RSNA 2003 Meeting Preview
and Restaurant Guide

Also Inside:
- Non-Radiologist Physicians Boost Imaging Costs
- Salaries Rise for Radiologists in 2002
- Operating Room of the Future in Use Now at NIH
- RSNA’s Online Journals Offer New Look and Expanded Features
- History of the RSNA—Part 25
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ECR Names 2004 Honorees

The European Congress of Radiology (ECR) will present honorary membership to four radiologists during ECR 2004 in Vienna, Austria, next March. They are:

• Peggy J. Fritzsche, M.D., 2003 RSNA President, San Bernardino, Calif.
• Carl J. Zylak, M.D., 1991 RSNA President, Detroit
• Sudarshan K. Aggarwal, M.D., New Delhi, India
• Ryusaku Yamada, M.D., Osaka, Japan

In addition, Javier Lucaya, M.D., from Barcelona, Spain, and Rolf W. Günther, M.D., from Aachen, Germany, will receive the ECR gold medal.

Berg New Director of NIGMS

Jeremy M. Berg, Ph.D., has been appointed director of the National Institute of General Medical Sciences (NIGMS). Dr. Berg is currently director of the Institute for Basic Biomedical Sciences and professor and director of the Department of Biophysics and Biophysical Chemistry at the Johns Hopkins University School of Medicine in Baltimore. He is expected to begin his NIGMS position in early November.

Sones New President of Flying Physician Association

Peter J. Sones Jr., M.D., a retired professor of radiology and surgery at Emory University in Atlanta, is the new president of the Flying Physicians Association—an association to promote safety, education, research and human interest projects relating to aviation. Dr. Sones is also a founding member of the Southeastern Angiographic Society.

Mexican Radiological Society Elects New Board

The Sociedad Mexicana de Radiología E Imagen has a new board of directors. The 2003-2004 board members are:

Héctor Murrieta-González, M.D., President
Raul Barreda-Escalante, M.D., President-elect
Roque Ferreyro-Irigoyen, M.D., Secretary General
Luis Felipe Alva-López, M.D., Treasurer
Enrique Mainero-Crespo, M.D., Secretary

Dear Editor:

I read with interest “Making the Most of the Internet” in the August 2003 issue of RSNA News. There are an increasing number of sites that offer valuable tools to radiologists. One not mentioned in the article that many residents at my program utilize is Aunt Minnie.com.

This Web site has a variety of useful features. For the practicing radiologist, there are sections devoted to industry news, equipment features and employment opportunities. For residents, there are sections with teaching cases arranged by organ system that can be searched by modality and diagnosis.

The Internet will play an interesting role in the training and practice of radiology. Although some might consider Internet resources inappropriate educational tools, and instead prefer the traditional text materials, there is no doubt in my mind that the Internet—and other educational resources on DVD or CD—is becoming an increasingly prominent tool for radiologists and residents.

Sincerely,

James Bradley Summers,
M.S., M.D.
University of South Alabama
**RSNA 2003 Dedications**

RSNA President Peggy J. Fritzsche, M.D., has announced the following dedications for the 89th RSNA Scientific Assembly and Annual Meeting:

The Annual Meeting will be dedicated to the memory of Isadore Meschan, M.D., who died in May at the age of 89. From 1955 to 1977, Dr. Meschan was the chairman of the Department of Radiology at Bowman Gray School of Medicine in Winston-Salem, N.C. He was chairman emeritus until 1993.

The Annual Oration in Diagnostic Radiology will be in honor of Isaac Sanders, M.D., from Palm Desert, Calif.

The Annual Oration in Radiation Oncology will be dedicated to the memory of Jerzy Einhorn, M.D., R.N.O., and Nina Einhorn, M.D., Ph.D.

**2004 RSNA Visiting Professors**

The RSNA Board of Directors has approved the applicants for the 2004 RSNA Visiting Professor Program. Administered by the RSNA Committee on International Relations and Education (CIRE), the program pays for three radiologists to spend up to two weeks in an emerging nation to help enhance continuing medical education in that country. In addition, CIRE provides $1,500 for educational materials from the RSNA Education Resources Catalog to be donated to the host institutions.

