-edge developments in technology, provide orientation for each of the exhibit areas, and offer insight into which areas may be of importance to you.

Guided tours will be conducted Sunday through Thursday from 9:00 a.m. to 1:00 p.m. Tours will begin at the top of each hour. Preregistration is required. Tours take approximately 30–45 minutes.

Technical Exhibit Hours

South Building, Level 3, Hall A
North Building, Level 3, Hall B
 Sunday–Wednesday . . . 10:00 a.m.–6:00 p.m.
 Thursday 10:00 a.m.–2:00 p.m.

infoRAD Exhibit Hours

Lakeside Center, Level 3, Hall D
 Sunday–Thursday . . . 8:00 a.m.–5:00 p.m.
 Friday 8:00 a.m.–12:45 p.m.

NEW REFRESHER COURSES

Advanced registration is recommended for all refresher courses. If a particular course is full, attendees may check for the availability of stand-by seating at the classroom location prior to the beginning of the course. For more detailed information, see the brochure, *Refresher Course Enrollment, Scientific Program, Advance Registration and Housing*, also available on the Internet at www.rsna.org/rsna/advance_registration/pdf/Advance_Reg_2.pdf.

NEW REFRESHER COURSE TRACKS

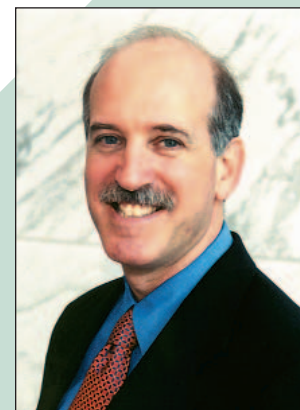
- *Essentials of Radiology* – Eight refresher courses for general radiologists, residents and subspecialists interested in reviewing other areas of radiology.
- *Radiology Informatics* – Expanded version of the former IHE symposium.

CATEGORICAL COURSE IN DIAGNOSTIC RADIOLOGY

- *Findings at Ultrasound—What Do They Mean?*

MINICOURSES:

- *Screening for Cancer*
- *Practical Answers for Complex Imaging Questions – Hands-on/ How to*
- *Physics of Ultrasound*
- *Mammography Physics*
- *Radiation Oncology Physics*
- *Radiation Oncology: Intravascular Brachytherapy*
- *MR Imaging Physics*
- *Radiation Safety and Risk Management*



Ronald J. Zagoria, M.D.
 Chairman, Refresher Course Committee

RSNA 2002 Preview

ASSOCIATED SCIENCES CONSORTIUM

The RSNA Associated Sciences Consortium is sponsoring three symposia during the 88th RSNA Scientific Assembly and Annual Meeting. The theme for this year's program will be Associated Sciences: Fusion Imaging—The New Horizon.

Monday, December 2

(10:30 a.m.–12:00 p.m.)

Image Fusion: Techniques, Technology and Applications for Oncologic Patients from a Medical Physics Perspective, presented by Charles Pelizzari, Ph.D., and Jeffrey T. Yap, Ph.D.

Tuesday, December 3

(10:30 a.m.–12:00 p.m.)

Fusion Imaging: An Introduction to Its Clinical Uses and the Education Challenges It Presents, presented by Robert E. Henkin, M.D., and Betty G. Wilson, Med, R.T.(R)(CT), R.D.M.S.

Wednesday, December 4

(10:30 a.m.–12:00 p.m.)

Fusion Imaging and Issues of Reimbursement, presented by Frances Keech, M.B.A., R.T.(N)

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

- *Workforce Crisis: Strategies for Management*
- *Digital Technology for Diagnostic Imaging*
- *Transforming the Organization: eCommerce and Its Influence on the Modern Radiology Facility*
- *Continuity of Care*
- *HIPAA and Radiology: The Operational Impact*
- *The Digital Department: Its Architecture and Design*
- *How to Effectively Manage the Capital Asset Cycle: From Acquisition Planning to Maintenance and Replacement Strategies*
- *The Process of Managing Outcomes*



Paul A. Larson, M.D.
Chairman, Associated Sciences
Committee

CHICAGO WELCOMES MEETING ATTENDEES

Through the “Chicago: We’re Glad You’re Here” program, Chicago Mayor Richard M. Daley and the Chicago Convention and Tourism Bureau plan a citywide welcome for attendees and exhibitors at the RSNA 88th Scientific Assembly and Annual Meeting. The welcome includes:

- Complimentary *Chicago Tribune* newspapers delivered to each attendee's hotel room. The papers will have a customized wrap highlighting the RSNA schedule-at-a-glance and special offering/discounts.
- Calendars highlighting special events and attractions in Chicago during the meeting.
- Continental breakfast for exhibitors Sunday through Wednesday, 8:30 a.m. – 9:30 a.m.
- RSNA and “Chicago: We’re Glad You’re Here” banners posted in more than 180 locations including O’Hare International Airport and on streets including S. Michigan Ave., Fort Dearborn Dr., Martin Luther King Dr., Columbus Dr., North Water St. and Stetson Dr.
- Restaurant reservation and information booths located within RSNA Help Centers
- Welcome buttons distributed at hotels and retail outlets
- Meet and Greet program at domestic and international terminals at O’Hare Airport
- Welcome signs displayed throughout O’Hare, at retail outlets, restaurants, cultural attractions and on taxicabs and shuttle buses



**We're Glad
You're Here!**

Richard M. Daley, Mayor

RSNA LINK ONSITE

The most current meeting and exhibitor information is available on *RSNA Link Onsite*, a Web-based information resource tool for those attending the 88th Scientific Assembly and Annual Meeting. More than 200 terminals featuring *RSNA Link Onsite* will be located throughout McCormick Place. Access to *RSNA Link Onsite* is available through any Web browser at rsna2002.rsna.org before, during and after the scientific assembly.

RSNA Link Onsite terminals feature:

- Message Center
- Attendee Locator
- 2002 Scientific Program (with Palm and PocketPC downloads)
- Electronic *Walks Through the Week*
- Virtual Briefcase (personal scheduler)
- Radiology Informatics
- *Buyer's Guide: Radiology Products and Services*
- Exhibit Hall, Scientific Poster and Education Exhibit Floor Plans
- Meeting Announcements
- ACR Professional Bureau Onsite Interview Service
- Cases of the Day
- RSNA Press Releases
- Attendance Figures
- Tours and Events Schedule
- *RSNA Link* (www.rsna.org)

MESSAGE CENTER

This is the e-mail facility for communicating with colleagues, exhibitors and others at McCormick Place. Attendees can log in using their badge number. Users outside McCormick Place will be able to send Internet e-mail to attendees by their badge number followed by @showmail.org. Because messages are not encrypted, attendees can assign themselves a password to increase the privacy of messages sent through the Message Center.

Attendees who know the name of their remote POP3 or IMAP mail service will be able to add a temporary account for remote access to their e-mail. This account will be separate from the badge-number log-in. Attendees who want to save their messages should forward them from the

Message Center to their home or office e-mail account.

ATTENDEE LOCATOR

This utility is a quick and easy way to find a friend or colleague who may be attending RSNA 2002. By inserting a general or specific search term, attendees can see a list of people and the hotel in which each is staying. For example, a search on the last name of "Smith" will yield a list of people with that last name who are attending RSNA 2002. A search by city will show a list of attendees from that particular city.

RSNA SCIENTIFIC PROGRAM

The online version of the *RSNA 2002 Scientific Program* makes it easy for attendees to search for plenary sessions, refresher courses, workshops, scientific poster sessions, scientific paper sessions, education exhibits and *infoRAD* exhibits. The program will be available through *RSNA Link* during most of 2003.

NEW! ELECTRONIC WALKS THROUGH THE WEEK

Customizing your RSNA 2002 itinerary will be easier than ever before through an enhanced sorting capability in the online *Scientific Program*. Before arriving at McCormick Place, or through *RSNA Link Onsite*, you can search for scientific presentations and other events by radiologic subspecialty. Choose a subspecialty such as ultrasound, breast imaging or neuroradiology, click "search" and then download and print the information of specific interest to you. This is part of the overall goal of providing attendees the easiest, most effective means of tailoring the annual meeting to meet their needs. The print ver-

sions of the *Walk Through the Week* brochures are no longer available.

VIRTUAL BRIEFCASE

The Virtual Briefcase is a personal itinerary planner with which attendees can:

- 1) Maintain a list of technical exhibitors (My Exhibits) and access a personalized floor plan (My Floor Plan)
- 2) View sessions that they have selected in the Scientific Program, set up appointments (My Schedule) and view selected PDF documents (My Brochures)
- 3) Maintain their profile information (My Profile)
- 4) Access an online translator and an online currency converter (Tools)

PDA DOWNLOADS

Select banks of *RSNA Link Onsite* terminals will feature infrared ports where attendees with Palm OS or PocketPC handheld devices can download their personal RSNA meeting itineraries (Virtual Briefcase) to the date books of these devices.

WIRED AND WIRELESS ACCESS POINTS

At select banks of *RSNA Link Onsite* terminals, an RJ-45 connector will be provided for attendees who bring laptop computers with network cards to connect to the Internet.

Areas around select banks of *RSNA Link Onsite* terminals and other areas of the meeting will also offer wireless connectivity using the 802.11b or "WiFi" protocol. Signage will clearly mark these areas where attendees with laptops or handheld devices with WiFi capability can connect to the Internet.

In both cases, these connections will use DHCP service to automatically supply IP addresses and Internet access.

PRINTING

Attendees will also be able to use *RSNA Link Onsite* terminals to create printed documents using dedicated laser printers at each bank of terminals.

TECHNICAL EXHIBITS

This feature consists of the *RSNA Buyer's Guide* and Floor Plan. *Buyer's Guide* is the

CONTINUED ON NEXT PAGE

RSNA 2002 Preview

RSNA LINK ONSITE

CONTINUED FROM PREVIOUS PAGE

searchable guide to the technical exhibits, radiologic products and services at RSNA 2002. It will be available through *RSNA Link* for one year. The interactive floor plan gives you an overview of the technical exhibit floors and enables you to zoom in on individual booths, which are linked to exhibitor information.

MEETING ANNOUNCEMENTS

A free electronic bulletin board is available for attendees to post alumni events, course information, symposia and educational activities if the information is directly related to radiology and produced by or for a nonprofit organization or institution. Announcements may be submitted using a Web browser from any location and also via *RSNA Link Onsite* terminals located throughout McCormick Place. Printed or handwritten announcements will not be accepted.