The 2004 Visiting Professors are:

**Argentina – September 2004**

Edward Bluth, M.D. — Ochsner Clinic Foundation, New Orleans
Theodore Dubinsky, M.D. — University of Washington, Seattle
Gia DeAngelis, M.D. — University of Virginia Health System, Charlottesville, Va.

**Romania – October 2004**

Miha Taljanovic, M.D. — University Medical Center, Tucson, Ariz.
Jan Namyslowski, M.D. — Indiana University Medical Center, Indianapolis
Jane Share, M.D. — Boston Children’s Hospital

In a separate but similar program, a team of visiting professors will travel to Mexico City in September 2004. The participants will be announced in a future edition of *RSNA News.*

**West Nile Virus MRI Registry**

The Centers for Disease Control and Prevention and Louisiana State University are collaborating on a project designed to make it easier to diagnose West Nile virus (WNV). The institutions have launched a WNV registry and are asking radiologists to contact the registry if they are aware of patients with WNV infection who have undergone MR imaging. For more information, contact the registry at westnile@unipacs.com.

**2003 Introduction to Research for International Young Academics**

The participants in this year’s Introduction to Research for International Young Academics program are:

<table>
<thead>
<tr>
<th>International Young Academic</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atinuke Agunloye</td>
<td>Nigeria</td>
</tr>
<tr>
<td>Jurgita Brzaute</td>
<td>Lithuania</td>
</tr>
<tr>
<td>Maria Contreras Marin</td>
<td>Mexico</td>
</tr>
<tr>
<td>Martine DuJardin</td>
<td>Belgium</td>
</tr>
<tr>
<td>Nitin Ghonge</td>
<td>India</td>
</tr>
<tr>
<td>Maja Hrabak</td>
<td>Croatia</td>
</tr>
<tr>
<td>Eung Kim</td>
<td>Korea</td>
</tr>
<tr>
<td>Marc Kock</td>
<td>The Netherlands</td>
</tr>
<tr>
<td>Bruce McVor</td>
<td>South Africa</td>
</tr>
<tr>
<td>Dirk Rutgers</td>
<td>The Netherlands</td>
</tr>
<tr>
<td>Mourad Said</td>
<td>Tunisia</td>
</tr>
<tr>
<td>Rath Subramaniam</td>
<td>New Zealand</td>
</tr>
<tr>
<td>Mei Tian</td>
<td>Japan</td>
</tr>
<tr>
<td>Carolina de Oliveira Walter Porto</td>
<td>Brazil</td>
</tr>
<tr>
<td>Tetyana Yalynska</td>
<td>Ukraine</td>
</tr>
</tbody>
</table>

The focus of the Introduction to Research for International Young Academics program 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 annual meeting registration 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 is April 15 each year. For more information, contact Fiona Miller at (630) 590-7741 or e-mail CIRE@rsna.org.
NIH Urged to Restructure

A new report says important organizational changes are needed at the National Institutes of Health (NIH) to prepare the agency to effectively meet future challenges.

The report, by the National Research Council and the Institute of Medicine of the National Academies, says changes are required to allow NIH to devote additional resources to innovative interdisciplinary research that reflects strategic objectives and cuts across all of the agency’s institutes and centers.

The report also says that Congress should establish a formal process to review and act on specific proposals for changes in the number of NIH institutes and centers, which currently total 27.

The report lists a number of recommendations including combining the National Institute on Drug Abuse with the National Institute on Alcohol Abuse and Alcoholism, and combining the National Institute of General Medical Sciences with the National Human Genome Research Institute.

For more detailed information, go to www.iom.edu/project.asp?id=4866. The full report, “Enhancing the Vitality of the National Institutes of Health: Organizational Change to Meet New Challenges,” is expected to be available for purchase this month.

Lawmakers Hear About IHE

David S. Channin, M.D., a member of the RSNA Electronic Communications Committee, spoke before a congressional steering committee in July about how integrated healthcare information systems can improve patient safety.

Dr. Channin said that the Integrating the Healthcare Enterprise (IHE) initiative, launched by RSNA in cooperation with the Healthcare Information and Management Systems Society (HIMSS), has helped standardize computer systems so that they interface and make healthcare workflow easier and faster.

“All healthcare institutions face the challenge of sharing information between numerous heterogeneous computer systems both within their own facilities and between facilities,” said Dr. Channin, chief of imaging information at Northwestern’s Feinberg School of Medicine in Chicago. “Building a framework for implementing common standards to overcome these issues is trying to accomplish. This will foster the appropriate, timely and secure communication of any medical information to support clinical, research and public health needs.”

ARRT Temporarily Suspends Bone Densitometry Recertification

The five-year re-examination requirement for the American Registry of Radiologic Technologists (ARRT) bone densitometry registration has been temporarily suspended pending the outcome of a broader investigation into the need for certification and/or registration requirements that encourage the continuing qualifications of radiologic technologists.

The first re-examinations were scheduled to begin in 2005. Those already certified or becoming certified in bone densitometry during the period of suspension will be subject to recertification requirements as determined by ARRT following the lifting of the suspension.

“ARRT Executive Director Jerry B. Reid, Ph.D. “It doesn’t necessarily mean that the time-limited concept will be abandoned, but does mean that additional options will be explored.”

October Deadline for HIPAA Electronic Transaction and Code Sets

The compliance deadline is October 16 for the electronic transactions and code sets standards under the Health Insurance Portability and Accountability Act (HIPAA). That means healthcare practices must adopt uniform data fields if they electronically submit claims for healthcare services. After October 16, Medicare will pay only the practices that comply, unless the practice has fewer than 10 full-time equivalent employees or cannot submit electronically.

For more information, go to the CMS Web site at cms.hhs.gov/hipaa/hipaa2/Stepsforcompliance.pdf or the American College of Radiology Web site at www.acr.org/dyna/?doc=departments/econ/hipaa.

CRA Exam Planned for November

The fall 2003 Certified Radiology Administrator (CRA) exam will be held on November 7 at testing centers in Las Vegas, St. Louis, Dallas, Charlotte, N.C., and White Plains, N.Y.

The CRA program is administered by the American Healthcare Radiology Administrators (AHRA). The examination is designed to raise the business acumen of imaging administrators, provide a standardized evaluation of an imaging administrator’s competence, enhance the status of imaging administration in the healthcare community and ensure appropriate recognition of expertise as identified by the certification.
Radiologists are not the driving force behind the increase in Medicare outlays for noninvasive imaging studies—non-radiologists are, according to new research out of Thomas Jefferson University (Jefferson) in Philadelphia.

Andrea J. Maitino, M.S., and colleagues from Jefferson obtained Medicare Part B claims filed from 1993, 1996 and 1999 and analyzed them for all procedure codes related to noninvasive diagnostic imaging (NDI). For each NDI diagnostic category, physicians performing the services were classified as radiologists or non-radiologists. The authors then determined the overall utilization rates and relative value unit (RVU) rate changes among radiologists and non-radiologists over the six-year period. Their findings are published in the September 2003 issue of *Radiology*.

“What we showed was that if you separate out radiologists from all other physicians, it turns out that between 1993 and 1999, the utilization rate per hundred-thousand Medicare beneficiaries among radiologists actually dropped by four percent, while among non-radiologists, the rate went up by 25 percent,” says study co-author, David C. Levin, M.D., professor and chairman emeritus of the Radiology Department at Jefferson.

“We also looked at the RVU rate per 100,000 because it’s a better indicator of workload,” Dr. Levin explains. “Among radiologists, the RVU rate was up by seven percent, but among non-radiologists it rose by 32 percent. What that means is that virtually all of the growth that is occurring in NDI is occurring at the hands of non-radiologists. What’s really driving up the utilization of imaging is the acquisition of imaging equipment by non-radiologist physicians who then self-refer their own patients for imaging studies.”