All submissions will be reviewed before posting. Submitters will receive

notification by automated e-mail when their announcement has been posted.

All postings will be available through the end of December 2002. Relevant postings will be transferred to the "CME Offerings" area of *RSNA Link* after RSNA 2002.

ACR PROFESSIONAL BUREAU ONSITE INTERVIEW SERVICE

ACR has a new, fully automated, Web-based Onsite Interview Service ready for users to register and schedule interviews to be held at RSNA 2002. This program replaces the previous paper intensive system, and allows users to access the information and contact each other from any computer.

Detailed instructions as well as new enhanced basic instructions are available at www.acr.org. Current users will only need to make a simple modification to their listing to establish their Interview Service account.

The search screens give you the option to view just the Interview Service participants. Contact is quick and easy by e-mail. Employers can schedule interviews, with the system letting them know the times that they and the candidate will both be available.

With this new service, ACR will again have an onsite presence at the 2002 RSNA meeting. Employers and applicants will be able to meet for interviews in Room S102A in the South Building of McCormick Place. ACR staff will be in attendance in Chicago to answer members' questions and offer assistance.

For more information, contact the ACR Professional Bureau staff at (800) 227-3370 or pro-bur@acr.org.

Hours of Operation:

Sunday – Wednesday (Dec. 1-4)
8:00 a.m. – 6:00 p.m.
(last scheduled interview 5:30 p.m.)

Thursday (Dec. 5)
8:00 a.m. – 4:00 p.m.
(last scheduled interview 3:30 p.m.)

CASES OF THE DAY

Education exhibits at RSNA 2002 will include the popular Cases of the Day fea-

ture. Each day, from Sunday through Thursday, a new case in each of 12 categories will be posted. Attendees will be able to submit a diagnosis for each case at nearby *RSNA Link Onsite* terminals or via any Web browser. For each correct diagnosis submitted through *RSNA Link Onsite*, attendees will receive one-half hour of category 1 CME credit.

RSNA PRESS RELEASES

Information about RSNA 2002 that will be presented to the media, along with daily attendance figures, will be featured in the "Press Release" section of *RSNA Link Onsite*.

TELNET

This feature allows access to remote computers through *RSNA Link Onsite*.

TOURS AND EVENTS

Attendees may add prearranged tours and events to their itinerary through *RSNA Link Onsite*, but will not be able to order tickets at these terminals. For more information, see the *Tours and Events* brochure on *RSNA Link Onsite* or at www.rsna.org/rsna/advanceregistration/pdf/RSNA2002tours_and_events.pdf.

During the meeting, tickets may be purchased at the Tours and Activities Desk at the Grand Concourse Help Center, Level 3, or at the Palmer House Hilton and McCormick Place South.

RSNA LINK

RSNA's Web site, *RSNA Link*, and the RSNA/ACR patient-oriented site, *RadiologyInfo™*, are accessible through the homepage menu of *RSNA Link Onsite*.

Also accessible are many Chicago sites of interest. Links to these sites are listed in "Around Town," which is part of the "More Info" option on the initial menu. If you're looking for online guides to Chicago, restaurant reviews or the Web site of a local university, hospital, museum or theater, "Around Town" is a good place to start.

TECH NOTE

Designated locations next to *RSNA Link Onsite* terminals will be equipped with RJ-45 ethernet connectors for attendees who bring their own notebook computer.



RSNA 2001 attendees utilized some of the more than 200 computer terminals available on *infoSYSTEM* (now called *RSNA Link Onsite*).

IP addresses and DNS service will be automatically supplied by DHCP servers. New this year will be wireless Internet access (via 802.11x protocol) within designated areas adjacent to *RSNA Link Onsite* terminals. There will also be a “wireless lounge” in the *infoRAD* area.

No electrical outlets or standard telephone lines will be provided at *RSNA Link Onsite* terminals.

Attendees with modems can connect to the Internet through their own standard phone jack at one of the many modem-capable pay phones at McCormick Place or at their hotel. Some data phones may require a calling card that can be purchased at one of the Business Centers in McCormick Place. *RSNA Link Onsite* terminals and printers do not have a port for infrared connection. There will be desig-

nated beaming stations for wireless download of Virtual Briefcase data to hand-held devices with the Palm or PocketPC operating system.

Note: RSNA cannot provide technical support for laptop, notebook, hand-held or other portable computers, cellular phones, or other display or communication devices.

THE RSNA RESEARCH & EDUCATION PAVILION AT RSNA 2002



Funding Radiology’s Future. That’s the mission of the RSNA Research and Education Foundation. Through research and the development new radiologic knowledge and techniques, radiologists and allied scientists will see benefits in practice and ultimately patient care will be improved.

To acknowledge contributions to the RSNA Research and Education Foundation over the past year, RSNA will provide a Pavilion for attendees and guests at the 2002 RSNA Scientific Assembly and Annual Meeting.

This year, the Pavilion will be located in the Grand Concourse, Level 3 of McCormick Place.

The Pavilion highlights the Pathfinder Visionaries—those who made commitments to the Foundation through stock or bequests noted in their wills. The Pavilion also recognizes the RSNA President’s Circle members.

The President’s Circle program was introduced at RSNA 2001. As of September 9, 27 President’s Circle members have pledged to donate at least \$1,500 each year for the next 10 years.

An area of the Pavilion will also be dedicated to the Foundation’s Vanguard Companies, the grants they support and the 2002 R&E Foundation grant recipients with the titles of their successful research and education projects.

The Pavilion will also recognize the efforts and accomplishments of the RSNA Depart-

ment of Research. Information on RSNA’s Introduction to Grant Writing and the Advanced Grant Writing Course will also be available.

The Pavilion will feature a Donor Lounge where R&E Foundation donors can relax, check e-mails or converse with colleagues. A second Donor Lounge will be located in the Lakeside Center Ballroom, Level 3. A Donor’s wall listing all individual contributions will be located in the Lakeside Center Ballroom, Level 3. Contributions will be accepted onsite at the Pavilion and at both Donor Lounges. Members who contribute at the meeting will receive a “Funding Radiology’s Future” pin to acknowledge their support and also will be included in three daily drawings for a leather PDA cover.

Established in 1984, the RSNA Research & Education Foundation has since provided over 425 grants totaling nearly \$17 million.

Information about several other important topics and programs of interest to the radiologic community is available at the Pavilion. This includes information about the extramural programs at the National Institutes of Health (NIH), intramural programs from the National Cancer Institute

(NCI), National Institute of Biomedical Imaging and Bioengineering (NIBIB), and the activities of the Academy of Radiology Research (ARR).

The R&E Foundation staff is available each day to answer questions and provide information on all the Foundation Grant Programs. Please plan to visit the R&E Pavilion to help celebrate your contribution to supporting your future and the future of the radiologic sciences through research and education.



The RSNA Research & Education Foundation Pavilion highlights contributors, grant recipients and research topics and programs of interest to the radiologic community.

Pavilion Hours

Sat., Nov. 30 12:00 p.m.–6:00 p.m.
 Sun., Dec. 1 7:00 a.m.–6:00 p.m.
 Mon., Dec. 2–Thurs., Dec. 5 7:30 a.m.–6:00 p.m.
 Fri., Dec. 6 7:30 a.m.–12:00 p.m.

RSNA 2002 Preview

VANGUARD COMPANIES TO MEET GRANT RECIPIENTS

The RSNA Research and Education Foundation 2002 Vanguard Reception will be held from 2:00 p.m. to 3:00 p.m. on Sunday, December 1. The reception offers a unique opportunity to bring together the Foundation's corporate supporters and the individual grant recipients they support.

These corporate supporters, called the Vanguard Group of companies, have contributed or have expressed intent to donate \$100,000 or more to the Foundation to endow research and education grant awards. The Vanguard Reception allows company representatives to meet with the grant awardees to discuss and understand the research and education projects they are sponsoring for that year. Light refreshments and beverages will be served followed by remarks from Michael A. Sullivan, M.D., chairman of the R&E Foundation Board of Trustees.

Last year the reception was attended by almost 200 people.

These generous corporations support a variety of the Foundation's research grant programs, including the Research Scholar Award, the Research Fellow Award, the Research Resident Award, the Research Seed Grant Award, the Medical Student/Scholar Assistant Award and the Medical Student Departmental Award.

Members of the R&E Foundation's Corporate Advisory Council invited to the reception have been instrumental in securing funding from the Foundation's Vanguard Companies. Under the direction of the Foundation's Fund Development Committee, chaired by William G. Bradley Jr., M.D., Ph.D., the Corporate Advisory Council has helped raise more than \$8.8 million in corporate contributions.

During the reception, newly awarded grant recipients will receive framed award certificates from the Foundation.

Vanguard Companies

- Agfa Corporation
- Alliance Imaging
- Amersham Health
- Bracco Diagnostics
- Canon U.S.A.
- Cook, Inc.
- Diagnostic Imaging
- Eastman Kodak
- E-Z-EM, Inc.
- FONAR Corporation
- FUJIFILM Medical Systems USA
- General Electric Medical Systems
- Hitachi Medical Systems
- Tyco Healthcare/Mallinckrodt
- Mobile PET
- Philips Medical Systems
- Shimadzu Medical Systems
- Siemens Medical Solutions
- Toshiba America Medical Systems
- Varian Medical Systems

Corporate Advisory Council

- | | | |
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RSNA RESEARCH AND EDUCATION FOUNDATION GRANT RECIPIENTS

RESEARCH SCHOLARS

Michelle S. Yao, M.D.	University of Washington Medical Center	Agfa Corp./RSNA Research Scholar
William F. Marx, M.D.	University of Virginia	Amersham Health/RSNA Research Scholar
Corinne B. Winston, M.D.	Memorial Sloan-Kettering Cancer Center	Tyco Healthcare/Mallinckrodt/RSNA Research Scholar
Zelanna Goldberg, M.D., F.R.C.P.C.	University of California, Davis	GE Medical Systems/RSNA Research Scholar
Gordon McLennan, M.D.	Indiana University	Eastman Kodak/RSNA Research Scholar
Elaine Caoili, M.D.	University of Michigan	Agfa Corp./RSNA Research Scholar
Haiying Hang, Ph.D.	Columbia University	Bracco Diagnostics/RSNA Research Scholar

RESEARCH FELLOWS

Bonnie N. Joe, M.D., Ph.D.	Washington University	Siemens Medical Solutions, Inc./RSNA Research Fellow
Nasser Razack, M.D.	University of Virginia	RSNA Research Fellow