The researchers also found that the bulk of the utilization increase was in cardiovascular imaging. Dr. Levin notes, “The overall utilization rate for cardiovascular image between 1993 and 1999 went up by 64 percent, while the rate for all non-cardiovascular studies dropped four percent.” Echocardiography and nuclear imaging examinations by non-radiologists, which rose by 56 percent and 209 percent respectively over the period, accounted for a large proportion of the rise in cardiovascular imaging.

These trends concern study co-author, Vijay Rao, M.D., chairman of the Radiology Department at Jefferson. “Over the period we studied, [Medicare Part B] payments to radiologists went up by 58 percent. The increase for cardiologists was 126 percent,” says Dr. Rao. “We know from previous research that imaging utilization is several times higher where physicians do their own imaging, rather than referring to radiologists. These are staggering figures, and I think it should be determined if cardiologists are doing duplicative studies on patients, such as both stress echocardiograms and stress thallium studies, and if these studies are medically necessary.”

She adds: “Radiologists need to continue to play an active role in controlling cardiac CT and cardiac MRI as these fields expand. … If they do, we may be able to control imaging costs in those areas.”

Gary J. Becker, M.D., RSNA Board Liaison for Science, agrees that this study underscores the impact of self-referral to utilization, and more obliquely, the failure of federal legislation to close self-referral loopholes. “When you look at utilization and you see how a study like this can show diverging lines between radiologist utilization and non-radiologist utilization of various procedures, it’s very revealing,” he says.
Dr. Becker, assistant medical director of the Miami Cardiac and Vascular Institute at Baptist Hospital, says the good news is that radiologists are working to maintain cost-effective levels of utilization of even the latest imaging devices and procedures. As a result, utilization by radiologists is not increasing at the same alarming pace that it is with other specialties.

Dr. Levin adds that radiologists should become more involved in cardiac imaging research, because that’s where the growth is. “There’s an old saying that today’s research is tomorrow’s clinical practice, and the specialties that do the research usually are the ones that take over the practice of a field. If we let the cardiologists do all the research in cardiac imaging, they’re the ones who will end up doing it,” he says.

Drs. Levin and Becker say their colleagues must remember this study’s statistics when they’re in conversations or debates with politicians, policymakers and Medicare carriers. “There are a lot of people in policy-making positions who just aren’t aware of these numbers,” Dr. Levin adds. “They see a rise in the utilization of imaging and they say, ‘oh, it’s those radiologists trying to make more money.’ Well, it’s actually the non-radiologists who are driving up this utilization and cost.”

Latest Numbers to be Released at RSNA 2003
The Jefferson team will present five additional papers at RSNA 2003 in Chicago November 30 – December 5. The papers include research data through 2001. Among their findings:

- Cardiologists continued to account for the lion’s share of growth in RVU rates
- Cardiologists are much more aggressive than other physicians in using self-referral to build up their workload
- The costs for services by cardiologists increased significantly more rapidly than those for services by radiologists or other physicians
- Non-radiologist physicians utilize ultrasound at much higher rates than radiologists, reflecting the influence of echocardiography

But Dr. Rao cautions radiologists against too much self-satisfaction, pointing to those who run up healthcare costs by promoting unproven procedures—such as whole body scanning—that take money out of the pockets of concerned patients and raise healthcare costs by resulting in further tests and treatments, some of which prove unnecessary. “These people bring a bad name to the specialty,” she says. “One group has been promoting breast MRI screening and saying it’s nearly 100 percent specific and sensitive. That’s wrong. They’re misleading the public with propaganda for their own profit, knowing that people too often believe everything they see on TV or on a billboard.”

Data in parentheses are percentages.

*Multispecialty groups are listed as a separate category because some claims do not indicate the specialty of the physician.

Salaries Rise for Radiologists in 2002

A new survey by the American Medical Group Association (AMGA) shows radiologists in group practices are the highest-paid players on the medical team. The survey did not include radiologists in academia.

Of the 29 specialties the AMGA reviewed, diagnostic interventional radiologists had the highest median compensation in 2002 at $401,000—$500 more than cardiac surgeons. Non-interventional diagnostic radiologists were ranked fifth at $315,000.

Not only were the annual compensation figures impressive, the percentage increases were also impressive for radiology. Interventional radiologists received the highest percentage salary increase among all 29 specialties at 33.7 percent from 1999 to 2002; non-interventional radiologists were second at 22.8 percent. In contrast, cardiac surgeons earned a 2.8 percent increase.

Looking at only the 2001 and 2002 figures, interventional radiologists received the highest percentage salary increase at 12.64 percent from $356,000 to $401,000, followed by otolaryngologists with an 11.54 percent increase and gastroenterologists with a 10.07 percent increase.

Many factors influence a change in physician compensation, some of which are market demand for certain specialists and new technology or new procedures that impact the physician’s overall productivity,” says Donald W. Fisher, Ph.D., AMGA president and CEO.

“Another factor is lower physician-service reimbursement rates from public program payers (Medicare and Medicaid). Since these reimbursement rates are generally used as the benchmark for commercial insurers’ rates, many physician groups are struggling with lower revenue from both their public and private payers, which will have a negative impact on compensation.”

Validity of the Numbers
It is difficult to tell how representative the AMGA figures are. The average AMGA member has 272 physicians and 13 satellite locations. So the statistics on salary, gross productivity and work relative value units (RVUs)—the three categories in which the AMGA collected data—may be higher than for radiologists working in smaller practices, at community hospitals or solo.

There is even a question of how representative the mean salaries are for group practices. AMGA received responses from 182 groups. Only 31 sent in data on interventional radiologists.

RSM McGladrey, Inc., which collected and analyzed the data for the AMGA, said in a letter to the AMGA board of directors: “The 2003 survey is not based on a random sample of medical groups; therefore the data may not be representative of all physicians or of all medical groups. However, we believe it to be representative of large multispecialty groups.”

Charges and RVUs
Radiologists also showed strong results in the other two categories measured by the AMGA. In median gross charges, a measure of a physician’s productivity, both radiologist categories showed increases of over 35 percent from 1999 to 2002, putting them in second and third place behind orthopedic surgeons at 36.5 percent. Gross charges are the full dollar value at the medical groups’ established, nondiscounted rates for all services provided to patients before the charges are reduced by courtesy allowances, employee discounts or non-collected accounts.

In terms of charges for 2002, interventional radiologists were at $1.58 million and non-interventional radiologists were at $1.46 million, putting them behind cardiologists working in catheterization labs at $2.1 million and cardiac surgeons at $1.83 million.

The third category used in the survey was work RVUs. These numbers are established by Medicare and are used in its fee formula along with practice and malpractice expense RVUs. The work RVU indicates the professional value of services provided by a physician. In this category, interventional radiologists held the number four position, behind eye surgeons and otolaryngologists, at a median 9,078 work RVUs a year in 2002. Non-interventional radiologists were in the middle of the pack at 6,978 RVUs a year.

The AMGA survey confirms the top-of-the-list pay scales for radiologists reported elsewhere. For example, a survey published earlier this summer by physician search firm Merritt, Hawkins & Associates of Irving, Texas, found that the average salary offer made to recruit radiologists grew from $286,000 in 2002 to $317,000 in 2003. Over the last four years, average recruiting offers have grown by 41 percent, according to the Merritt, Hawkins survey.

For more information on the
### Cardiac Imaging Theme Issue of *RadioGraphics*

The October 2003 monograph issue of *RadioGraphics* features cardiac imaging. With an underlying theme of “a mutually beneficial relationship between radiologists and cardiologists for the good of the patient,” 13 articles describe innovative techniques, such as radiofrequency ablation to treat atrial fibrillation and applications of the newest imaging protocols, such as preoperative multissection CT to detect calcified atherosclerotic plaque in the aorta and thereby prevent stroke during coronary artery surgery.

To access the issue online, go to radiographics.rsnajnl.org.