ACR-RSNA FELLOWSHIP IN CLINICAL TRIALS OF MEDICAL IMAGING

Yannick Kergosien, M.D.	Universite de Cergy-Pontoise, France	ACR-RSNA Fellowship in Clinical Trials of Medical Imaging
Ravi Murthy, M.D.	University of Maryland Medical System	ACR-RSNA Fellowship in Clinical Trials of Medical Imaging
Yair Safriel, M.B.B.Ch., M.D.	Yale University	ACR-RSNA Fellowship in Clinical Trials of Medical Imaging

RESEARCH RESIDENTS

Anu Singh, M.D., B.S.	Georgetown University Hospital	RSNA Research Resident
Stanley Lu, M.D.	NYU School of Medicine	Cesare Gianturco/RSNA Research Resident endowed by Cook Inc.
Morry DuVall Brown, M.D., Ph.D.	University of Virginia	RSNA Research Resident

RESEARCH SEED GRANTS

Vasilis Ntziachristos, M.Sc., Ph.D.	Massachusetts General Hospital/ Harvard Medical School	Toshiba America Medical Systems, Inc./RSNA Research Seed Grant
Gang Zheng, Ph.D.	University of Pennsylvania	Philips Medical Systems/RSNA Research Seed Grant
Christine B. Chung, M.D.	University of California, San Diego and VA Healthcare System	Philips Medical Systems/RSNA Research Seed Grant
John D. Port, M.D., Ph.D.	Mayo Clinic	FUJIFILM Medical Systems USA/RSNA Research Seed Grant
Yongliang Zhao, Ph.D.	Columbia University	Varian Medical Systems/RSNA Research Seed Grant
Ekaterina Dadachova, Ph.D.	Albert Einstein College of Medicine	Philips Medical Systems/RSNA Research Seed Grant
Hossein Jadvar, M.D., Ph.D.	University of Southern California	Hitachi Medical Systems/RSNA Research Seed Grant
Daniel Barboriak, M.D.	Duke University Medical Center	Toshiba America Medical Systems, Inc./RSNA Research Seed Grant

HOLMAN PATHWAY RESEARCH RESIDENT SEED GRANTS

Donna R. Roberts, M.D., M.S., B.S.	Medical University of South Carolina	Philips Medical Systems/RSNA Holman Pathway Research Resident Seed Grant
Filip Banovac, M.D.	Georgetown University	RSNA Holman Pathway Research Resident Seed Grant
Joanne Weidhaas, M.D., Ph.D.	Memorial Sloan Kettering Cancer Center	RSNA Holman Pathway Research Resident Seed Grant

MEDICAL STUDENT DEPARTMENTAL PROGRAM GRANTS

Department of Radiology, University of California, San Francisco	Daniel Carl Schiffner	Shimadzu Medical Systems/RSNA Medical Student Departmental Grant
Department of Radiology, University of Wisconsin–Madison Medical School	Gregory M. Heidman	Canon U.S.A., Inc./RSNA Medical Student Departmental Grant
Department of Radiology, Louisiana State University Health Sciences Center	Marna J. Eissa	Shimadzu Medical Systems/RSNA Medical Student Departmental Grant
Department of Radiological Sciences, University of California, Los Angeles	Lusine Tumyan	Philips Medical Systems/RSNA Medical Student Departmental Grant

CONTINUED ON NEXT PAGE

RSNA 2002 Preview

RSNA RESEARCH AND EDUCATION FOUNDATION GRANT RECIPIENTS

CONTINUED FROM PREVIOUS PAGE

MEDICAL STUDENT/SCHOLAR ASSISTANT AWARDS

William Graham Carlos III	Indiana University	FUJIFILM Medical Systems USA/RSNA Medical Student/Scholar Assistant
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World Wide Web-based Educational Program Grant

Linda Lanier, M.D.	University of Florida College of Medicine	RSNA WWW-based Educational Program Grant
Eric J. Hall, D.Phil., D.Sc.	Columbia University, College of Physicians and Surgery	RSNA WWW-based Educational Program Grant
Cupido Daniels, Ph.D., & James D. Fraser, M.D.	Dalhousie University	RSNA WWW-based Educational Program Grant

International Radiology Education Program Grant to "Teach the Teachers" from Emerging Nations

Maurice M. Reeder, M.D.	Uniformed Services University of the Health Sciences	RSNA International Radiology Education Program Grant to "Teach the Teachers" from Emerging Nations
James D. Cox, M.D.	University of Texas M.D. Anderson Cancer Center	RSNA International Radiology Education Program Grant to "Teach the Teachers" from Emerging Nations
Barry B. Goldberg, M.D.	Thomas Jefferson University	RSNA International Radiology Education Program Grant to "Teach the Teachers" from Emerging Nations

Educational Scholar Program Grant

Stephen Chan, M.D.	Columbia University	RSNA Educational Scholar
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Institutional Clinical Fellowship in Cardiovascular Imaging

Department of Radiology, Cleveland Clinic Foundation	Chairman: Michael T. Modic, M.D. Scientific Advisor: Richard D. White, M.D.	RSNA Institutional Clinical Fellowship in Cardiovascular Imaging
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For more information about the grant programs offered by the RSNA Research and Education Foundation, contact Scott Walter, 820 Jorie Blvd., Oak Brook, IL 60523, (630) 571-7816, walter@rsna.org.

For more information about becoming an RSNA Research and Education Foundation Vanguard Company, contact Deborah Kroll, 820 Jorie Blvd., Oak Brook, IL 60523, (630) 368-3742, dkroll@rsna.org.



RSNA R&E FOUNDATION HOSTS FOCUS SESSION ON TAX LAW CHANGES

Recent changes in federal tax laws present new planning opportunities and challenges. The promise of increased tax exemptions, reduced tax rates and the programmed repeal of federal estate taxes have prompted a more flexible approach to document drafting.

State law changes may absorb some of the expected federal estate tax savings and require more attention than has been given state tax laws in the past. Add to that the state tax law changes and the significant income tax and capital gains tax law changes, and the planning challenges multiply. These changes and recommended responses to them are the focus of the planning discussion. Questions from session participants are encouraged.



Alan L. Cates, J.D., a specialist in estate planning and tax matters and a partner in the law firm of Shumacker & Thompson of Chattanooga, Tenn., will present an overview of the major provisions of the tax law changes with special attention to the use and ultimate disposition of retirement plan assets. The Focus Session, *Planning in a Time of Tax Law Changes* will be held at 4 p.m. in room N229 at McCormick Place on Wednesday, December 4, 2002. It is complimentary to RSNA

members and their spouses.

This Focus Session, sponsored by the RSNA Research and Education Foundation, may help guide your decisions in reaching financial goals and objectives and in planning carefully for a longer life expectancy and the higher costs associated with increased longevity. It will also help assure that you receive the maximum benefits to which you and your family are entitled. Part of your plan may include a charitable gift to the RSNA Research and Education Foundation, therefore it is important to understand how this new law impacts charitable giving.

For more information, contact Deborah Kroll at (630) 368-3742 or e-mail dkroll@rsna.org.

EDUCATION CENTER STORE MOVES TO THE LAKESIDE CENTER

The RSNA Education Center Store will have a prominent position in the Lakeside Center during RSNA 2002. The Education Center Store will be located near the entrance to the education exhibits, scientific posters and the editorial offices of *Radiology* and *RadioGraphics*.

The Education Center Store provides a relaxed, user-friendly environment that will allow attendees to easily examine materials, including printed course syllabi, videotapes, slides/audio sets and RSNA's online education resource, InteractED (www.rsna.org/education/interactive/index.html). Access to InteractED is free to RSNA members; nonmembers pay \$15 per program for seven-day access. Free demonstrations of InteractED are available.

Trading places with the RSNA Research & Education Foundation Pavilion, which will now be located on the Grand Concourse, Level 3, the Education Center Store offers a variety of tools to help radiology professionals enhance their knowledge outside of the RSNA Scientific Assembly. Print and electronic educational materials are available in several formats, some with the opportunity to earn continuing medical education (CME) credits.

The new *RSNA Education Resources Catalog* will be readily available at the store and at distribution centers throughout McCormick Place. The catalog includes education materials available for purchase and denotes CME credit where applicable. The catalog is distributed annually to RSNA members and is available at www.rsna.org. RSNA members receive a discount on purchases from the catalog.

The Education Center Store will also feature RSNA's new patient education brochures. These brochures are designed to help patients prepare for various radiologic procedures including mammography, CT of the body, abdominal ultrasound and MR imaging of the musculoskeletal system. A brochure is also available on radiology in general. Sample packets will be available.

The concept for the Education Center originated in the 1970s when RSNA leadership began to explore methods of preserving presentations given at the annual scientific assembly. The Society began to record refresher courses and offered audiotapes and slides to members. With the advent of new technologies, RSNA also began to compile and distribute videotapes and CD-ROMs. Since that time, resources grew in number and the Learning Center (now the Education Center) was established in 1993 to create and market these products.

Under the guidance of William W. Olmsted, M.D., RSNA's education editor as well as editor of the education journal *Radiographics*, and two deputy editors, Jeffrey R. Galvin, M.D., and Janice C. Honeyman-Buck, Ph.D., the Education Center continues to choose, develop and circulate resources primarily culled from courses and sessions presented at the RSNA Scientific Assembly.

Net proceeds from all sales of education materials are transferred to the RSNA Research & Education Foundation to support research and education in the radiologic sciences.



RSNA's new patient education brochures, available for sale at the Education Center Store and online, will help patients prepare for various radiologic procedures.



Attendees examine educational materials at the Education Center Store during RSNA 2001.

Education Center Store

Hours of Operation

Sat., Nov. 30 12:00 p.m.–6:00 p.m.
 Sun., Dec. 1 7:00 a.m.–6:00 p.m.
 Mon., Dec. 2–Thurs., Dec. 5 . . 7:30 a.m.–6:00 p.m.
 Fri., Dec. 6 7:30 a.m.–1:00 p.m.



Research and Education Foundation Donors

THE BOARD OF TRUSTEES of the RSNA Research and Education Foundation and its recipients of research and educational grant support gratefully acknowledge the contributions made to the Foundation between **July 31, 2002 and August 30, 2002.**

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Leslie Baer
*In memory of Richard Marshak,
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Jessica Fuchs Berkowitz, M.D.
In memory of Harry Landes
Thomas H. Berquist, M.D.
In memory of Jane D. Baker
Andrea L. & Richard J. Blair, M.D.
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In memory of Joseph E. Gardner, M.D.

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In memory of William B. Munden, III

Patricia & William Olmsted, M.D.
In memory of Elias G. Theros, M.D.

G. Craig Ramsay, M.D.
In memory of Harold Jacobson, M.D.

Patricia Ann Randall, M.D.
In honor of E. Robert Heitzman, M.D.

RSNA Membership & Subscription Services
In memory of Moira Wilde, mother of Hilary Gentile, Manager, RSNA Membership and Subscription Services

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In honor of James Youker, M.D.

Arlyne T. Shockman, M.D.
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Margaret A. Stull, M.D.
In memory of my beloved mother, Naomi Aarons

Kristian Talle, M.D.
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In memory of Robert Scanlan, M.D.

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RSNA: MEMBER BENEFITS

RSNA: Working for You

Press Releases to the Medical Media

RSNA's Marketing and Communications Department alerts the medical media to scientific articles of general interest appearing each month in *Radiology*. *RSNA News* carries a list of those articles and a brief synopsis of each (see page 16) so that you are aware of the topics that may appear in the newspapers, trade magazines, on television or on the radio. RSNA press releases can be viewed online at jol.rsna.org/pr/pr1.cfm.

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 at (630) 571-7873 or membersh@rsna.org.

Patient Education Brochures

RSNA has developed new patient education brochures to help patients prepare for various radiologic procedures. Five brochures are available including one on general radiology. This brochure provides an overview of major imaging technologies and explains the role of a radiologist and radiologic technologist. Other brochures include mammography, CT of the body, abdominal ultrasound and MR imaging of the musculoskeletal system.

For more information or to place an order, go to www.rsna.org/practice/index.html or call (800) 272-2920. RSNA members receive a discount.



RSNA: Working for You

Web Site Redesigned

RSNA Link (www.rsna.org) has been redesigned to provide better visual appeal and usability. In addition, the Calendars section has been improved and expanded to provide members with the tools they need to remain informed about important RSNA deadlines, RSNA dates and key medical meetings. (see page 48.)



Virtual Presentations

The content from select scientific paper presentations from the Sunday schedule at RSNA 2002 will be available for viewing throughout the week as virtual presentations. Look for the following icon in the Scientific Program to see which presentations are available:



The virtual presentations will be available via an intranet system in the *infoRAD* area.

WORKING FOR YOU PROFILE



NAME:
Betty Rohr

POSITION:
Director:
Program Services
and Data Manage-
ment

WITH RSNA SINCE:
February 1, 1978

SERVICE TO MEMBERS:
Betty Rohr oversees two primary areas providing member services: the Program Services Department, which works with physician committees that develop the scientific program for the RSNA Scientific Assembly and Annual Meeting, and the Data Management Department, which works with physician volunteers and staff

to conduct surveys to identify member needs, determine the outcome of different Society programs and identify new possible activities for the organization.

The Program Services staff, working under committee supervision, schedules the scientific paper, scientific poster, education exhibit, refresher course, special focus and plenary session presentations; works with the invited faculty and presenters of prof-fered abstracts to facilitate their participation; and works to assure that the requirements of the Accreditation Council for Continuing Medical Edu-cation are met.

The Data Management staff works with the Board, committees and depart-ments to develop, conduct, and analyze surveys of the

membership and other rele-vant audiences to provide continuing guidance for Society programs.

WORK PHILOSOPHY:
My work philosophy is simple. I'm here to assure that my areas of responsi-bility operate as efficiently as possible in order to lessen the burden on the physician volunteers who spend hundreds of hours sharing their expertise with their colleagues. I consider that every committee mem-ber, presenter and meeting attendee is an RSNA cus-tomer. The most important product staff can provide is service so that volunteer time is well spent and attendee time is produc-tive.

Betty Rohr

News about RSNA 2002

Advance Registration

Online (24/7)

www.rsna.org/rsna/advance-registration/

New in 2002, all registration categories are eligible to register by Internet. If you request hotel reservations, a hotel room deposit will be charged to your credit card.

Fax (24/7)

(800) 521-6017
(847) 940-2386 outside the United States and Canada

Phone

(M – F, 8 a.m. – 5 p.m. CT)
(800) 650-7018
(847) 940-2155 outside the United States and Canada

Mail

ExpoExchange/RSNA 2002
108 Wilmot Rd., Ste. 400
Deerfield, IL 60015-0823

A confirmation will be sent by e-mail, fax or mail for each registration processed and for every change made. Please allow seven days for receipt of confirmation. Contact rsna@expoedge.com with your registration questions.

November 1, 2002 – Advance Registration Deadline

Hotel rooms are still available for RSNA 2002. Non-North American attendees who registered by October 11, 2002, and North American attendees who register by November 1, 2002, will have their badge wallet mailed to them in advance of RSNA 2002. Non-North American registrations received October 12–November 1 require attendees to pick up badges and tickets onsite at McCormick Place, Desk A, Room S100 in the South Building.

Badge wallets contain a name badge, tickets and attendance vouchers. Those who do not meet the deadline will have to register onsite. **Registration rates increase \$100 onsite.** Students (technical, medical and nursing) are eligible to register in advance or onsite at no charge with proper student identification.

Onsite Registration

South Building, Level 1, Room S100

Saturday (Nov. 30) 12:00 p.m.–6:00 p.m.

Sunday–Monday (Dec. 1-2) 7:00 a.m. – 6:00 p.m.

Tuesday–Thursday (Dec. 3-5) 7:00 a.m. – 5:00 p.m.

Grand Concourse, Level 3, Help Center

Friday (Dec. 6) 7:30 a.m. – 12:00 p.m.



RSNA Help Centers offer many services including attendance voucher replacement, certificates of attendance, refresher course ticketing and program distribution.

Camp RSNA 2002

Onsite childcare will be available during RSNA 2002 through ACCENT on Children's Arrangements, Inc. (www.accentoca.com). Camp RSNA 2002 will be open Sunday–Friday for children ages six months to 12 years. Full-day and half-day rates are available. For more information, call (504) 524-0188 or send an e-mail to registration@accentoca.com. Registration deadline is November 22.

Children under the age of 16 are not permitted at the RSNA Scientific Assembly. Children are allowed only in the designated childcare areas at McCormick Place. Children will be allowed to use the RSNA shuttle bus service.

International Attendees

Interpreters are available at registration and the Help Centers to answer questions for international attendees.

Train and Shuttle Bus Service

A free Metra Train System pass will be included in the badge wallet for use during the seven days of RSNA 2002. RSNA shuttle buses are

Important Dates for RSNA 2002

November 1	Final Advance Registration Deadline
December 1-6	RSNA 88th Scientific Assembly and Annual Meeting

also available to transport attendees to and from McCormick Place. A new bus lane is now open that will dramatically reduce the travel time from Randolph Street to the McCormick Place South Building. On Friday, December 6, shuttle bus service will be available to and from the Lakeside Center only.

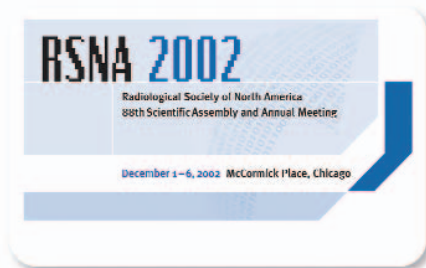
Important Information for RSNA 2002

Expocard

Each registrant will receive an Expocard in their badge wallet. This card will allow participants to:

- Request product information from technical exhibitors
- Record CME credits for self-study in the education exhibits, scientific posters, *infoRAD* exhibits and digital scientific sessions areas, which will be transferred to the members only RSNA CME Credit Repository

Recording devices will be located in the center of each major area of interest.



Buyer's Guide: Radiology Products and Services

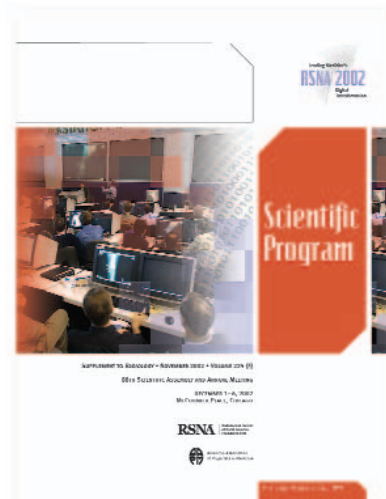
This official guide to the technical exhibits at RSNA 2002 showcases radiology product offerings and services. Designed for year-round use, the *Buyer's Guide* includes important reference material for purchasers and decision makers. The publication will be available in distribution racks in the exhibit halls.

Scientific Program

A comprehensive guidebook to the RSNA Scientific Assembly and Annual Meeting offering abstracts

and important information on plenary sessions, special awards and honors, scientific paper and poster presentations, refresher courses, education exhibits and *infoRAD* exhibits. A copy will be mailed to those who have met the advance registration deadline and will be handed out to those who register onsite. Additional copies of the *Scientific Program* will be available for \$45 at the Education Center Store located in the Lakeside Center.

The *Scientific Program* will be mailed to international attendees with the November issue of *Radiology*.



Pocket and Transportation Guide

The RSNA 2002 badge wallet will include the *Pocket and Transportation Guide*. This pocket-size booklet provides "must-have" information to navigate in and around RSNA 2002 such as:

- Room numbers for scientific sessions, refresher courses and plenary sessions
- Floor plans for McCormick Place
- Map of Chicago
- Transportation information

Copies will also be available in the registration area and at the Help Centers.



Tours & Events Brochure

The *Tours & Events* brochure is sent to spouses and is also mailed by request. It will be available at the Tours and Activities Desk, located in the Help Center, Grand Concourse, Level 3, and at the Palmer House Hilton Hotel. To download a brochure or request one to be mailed, go to www.rsna.org/rsna/advanceregistration.



Daily Bulletin

RSNA 2002's daily newspaper provides the latest information about exhibits, courses, overnight meeting news and radiology news. Published Sunday through Thursday, the paper will also include a facility guide with floor plans of the technical, scientific and *infoRAD* exhibit areas, as well as an alphabetical listing of exhibitors with booth numbers. The *Daily Bulletin* can be found in news boxes at all major entrances to McCormick Place, outside the Arie Crown Theater, and in the lobby of the following hotels: Chicago Hilton, Chicago Marriott Downtown, Fairmont Hotel, Hotel Inter-Continental Chicago, Hyatt Regency Chicago, Palmer House Hilton, Sheraton Chicago Hotel and Westin Michigan Avenue.



For more information on RSNA 2002, call (630) 571-7862 or e-mail reginfo@rsna.org. Contact rsna@expoedge.com with your registration questions.