### Median Physician Compensation 1999-2002

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</thead>
<tbody>
<tr>
<td>Allergy</td>
<td>193,674</td>
<td>192,000</td>
<td>0.87%</td>
<td>186,072</td>
<td>181,001</td>
<td>4.09%</td>
<td>7.00%</td>
<td>12,673</td>
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<td>Cardiology - General</td>
<td>307,497</td>
<td>287,163</td>
<td>7.08%</td>
<td>271,001</td>
<td>262,954</td>
<td>13.47%</td>
<td>16.94%</td>
<td>66,540</td>
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<td>Cardiology - Cath Lab</td>
<td>329,494</td>
<td>310,500</td>
<td>6.12%</td>
<td>286,000</td>
<td>279,710</td>
<td>15.21%</td>
<td>17.80%</td>
<td>27,787</td>
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<tr>
<td>Dermatology</td>
<td>221,255</td>
<td>220,766</td>
<td>0.22%</td>
<td>198,196</td>
<td>186,191</td>
<td>11.63%</td>
<td>18.83%</td>
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<tr>
<td>Endocrinology</td>
<td>172,512</td>
<td>166,929</td>
<td>3.34%</td>
<td>157,767</td>
<td>158,654</td>
<td>9.35%</td>
<td>8.73%</td>
<td>13,858</td>
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<td>Family Medicine</td>
<td>148,992</td>
<td>145,675</td>
<td>2.28%</td>
<td>144,290</td>
<td>141,560</td>
<td>3.26%</td>
<td>5.25%</td>
<td>7,432</td>
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<tr>
<td>Gastroenterology</td>
<td>271,503</td>
<td>246,663</td>
<td>10.07%</td>
<td>240,000</td>
<td>222,000</td>
<td>13.13%</td>
<td>22.30%</td>
<td>49,503</td>
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<tr>
<td>Hematology &amp; Medical Oncology</td>
<td>225,000</td>
<td>210,000</td>
<td>7.14%</td>
<td>196,500</td>
<td>187,000</td>
<td>14.50%</td>
<td>20.32%</td>
<td>38,000</td>
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</tr>
<tr>
<td>Hypertension &amp; Nephrology</td>
<td>205,000</td>
<td>205,000</td>
<td>0.00%</td>
<td>193,793</td>
<td>183,000</td>
<td>5.78%</td>
<td>12.02%</td>
<td>22,000</td>
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<tr>
<td>Infectious Disease</td>
<td>166,911</td>
<td>166,156</td>
<td>0.45%</td>
<td>161,225</td>
<td>155,891</td>
<td>3.35%</td>
<td>7.07%</td>
<td>11,020</td>
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<td>Internal Medicine</td>
<td>147,810</td>
<td>150,534</td>
<td>-1.81%</td>
<td>144,264</td>
<td>142,881</td>
<td>2.46%</td>
<td>3.45%</td>
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<td>Neurology</td>
<td>186,946</td>
<td>181,689</td>
<td>2.89%</td>
<td>178,850</td>
<td>174,589</td>
<td>4.35%</td>
<td>7.08%</td>
<td>12,357</td>
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<tr>
<td>Pediatrics &amp; Adolescent</td>
<td>143,773</td>
<td>149,429</td>
<td>-3.79%</td>
<td>143,468</td>
<td>139,307</td>
<td>0.21%</td>
<td>3.21%</td>
<td>4,466</td>
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<tr>
<td>Psychiatry</td>
<td>162,000</td>
<td>158,275</td>
<td>2.35%</td>
<td>149,581</td>
<td>144,294</td>
<td>8.30%</td>
<td>12.27%</td>
<td>17,707</td>
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</tr>
<tr>
<td>Pulmonary Disease</td>
<td>219,846</td>
<td>233,483</td>
<td>-1.24%</td>
<td>199,909</td>
<td>190,781</td>
<td>5.47%</td>
<td>10.52%</td>
<td>20,064</td>
<td></td>
</tr>
<tr>
<td>Rheumatologic Disease</td>
<td>172,550</td>
<td>167,007</td>
<td>3.32%</td>
<td>160,876</td>
<td>155,000</td>
<td>7.26%</td>
<td>11.32%</td>
<td>17,550</td>
<td></td>
</tr>
<tr>
<td>Urgent Care</td>
<td>158,309</td>
<td>157,402</td>
<td>0.58%</td>
<td>147,248</td>
<td>145,139</td>
<td>7.51%</td>
<td>9.07%</td>
<td>13,170</td>
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#### Surgical Specialties