EXHIBITOR NEWS: RSNA 2002

Final Exhibitor Mailing

The primary contact at each exhibiting company will receive a package in early November that will include the *Pocket and Transportation Guide*, *Exhibitor Information Guide*, *Scientific Program* vouchers and pertinent updates on registration and exhibitor functions.

The *Buyer's Guide: Radiology Products and Services* will be mailed to exhibitors only in mid-November. It will also be available in distribution racks in the exhibit halls.

Technical Exhibit Hours

Sun., Dec. 1 – Wed., Dec. 4
 ■ 10:00 a.m. – 6:00 p.m.
 Thurs., Dec. 5
 ■ 10:00 a.m. – 2:00 p.m.

Exhibitor Guest Vouchers

Each exhibiting company will be issued guest vouchers when their booth badges are mailed in November. These vouchers cannot be distributed to physicians or medical physicists. It is the responsibility of the exhibitor to distribute these vouchers directly to their guests. At Professional Registration Room S100 in the McCormick Place South Building, guests may obtain a complimentary Technical Exhibits one-day badge by turning in their guest voucher plus a business card and a completed professional registration form (available onsite).

Exhibit Space Summary

As of September 3, 2002, total exhibit space sold was 429,180 square feet with 586 companies registered to exhibit.

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



Some of the technical exhibitors at the RSNA Annual Meeting provide attendees with hands-on demonstrations at their booths.

Technical Exhibits Installation

Installation

Mon., Nov. 25*	8:00 a.m.–6:00 p.m.
Tues., Nov. 26*	8:00 a.m.–6:00 p.m.
Wed., Nov. 27*	8:00 a.m.–6:00 p.m.
Thurs., Nov. 28	
(Thanksgiving Day)	6:00 a.m.–2:30 p.m.
Fri., Nov. 29	8:00 a.m.–6:00 p.m.
Sat., Nov. 30	8:00 a.m.–6:00 p.m.
Sun., Dec. 1	6:00 a.m.–8:00 a.m.

*Target Move-in (refer to the Target Floor Plan mailed in mid-September).

Dismantle

Thurs., Dec. 5	2:30 p.m.–8:00 p.m.
Fri., Dec. 6	8:00 a.m.–6:00 p.m.
Sat., Dec. 7	8:00 a.m.–4:30 p.m.
Sun., Dec. 8	Hall Closed
Mon., Dec. 9	8:00 a.m.–4:30 p.m.

Important Exhibitor Dates – RSNA 2002

Oct. 11	Exhibitor Appointed Contractor Request Form Due
Oct. 14	Block Housing attrition clause initiated
Nov. 1	Deadline for housing changes and cancellations
	Deadline for Exhibitor Individual Housing Forms and suite requests
	Deadline for Function Space Requests
Nov. 25	Target move-in begins
Nov. 29	General move-in begins
Dec. 1-6	RSNA 88th Scientific Assembly and Annual Meeting

Chicago Restaurants Dish Up Something for Everyone at RSNA 2002

After a full day of scientific presentations at RSNA 2002 this December, meeting attendees and their families can get a taste of Chicago through its wide selection of restaurants. The city is home to about 7,000 restaurants—from established mainstays to trendy new arrivals plus restaurants that are memorable and representative of the “Windy City.” Additional information about Chicago and its many interesting tourist attractions is available from the Chicago Convention and Tourism Bureau Web site at www.choosechicago.com. An RSNA Tours & Events brochure is also available at www.rsna.org/rsna/advanceregistration and at the Tours and Activities Desk, located in the Help Center, Grand Concourse, Level 3, and at the Palmer House Hilton Hotel.

* Indicates that a restaurant may be full in early December. You may want to call now to guarantee reservations.

437 RUSH

437 N. Rush; (312) 222-0101
Italian steakhouse a block off Michigan Avenue offers steak, lobster and Italian fare in a classic room.
Expensive

AMBRIA*

2300 N. Lincoln Park West;
(773) 472-5959
Arguably one of the city's finest dining establishments, this formal French masterpiece is a favorite of visiting dignitaries and celebrities. Dark wood paneled walls with mountains of fresh flowers are upstaged only by the food. Generous portions guarantee satisfied diners. The award-winning sommelier is available to assist in selecting the perfect wine. *Very Expensive*

ARUN'S THAI RESTAURANT

4156 N. Kedzie; (773) 539-1909
Personalized 12-course Thai dinner designed by the chef for each table, no menu. *Very Expensive*

AUBRIOT

1962 N. Halsted; (773) 281-4211
Chef Eric Aubriot alleviates the heaviness of French food with lighter sauces and inspired food pairings, which leaves room for his brilliant desserts. The creative menu changes bimonthly and the wine list undergoes constant updating. The décor is literally created with glass and mirrors. The upstairs lounge, Eau, offers a hip place for a nightcap. Surrounded by cafés and boutiques, Aubriot is nestled in a trendy section of Chicago's well-established DePaul neighborhood—a 10- to 15-minute taxi ride from North Michigan Avenue.
Moderate

AVENUES* ★NEW★

108 E. Superior; (312) 573-6754
Lodged in one of Michigan Avenue's newest luxury hotels, this elegant leather accented restaurant has a view

of Chicago's famous water tower. Avenues restaurant lifts seafood to new heights with offerings of European fish served in the French style. Some fish are boned tableside adding an extra level of drama. Game and red meat as well as dessert also receive expert treatment.
Very Expensive
(Beware of very expensive champagne by the glass. Prices not posted.)

BECCO D'ORO ★NEW★

160 E. Huron; (312) 787-1300
Dim lighting, beautiful art and real Italian waiters add a touch of romance to this Streeterville restaurant. Five types of risotto are offered daily along with creative pastas, seafood presentations and veal. The heaping seafood salad and the unique flaming dessert parfait are highly recommended. Just steps from Michigan Avenue in the Radisson Hotel, Becco D'Oro serves a terrific breakfast.
Expensive

BEN PAO

52 W. Illinois; (312) 222-1888
The décor of this elegant Asian restaurant is dramatic—artistically lit black slate and red accents are juxtaposed by cascading water and still pools. Vegetarians will delight in the menu, which also features seafood, duck, beef and chicken. In addition to the classic Chinese dishes, the imaginative Asian entrees should be given equal consideration. Small starter dishes, including creative satays, are also available for those who like to taste and share. *Moderate*

THE BERGHOFF

17 W. Adams; (312) 427-3170
A deeply authentic German restaurant, The Berghoff is a can't-miss Chicago lunch spot. The vast and somewhat dark interior is unabashedly unadorned. Heavy wood chairs scrape across plain tile floors as the staff hustles to serve traditional Ger-

man fare. Owned by the Berghoff family, this restaurant has stayed close to its roots, serving veal and creamed spinach. The Berghoff offers a true slice of authentic Chicago German heritage and is considered a Chicago icon. Interesting note: the Berghoff was the first Chicago restaurant to receive a liquor license at the end of Prohibition. *Inexpensive*

BICE RESTAURANT

158 E. Ontario; (312) 664-1474
The Chicago sister of the well-known Manhattan Bice, home of the power lunch, is also a see-and-be-seen restaurant one block east of Michigan Ave. The art deco rooms are painted in warm Tuscan ochers, golds and oranges. Wonderful pastas compete with seafood and game in contemporary Italian presentations. Premium wines can be found in the wine-by-the-glass list as well as on the regular wine list. Critics recommend ending each and every Bice experience with their fabulous tiramisu. *Expensive*

BIG BOWL

6 E. Cedar; (312) 640-8888
60 E. Ohio; (312) 951-1888
159 W. Erie; (312) 787-8297
A casually elegant Asian restaurant with good vibes. A large, square bar fronts the dining room; an open kitchen occupies the back. *Moderate*

BLACKBIRD*

619 W. Randolph; (312) 715-0708
Trendy hot spot serves contemporary American cuisine with seasonal emphasis. *Expensive*

BRASSERIE JO

59 W. Hubbard; (312) 595-0800
If a fabulous French Brasserie were transported from Paris to downtown Chicago and the haughty service-compris waiters were left behind in Paris, one would have Brasserie Jo. Authentic in every way, Brasserie Jo serves patrons wonderful French

brasserie favorites such as steak frites, endive and blue cheese salad, escargot, steak béarnaise and six preparations of fish, all accompanied with wonderful wines. High ceilings and French music transport you to Chef Jean Joho's Parisian vision, where a warm baguette greets diners at their table. The staff is attentive and educated and the food is phenomenal. *Moderate*

BUTTERFIELD 8 ★NEW★

713 N. Wells; (312) 327-0940
Dramatic lighting and 21st century décor are juxtaposed by the classic cuisine served in this luxurious restaurant with terrific service. The menu selections include veal schnitzel, steak tartar and shrimp de Jonghe. The bar is trendy, and the people watching is fabulous. Butterfield 8 is a quick cab ride from downtown hotels. *Expensive*

CAFÉ BA-BA-REEBA!

2024 N. Halsted; (773) 935-5000
The festivities begin at the door of this DePaul hotspot. Rhythmic Spanish music greets guests before they can approach the smiling hosts. The fun and festivities are carried on throughout the restaurant, especially in the mural art created by local artists. Café Ba-Ba-Reeba! specializes in Spanish tapas, paella and sangria. Tapas, small dishes of vegetables, seafood, cheese and Spanish sausages, are fun to share. Don't miss out on the goat cheese or the paella, which is well worth the half-hour preparation time. Café Ba-Ba-Reeba! is about 15-minutes by cab from downtown. *Inexpensive*

CALITERRA

633 N. St. Clair; (312) 274-4444
California meets Italy in this lovely restaurant with views of both the open kitchen and the city. With no outside signs, Caliterra is a hidden treasure. Activity revolves around

Caliterra's woks, brick ovens and grills, where the chef combines Italian and California ingredients and cooking styles. Guests are welcome to finish the night with a visit to the piano bar. Located in the Wyndham Chicago Hotel, one block off Michigan Avenue, this versatile restaurant also serves breakfast. *Expensive*

CAPE COD ROOM

140 E. Walton; (312) 787-2200
The venerable Drake Hotel's Cape Cod Room serves fresh seafood in a comfortable, cozy setting. The décor is reminiscent of a seaside saloon. *Expensive*

CAPITAL GRILLE

633 N. St. Clair; (312) 337-9400
One block from Michigan Avenue, the Capital Grille offers the best of steak house experiences. Enconced in the dark wood and leather interior, complete with oil paintings, waiters dressed in white aprons offer robust wines, oversize steaks and side orders as large as entrees. This is a restaurant for a hearty appetite. *Expensive*

CHARLIE TROTTER'S*

816 W. Armitage; (773) 248-6228
Reservations are scarce, and a month's lead-time does not guarantee a table. This world-famous chef has created an experience that can't be duplicated. Chose between the grand menu and the vegetarian menu to begin the parade of imaginative dishes. *Very Expensive*

CHEZ JOEL

1119 W. Taylor; (312) 226-6479
This pretty French bistro is blossoming in the middle of Little Italy. *Moderate*

CHICAGO CHOP HOUSE

60 W. Ontario; (312) 787-7100
The 1,400 photos displayed throughout the three-level restaurant feature musicians, meat purveyors, city fathers, gangsters and every Chicago mayor. The first level is available to cigar, pipe and cigarette smokers; the second floor main dining room is cigarettes-only; the third-floor "Skybox," is nonsmoking. A pianist performs in the evening in the first-level room. *Expensive*

CHILPANCIINGO

358 W. Ontario; (312) 266-9525
Filled with colorful Mexican art, this restaurant serves gourmet Mexican cuisine. *Moderate*

COCO PAZZO

300 W. Hubbard; (312) 836-0900
Tuscan cuisine served in fabric draped studio, complete with a beautiful bar. *Expensive*

CONNIE'S PIZZA

2373 S. Archer Ave.; (312) 326-3443
This Chicago favorite serves serious pizza. Connie's is housed in a loft building with exposed interior brick walls with light streaming down from plentiful skylights. The dining area is cleverly separated into cozy, intimate spaces. This South Side pizza spot is especially popular following Chicago Bears' games. A 10-minute cab ride from McCormick Place, Connie's Pizza is worth the trip. *Inexpensive*

D'VINE RESTAURANT & WINE BAR

1950 W. North; (773) 235-5700
Sleek wine bar serves a fusion of French, Asian and Mediterranean influenced dishes. *Expensive*

DIOSA RED

3419 N. Clark; (773) 880-0001
Enjoy Chinese, Filipino and Japanese influenced dishes in a surreal red room accented with blue lamps and candles. *Expensive*

DON JUAN ON HALSTED

1729 N. Halsted; (312) 981-4000
The Nuevo Mexicano menu fits this hacienda-like room. *Moderate*

EDUARDO'S NATURAL PIZZA RESTAURANT

521 S. Dearborn; (312) 939-3366
1212 N. Dearborn; (312) 337-4490
Eduardo's pizza is made with all natural ingredients including in-store grown herbs. The pizza is consistent and memorable. With two downtown locations, Eduardo's can conveniently satisfy a serious pizza craving regardless of hotel location. Plan on enjoying every bite. Both locations are decorated with brass and ferns. *Inexpensive*

EMPEROR'S CHOICE

2238 S. Wentworth; (312) 225-8800
This bustling second floor Chinatown favorite offers more than 150 entrées with an emphasis on seafood. Lobster, served seven ways, is highly recommended, as is anything in black bean sauce. Ambitious dishes such as ostrich can be found on the village specials. The only thing lacking is ambiance. Chinatown is a 10-minute taxi ride from both downtown and McCormick Place. *Inexpensive*

ERAWAN ★NEW★

729 N. Clark; (312) 642-6888
This new Gold Coast gem uses Western ingredients to artistically update classic Thai dishes. For instance, venison is featured instead of beef or chicken in an otherwise traditional Thai satay. The carefully selected wine list allows for top-notch wine and food combinations, and the owner, former Arun sommelier Noth Chitdamrong, is glad to assist with wine options. Try the degustation

menus with matching wine selections. Erawan's luxurious dining room is Thai design at its best, with carved teakwood columns and canopies as well as some traditional Thai seating with low tables and floor cushions. The glasses and china are imported from Bangkok. *Very Expensive*

EVEREST*

440 S. LaSalle; (312) 663-8920
Enjoy the Alsatian emphasis on the French cuisine served on the 40th floor with a dramatic city view, unless the clouds are low. This elegant restaurant competes with Ambria and Charlie Trotter's for sophisticated dining. *Very Expensive*

FRONTERA GRILL

445 N. Clark; (312) 661-1434
Mexican food is taken to a new level in this festive restaurant five blocks from Michigan Avenue. *Moderate*

GENE & GEORGETTI

500 N. Franklin; (312) 527-3718
This classic, 58-year-old steakhouse in the River North neighborhood is thoroughly lacking in pretension and offers the best steaks available in the city. Ungarnished steaks are served by waiters who appear to have worked at the restaurant since its inception. This is authentic Chicago—expect to hear thick Chicago accents and perhaps catch sight of a local alderman. *Expensive*

GINO'S EAST OF CHICAGO

633 N. Wells; (312) 943-1124
Considered one of the top 10 pizzerias in the nation, Gino's East provides the most authentic Chicago-pizza dining experience available. Now housed in a spacious new location, the long lines winding down the street are no longer a part of the "experience." However, the pizza remains true to its heritage as a Chicago must-have. Dark wood, complete with the carvings and graffiti from decades of customers, adorn the dark wooden booths and walls (hint: white dinner mints make the best marking device). The Chicago school of pizza-making places the sauce on top, with the ingredients and cheese underneath. Gino's slices weigh in at nearly ½ pound, so order your size carefully. *Inexpensive*

GRILLROOM CHOPHOUSE AND WINE BAR ★NEW★

33 W. Monroe; (312) 960-0000
Wet-aged Certified Angus Beef is the specialty at this new Loop/Theater District steakhouse. A variety of non-beef selections including pasta, lamb and seafood are also available. The location and the flexibility of the service make this restaurant a good choice for a pre-theater dinner or drink. The Grillroom offers an amaz-

ing selection of 40 wines by the glass. *Expensive*

THE GRILL ON THE ALLEY

★NEW★

909 N. Michigan; (312) 255-9009
The Westin Hotel's rendition of the famous Beverly Hills Grill on the Alley serves large steaks, prime rib and seafood in a clubby leather atmosphere. Simple sauces and signature salads are mainstays. Decorated with hundreds of pieces of art, the room is old fashioned with high-backed booths and professional service. A pianist plays nightly in the large lounge. *Expensive*

HACKNEY'S PRINTERS ROW

733 S. Dearborn; (312) 461-1116
A recent import from the Chicago suburbs, this downtown location is doing everything right to live up to its reputation while also satisfying the demands of its new city clientele. This local pub is located in one of the oldest buildings in the south Loop Printers Row neighborhood. The location and neighborhood are as famous and historic as the Hackney-burger. Try the popular deep-fried onion loaf with one of Hackney's many imported tap beers, which include Harp, Bass, Stiegl Pils and Tucher Hefe Weiss. *Inexpensive*

HEAT

1507 N. Sedgwick; (312) 397-9818
The ultimate in fresh sushi and sashimi cut to order sometimes from live fish swimming in the three salt-water tanks. *Expensive*

HEAVEN ON SEVEN ON RUSH

600 N. Michigan; (312) 280-7774
Spicy Cajun and Creole dishes are served in an equally stimulating room steps from Michigan Avenue, up a steep escalator. Not fancy, but the "feed me" fixed price menus, dependent on the whims of the chef, provide an unforgettable experience. Sunday features a New Orleans Jazz Brunch. *Moderate*

HONG MIN RESTAURANT

221 W. Cermak; (312) 842-5026
Don't let the chipped linoleum put you off from the extensive assortment of memorable Chinese food. *Moderate*

HOUSE OF BLUES

329 N. Dearborn; (312) 923-2000
Folk art meets European theater design in Chicago's spectacular House of Blues. The House of Blues is all about entertainment, including the House of Blues restaurant, which hosts a blues stage seven nights a week. However, the outsider art is entertainment in itself. The Cajun food offers a great selection and is a perfect fit with the décor—hot and

Continued on next page

Continued from previous page

spicy. Dan Aykroyd and Jim Belushi, whose Blues Brothers band occasionally plays at House of Blues, are among the investors. Make advance reservations for the unforgettable Sunday Gospel Brunch. *Expensive*

JOE'S SEAFOOD, PRIME STEAK AND STONE CRAB

60 E. Grand; (312) 379-5637
This Miami offshoot serves Florida stone crab claws with mustard sauce and steaks in a dining room decorated with vintage black and white photographs. *Expensive*

KEVIN ★NEW★

9 W. Hubbard; (312) 595-0055
A promising new restaurant, the wood and brick Kevin delivers excellent fusion of Asian and French cuisine in a marvelous interior space. Asian influences distinguish the contemporary dining room. Shoji screens, brick walls and hardwood floors blend as beautifully as the cuisine. Kevin is located behind Nordstrom, approximately four blocks west of Michigan Avenue. *Expensive*

LE BOUCHON

1958 N. Damen; (773) 862-6600
Small, authentic French bistro located in the fashionable Bucktown neighborhood. *Moderate*

LE COLONIAL

937 N. Rush; (312) 255-0088
Located in the heart of Chicago's Rush Street nightlife district, this French-Vietnamese masterpiece features a look back in time to colonial Vietnam. Sugar cane wrapped shrimp, sea bass and filet mignon grace this sophisticated menu. A dimly lit upstairs lounge is the destination for many a late-night romantic meeting. After dinner, a walk down Rush Street affords a chance to stop in one of the many elegant bars for some of the best people watching in the city. *Expensive*

LES NOMADES

222 E. Ontario; (312) 649-9010
Flawless French food served in a downtown mansion. This elegant restaurant's picturesque entrance is so entrancing that it is occasionally used as the setting for movie scenes. The interior is cozy, warm and inviting. *Very Expensive*

MARCHE

833 W. Randolph; (312) 226-8399
Over-the-top décor makes this French restaurant a popular "see and be seen" spot. Be prepared for loud, techno music. *Expensive*

MORTON'S OF CHICAGO

1050 N. State; (312) 266-4820
The King of steakhouses is famous for its steak and lobster. Located in

the center of Chicago's nightlife area. *Expensive*

MCCORMICK & SCHMICK'S

41 E. Chestnut; (312) 397-9500
This West Coast import is all about fish. The menu offers what is probably the entire available day's catch in Chicago, along with the required token red meat items. Oysters are the house specialty. The dining rooms are clubby with dark wood paneling and dim lighting. Request a booth. The popular bar serves lighter fare and a late-night menu. Located one block off Michigan Avenue, behind Fourth Presbyterian Church and in the heart of Rush Street's nightlife. *Moderate/Expensive*

MILLENNIUM ITALIAN STEAKHOUSE

832 W. Randolph; (312) 455-1400
Specializing in dry-aged beef and smoked meats, Millennium has created quite a buzz among the steak and cognac crowd. This is not a surprise when the specialty is a 32-ounce house-smoked prime rib. Recently, the menu has been expanded to accommodate pasta and truffle cream sauce lovers. The room is spectacular with its curvy wood and winding staircase. A post-steak cigar can be enjoyed in the lounge. *Expensive*

MK, THE RESTAURANT

868 N. Franklin; (312) 482-9179
The Restaurant — Creative contemporary dishes superbly offset by this stylish restaurant. Exposed bricks and beams reflect the building's past as a paint factory. *Expensive*

MOLIVE'

107 E. Delaware; (312) 573-6300
Enjoy this comfortable setting for a California-Mediterranean influenced menu one block away from Bloomingdale's. *Expensive*

MON AMI GABI

2300 N. Lincoln Park West; (773) 348-8886
Across the lovely fresco painted lobby from Ambria, Mon Ami is the less formal, more raucous French Bistro. Steak is served in seven different versions piled high with Mon Ami's delicious frites. The rolling wine cart with wines by glass is both clever and convenient. *Moderate*

LEXI'S

1330 W. Madison; (312) 829-4600
American bistro fare presented in an American environment—brick walls decorated with mirrors and large paintings. *Expensive*

MOD

1520 N. Damen; (773) 252-1500
This popular Wicker Park eatery is wowing diners with traditional American dishes modernized with high-end ingredients. *Moderate*

NAHA

500 N. Clark; (312) 321-6242
This bright, minimalist restaurant is making a hit with its Mediterranean-influenced American offerings. *Expensive*

NAPA VALLEY GRILLE

★NEW★
626 N. State; (312) 587-1166
Chicago celebrates California wine and cuisine at this new Gold Coast restaurant. Special efforts are made at Napa Valley Grille to pair wine and food. Extreme care has been taken with the extensive wine list, which includes many rare and wonderful California wines. The cozy fireplace and friendly Midwestern service are the only reminders of winter. *Expensive*

NICK'S FISHMARKET

2 S. Dearborn; (312) 621-0200
This Loop favorite boasts a redecorated dining room and menu to match. The service is outstanding and now includes a hot finger towel following the entrée. Fruit reductions and Asian accents complement the exceptional seafood and fish for which Nick's is famous. A cabaret bar serving a lighter menu, Nick's Grill, has been added upstairs. *Expensive*

NINE

440 W. Randolph; (312) 575-9900
Nine is not just another Chicago steakhouse — witness the circular caviar and champagne bar, the upstairs Ghost Lounge and the glamorous dining room. The mirrored support pillars and the silver 25-foot domed ceiling reflect colored lights and create an inviting glow. Ash wood and steel combine to create a stunning room. Try the creative caviar options such as egg salad with caviar in a crispy pastry cone. The American-dominated wine list runs from high-end wines to half-bottles and wine-by-the-glass selections. *Expensive*

NOMI*

800 N. Michigan; (312) 239-4030
The most noteworthy design element in this minimalist, French restaurant is the phenomenal view of North Michigan Avenue and Lake Michigan. *Very Expensive*

NORDSTROM CAFÉ

520 N. Michigan Avenue (4th floor Nordstrom department store); (312) 464-1515

This stylish cafeteria has revived many an exhausted shopper. Lunch spots in the newly designated North Bridge section of Michigan Avenue are limited; so don't forget this oasis when visiting Nordstrom or the Shops at Nordstrom. *Inexpensive*

NORTH POND CAFÉ

2610 N. Cannon; (773) 477-5845
Seasonal Midwestern dishes served with a city skyline view, situated in the heart of Lincoln Park with a view of the pristine lagoon. *Expensive*

ONE SIXTYBLUE

160 N. Loomis; (312) 850-0303
Sophisticated contemporary cuisine served to a sophisticated clientele in a setting to match. *Expensive*

THE PALM

323 E. Wacker; (312) 616-1000
Mammoth prime steaks, lobsters and drinks grace the tables at this popular steakhouse. House specialties include lobster, New York strip, porterhouse and filet. Hint: reserve your jumbo lobster ahead of time to guarantee availability. The traditional seafood appetizers are well worth sampling. The Palm's personality comes from having walls that are covered with portraits of patrons—the famous as well as the unknown—and cartoons. Located two long windy blocks east of Michigan Avenue. *Expensive*

PARK AVENUE CAFÉ

199 E. Walton; (312) 944-4414
At the Chicago extension of New York's Park Avenue Café, portions are big and some of the dishes (swordfish chops, for example) are so unusual, they're trademarked. The dining room is decorated with American folk art pieces. During the Sunday brunch, miniature dishes are wheeled to your table on a cart, dim sum-style. *Expensive*

PENANG

2201 S. Wentworth; (312) 326-6888
Top-notch Malaysian cuisine served in a simple, cheerful room. *Moderate*

PETTERINO'S

150 N. Dearborn; (312) 422-0150
Located in the southeast corner of the new Goodman Theatre building, Petterino's specializes in quality pre-theater steaks, chops, pastas and salads. The room and the food are both substantial. Dim lighting artistically blends the dark woods and red leather interior into a comfortable, recognizably 1940s Loop-style restaurant. To further celebrate the authentic Chicago style and atmosphere, order the shrimp de jonghe, an original Chicago dish. The restaurant takes its name from Arturo Petterino, the famous former Pump Room maitre d'. *Expensive*

PRAIRIE RESTAURANT

500 S. Dearborn; (312) 663-1143
Prairie features everything that is great about the midwestern prairie from game and produce to Prairie School accents and Mission-style furniture. The two-level restaurant is one of Printers Row's fine jewels. Inter-

esting twists can be found on classic midwestern comfort foods as well as inspiring beef and game dishes. *Expensive*

PRINTER'S ROW

550 S. Dearborn; (312) 461-0780
This stellar South Loop restaurant, with its dimly lit, dark oak paneled room, offers American cuisine such as maple glazed pork chop with herb spaetzle and roasted Amish chicken. The Printer's Row neighborhood consists of turn-of-the-century brick buildings and factories converted to loft space and wonderful restaurants. *Expensive*

RHAPSODY*

65 E. Adams; (312) 786-9911
This beautiful restaurant is conveniently tucked inside Symphony Center with an outside entrance on Adams Street. The conservatory-style dining room is accentuated with towering plants and filled with lovers of food, wine and the arts. Amidst the hustle and bustle of the Loop, Rhapsody's dining room opens onto a downtown rarity, a lovely, hidden garden. *Expensive*

RITZ-CARLTON DINING ROOM

160 E. Pearson; (312) 266-1000
Contemporary French masterpieces are served in a comfortable elegant room. *Very Expensive*

ROSEBUD

1500 W. Taylor; (312) 942-1117
A memorable Italian meal large enough for a family of four. *Moderate*

ROSEBUD STEAKHOUSE

★NEW★
192 E. Walton; (312) 397-1000
Rosebud's bone-in filet has won the hearts of Chicago steak enthusiasts. Excellent Italian preparations of chicken, lamb and seafood are also available. The clubby room with its dark wood paneled walls and red leather booths and chairs is a favorite haunt of Chicago's Mayor Daley and other local politicians. The wine list offers a selection of Italian and American wines. Located behind the Drake, Rosebud is in a quiet pocket of the elegant north Streeterville neighborhood. *Expensive*

ROY'S ★NEW★

720 N. State; (312) 787-7599
Chicago welcomes Roy Yamaguchi's Hawaiian fusion cuisine, which combines French and Asian cooking techniques. Specialties include hibachi-grilled salmon, blackened tuna and barbecued baby back ribs. Expert wine and food pairings are recommended. The bar and a special section of the dining room offer a view of the exhibition kitchen. *Expensive*

RUSSIAN TEA TIME

77 E. Adams; (312) 360-0000
Not just a tea house as the name suggests, Russian Tea Time is a full-service restaurant run by natives of the former Soviet Republic of Uzbekistan. *Expensive*

SEASONS RESTAURANT

120 E. Delaware; (312) 649-2349
The Four Seasons Hotel provides luxury hotel amenities in its well-respected Seasons Restaurant. The room is elegant, but most important, the large tables are positioned far enough apart to create a sense of intimacy and space not usually found in the city. Seven stories above North Michigan Ave., chandeliers and gorgeous, fresh-cut flowers grace the oak paneled room. A variety of tasting menus complete with wine selections accompany the a la carte menu. Save room for dessert or cheese, both are an excellent decision. Seasons is known for light, healthy fare created by chef Mark Baker who departed the restaurant around the time this article was written. *Very Expensive*

SHANGHAI TERRACE ★NEW★

108 E. Superior; (312) 573-6744
This intimate, upscale Asian restaurant is a welcome addition to the wave of destination hotel restaurants opening in Chicago in 2002. With its silver and red lacquer accents, the Shanghai Terrace in the Peninsula Hotel is a step back to 1930s China. However, the menu is clearly 21st century. Lobster lovers can look forward to creative dishes, while red meat fans will be equally pleased. Dim Sum is also served daily during lunch. *Expensive*

SHAW'S CRAB HOUSE

21 E. Hubbard; (312) 527-2722
Seasonal seafood is flown in daily from the Atlantic, the Gulf and the Pacific Coast to this popular River North spot. Many of the restaurant's fish and seafood suppliers are pictured on the walls of the Blue Crab Lounge, a New Orleans-themed oyster bar with old blues and torch recordings on the sound system. *Expensive*

SMITH & WOLLENSKY

318 N. State; (312) 670-9900
Sports and steaks are the perfect combination in Chicago. Scattered among the memorabilia and Americana art decorating the walls is a fair assortment of sports-related collectables and accents. This New York import is serves extremely large steaks. The many windows and French doors provide diners with an excellent view of the Chicago River, the Wacker Drive office towers and the State Street Bridge. Lobster cocktail and crabcakes are among the most notable appetizers. Aside from

steak, the must-be-mentioned entrees include a braised pork shank and a lobster dusted with paprika and cayenne pepper. *Expensive*

SOUL KITCHEN

1576 N. Milwaukee; (773) 342-9742
The animal print motif and southern cooking are the perfect complement to this trendy Wicker Park restaurant. Experience this inspired menu in an urban neighborhood. *Expensive*

SPAGO

520 N. Dearborn; (312) 527-3700
California-Asian inspired dishes served in classy venue. Decor is bright, cheerful and arty. A cigar lounge with a small fireplace can be found on the second floor. *Expensive*

SPIAGGIA

980 N. Michigan; (312) 280-2750
Sophisticated Italian creations are appropriate for this breathtaking room, filled with those desiring to see and be seen. The only four-star Italian restaurant in Chicago, this is an extremely popular destination with white tablecloths, large windows and first class service. *Very Expensive*

SPRING ★NEW★

2039 W. North; (773) 395-7100
Many critics are hailing Spring as the year's best new restaurant. The Zen style of this converted Turkish bathhouse is well matched by the kitchen's harmony. The seafood-dominated menu is influenced by Indian and Asian cuisine. Spring is in the trendy Wicker Park neighborhood, a 15-minute cab ride from downtown. *Expensive*

TASTE OF SIAM

600 S. Dearborn; (312) 939-1179
Located in a converted warehouse in the Printers Row neighborhood, this is the spot for Thai cuisine in the south Loop. The large windows and high ceilings add a touch of airiness to this long, narrow room. The menu is extensive and the food is exotic but not too challenging. The crowd is young and urban. *Inexpensive*

TRATTORIA NO. 10

10 N. Dearborn; (312) 984-1718
This subterranean fixture in the Loop has it all. The dark, quiet dining room is divided into intimate spaces by pillars and Italian-style archways. Pin lights add drama to the colorful room. Chicagoans visit Trattoria No. 10 for the amazing pastas, risottos and ravioli dishes. However, meat and seafood lovers will also be pleased. Because of its central-Loop location, Trattoria No. 10 is a short walk to the Shubert, Oriental and Palace theaters. The busy bar is also popular because it offers early-evening appetizers. *Moderate*

TRU*

676 N. St. Clair; (312) 202-0001
Flashy, contemporary dishes are juxtaposed against the stunning white dining room. This exciting, trendy experience is one block off Michigan Avenue. *Very Expensive*

TUSCANY

1014 W. Taylor; (312) 829-1990
Fashionable Northern Italian restaurant suitably situated on Taylor Street. *Moderate*

TWELVE 12 ★NEW★

1212 N. State Pkwy.; (312) 951-1212
Located steps from rowdy Division Street, Twelve 12 is the fine-dining jewel of this festive neighborhood. Sweetbreads, trout and lamb are prepared with care and creativity. The dining room's contemporary minimalism décor does not detract from the imagination of the kitchen. The room is a stately white with tasteful lighting. *Expensive*

TOPOLOBAMPO*

445 N. Clark; (312) 661-1434
Complex Mexican flavors abound in the upscale restaurant adjacent to its sister, Frontera Grill. *Moderate*

WAVE ★NEW★

644 N. Lake Shore Dr.; (312) 255-4460
This Mediterranean restaurant specializing in seafood is appropriately situated on Lake Shore Drive. Chicago Magazine recommends seafood bouillabaisse. Sleek lines and vibrant colors contribute to Wave's ultimate chicness. Practically flowing into the ultra-trendy W Chicago-Lakeshore Hotel's popular lobby bar, Wave features a communal table ringed by smaller four- and six-seat tables. *Expensive*

VIVO

838 W. Randolph; (312) 733-3379
This chic restaurant offers creative Italian fare. *Expensive*

ZEALOUS*

419 W. Superior; (312) 475-9112
This warm eggplant and olive room has 18-foot ceilings, texturized walls and a two story glassed-in wine tower that can hold 6,000 wine bottles. Zealous' kitchen brilliantly combines different foods, textures and flavors. The multiple-course degustation menus are highly recommended. This River North restaurant is a nice walk or a short cab ride from the N. Michigan Ave. hotels. *Expensive*

www.rsna.org

Strategic Plan Online

The three-year RSNA Strategic Plan, adopted by the Board of Directors in February, is available in the About RSNA section of *RSNA Link*:

www.rsna.org/about/s_plan2002-2005.html

The strategic plan lists eight key goals to further the mission of RSNA and fulfill the Society's vision.

See RSNA Headquarters

Three new photographs of RSNA headquarters in Oak Brook have been posted in the Headquarters Office subsection of About RSNA.

All three, taken this past August from a nearby office building, show the natural surroundings of the headquarters structures, including many young trees that have grown considerably since the initial set of digital photographs was posted nearly three years ago.



Media Preview for RSNA 2002

Reporters or other media representatives can find information about RSNA 2002 in the new Media area in the Annual Meeting section of *RSNA Link*. This area currently contains a summary from RSNA President R. Nick Bryan, M.D., Ph.D., a schedule of plenary sessions, the list of 2002 distinguished honorees and lecturers and information about the Associated Sciences program. It will be updated leading up to the meeting.

Comprehensive Calendars

When the redesign of *RSNA Link* was launched in August, the Calendar section was improved and expanded. Now called Calendars, its multifaceted purpose is to help RSNA members and others keep track of deadlines and other important dates associated with RSNA events and those of other radiologic societies.

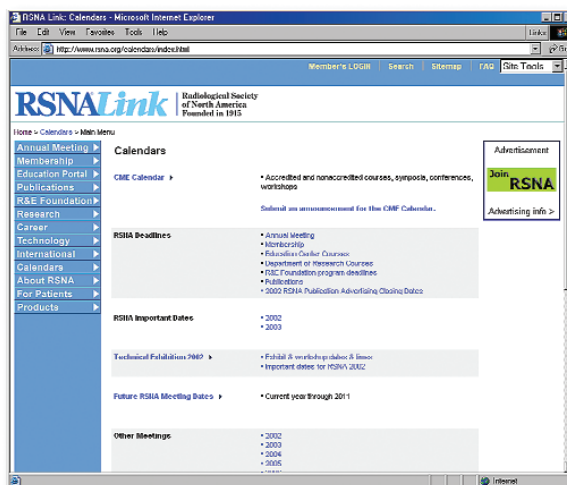
Click the Calendars button in the navigation column, and you will see the index page, which lists the contents of this section. The largest calendar here is the CME Calendar (called CME & International CME Offerings apart from the navigation column). It lists symposia, workshops, society meetings and domestic and international courses for radiologists, radiation oncologists and allied health professionals. Each listing is linked to either an announcement page on *RSNA Link* or an external Web site for that event.

Announcements for CME Calendar can be submitted year round through a

fillout form: www.rsna.org/education/offerings/submityours.html

These announcements will be considered for publication in the print version of *Radiology* if they are relevant and are submitted in time for publication (usually at least four months beyond the current month).

CME Calendar is also accessible through the All Courses link on the index page of the Education Portal. The Calendar section also contains a smaller collection of pages for members and other visitors with specific interests.



RSNA Deadlines is a group of pages that lists registration, submission, application and other deadlines for the scientific assembly, membership, Education Center and Department of Research courses, RSNA Research and Education Foundation, publications and advertising.

RSNA Important Dates is based on the pocket calendar distributed at McCormick Place during the scientific assembly, as are two Other Meetings pages that list (without details) meetings of other societies. Some of these dates change after publication of the pocket calendar, so the Web pages are updated during the year.

The Calendars section also contains listings of dates for technical exhibitors and dates of future RSNA annual meetings.

Many of these specific calendars, along with the CME Calendar, will be gathered into a searchable Web-based calendar.

Medical Meetings

December 2002 – March 2003

NOVEMBER 30

How to Write a Good Grant Application (prior to RSNA 2002), McCormick Place, Chicago • (630) 368-3758 or dor@rsna.org

NOVEMBER 30

Retirement Distribution Planning and Investment Seminars (prior to RSNA 2002), McCormick Place, Chicago • (630) 590-7715 or ed-ctr@rsna.org

DECEMBER 1-4

Introduction to Research (during RSNA 2002), McCormick Place, Chicago • (630) 368-3758 or dor@rsna.org

DECEMBER 1-6

RSNA 2002, 88th Scientific Assembly and Annual Meeting, McCormick Place, Chicago • www.rsna.org

DECEMBER 7-8

International Society for Clinical Densitometry (ISCD), Bone Densitometry Certification Lectures and Exam, Courtyard Chicago Downtown, Chicago • (202) 367-1132

DECEMBER 8-11

American Medical Association (AMA), Interim Meeting, New Orleans Hilton & Towers, New Orleans • (312) 464-5000

JANUARY 4-7

Indian Radiological & Imaging Association (IRIA), 56th Annual Congress, Jaipur, India • www.56iriajaipur.net

JANUARY 23-26

Radiation Therapy Oncology Group (RTOG), Hyatt Regency Houston • (215) 574-3189

JANUARY 31-FEBRUARY 1

Biomedical Imaging Research Opportunities Workshop (BIROW), RSNA/ARR/AAPM/BMES, Hyatt Regency, Bethesda • www.birow.org

FEBRUARY 1-5

Mexican Society of Radiology and Imaging (SMRI), XXVII Annual Course of Radiology and Imaging, Sheraton Hotel Centro Historico, Mexico City

FEBRUARY 8-15

American Board of Radiology (ABR), Winter Meeting, Hualalai Resort, Kona, Hawaii • www.theabr.org

FEBRUARY 16-21

Society of Gastrointestinal Radiologists (SGR), 32nd Annual Meeting, Fiesta Americana Grand Coral Beach, Cancun, Mexico • www.sgr.org

MARCH 2-6

Society of Thoracic Radiology (STR), Annual Meeting and Scientific Session, Loews Hotel, Miami Beach, Fla. • (507) 288-5620

MARCH 7-11

European Congress of Radiology (ECR), Vienna, Austria • www.myeer.org

MARCH 12-16

3rd Annual PACS Conference, "Integrating the Healthcare Enterprise," University of Rochester Department of Radiology, Westin Riverwalk Hotel, San Antonio, Texas • (585) 275-1050 or www.urmc.rochester.edu/pacs2003

MARCH 24-28

Society of Computed Body Tomography and Magnetic Resonance (SCBT/MR), 23rd Annual Course, Westin Mission Hills Resort, Rancho Mirage, Calif. • (507) 288-5620

MARCH 27 - APRIL 1

Society of Interventional Radiology (SIR), Convention Center, Salt Lake City, Utah • www.sirweb.org

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CME Credit Repository

www.rsna.org/cme

RSNA Index to Imaging Literature

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www3.rsna.org/dor/

RadiologyInfo™

ACR-RSNA public information Web site: www.radiologyinfo.org

RSNA Online Products and Services

www.rsna.org/memberservices

2001 RSNA Annual Report

www.rsna.org/about/annualreport.html

RSNA 2002 Exhibitor Prospectus

www.rsna.org/rsna/te/prospectus/

Advance Registration for RSNA 2002

www.rsna.org/rsna/advance/registration/