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<tbody>
<tr>
<td>Cardiac / Thoracic Surgery</td>
<td>400,500</td>
<td>401,440</td>
<td>-0.23%</td>
<td>389,926</td>
<td>389,474</td>
<td>2.71%</td>
<td>2.83%</td>
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<td>Emergency Care</td>
<td>201,604</td>
<td>204,518</td>
<td>-1.42%</td>
<td>190,179</td>
<td>187,200</td>
<td>6.01%</td>
<td>7.69%</td>
<td>14,404</td>
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<tr>
<td>General Surgery</td>
<td>269,122</td>
<td>255,304</td>
<td>5.41%</td>
<td>244,794</td>
<td>243,362</td>
<td>9.94%</td>
<td>10.59%</td>
<td>25,760</td>
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<tr>
<td>Gynecology &amp; Obstetrics</td>
<td>233,030</td>
<td>230,804</td>
<td>0.96%</td>
<td>228,663</td>
<td>223,584</td>
<td>1.91%</td>
<td>4.22%</td>
<td>9,446</td>
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<tr>
<td>Ophthalmology</td>
<td>234,704</td>
<td>240,265</td>
<td>-2.31%</td>
<td>239,379</td>
<td>230,791</td>
<td>-1.95%</td>
<td>1.70%</td>
<td>3,913</td>
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<tr>
<td>Orthopedic Surgery</td>
<td>350,147</td>
<td>324,754</td>
<td>7.82%</td>
<td>308,389</td>
<td>293,525</td>
<td>13.84%</td>
<td>19.29%</td>
<td>56,622</td>
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<tr>
<td>Otolaryngology</td>
<td>283,268</td>
<td>253,970</td>
<td>11.54%</td>
<td>253,746</td>
<td>245,665</td>
<td>11.63%</td>
<td>15.31%</td>
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<tr>
<td>Urology</td>
<td>298,703</td>
<td>276,798</td>
<td>7.91%</td>
<td>274,063</td>
<td>252,613</td>
<td>8.99%</td>
<td>18.25%</td>
<td>46,090</td>
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#### Radiology/Anesthesia/Pathology

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<tbody>
<tr>
<td>Anesthesiology</td>
<td>284,725</td>
<td>278,964</td>
<td>2.06%</td>
<td>255,651</td>
<td>238,000</td>
<td>11.37%</td>
<td>19.63%</td>
<td>46,725</td>
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</tr>
<tr>
<td>Diagnostic Radiology - M.D.s (Intervention)</td>
<td>401,000</td>
<td>356,000</td>
<td>12.64%</td>
<td>306,000</td>
<td>300,000</td>
<td>31.05%</td>
<td>33.67%</td>
<td>101,000</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Radiology - M.D.s (Non-Intervention)</td>
<td>315,000</td>
<td>302,704</td>
<td>4.06%</td>
<td>262,579</td>
<td>256,527</td>
<td>19.96%</td>
<td>22.79%</td>
<td>58,473</td>
<td></td>
</tr>
<tr>
<td>Pathology (M.D.s Only)</td>
<td>214,079</td>
<td>221,242</td>
<td>-3.24%</td>
<td>211,000</td>
<td>200,968</td>
<td>1.40%</td>
<td>6.52%</td>
<td>13,111</td>
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The future of interventional radiology in the operating room is being validated right now at the National Institutes of Health (NIH) in Bethesda, Md.

Image-guided therapeutic techniques such as next generation image displays, global positioning technology for instrument navigation and robotics for needle placement are all being tested at the NIH Clinical Center, according to Senior Clinical Investigator Bradford J. Wood, M.D.

What’s more, he says, it’s only a matter of time before these techniques are in practice in hospitals across the country.

“We’re doing image fusion in the procedure room where we take a PET scan or a previous image from a CT scan and fuse that image with a post-treatment scan,” Dr. Wood says. “We’re able to do this online, while the patient is on the table. We’re also able to fuse the data sets from a PET scan and a CT scan so you can tell exactly where to place your needle.”

He adds that the technology is constantly being updated, “The next step is putting it onto an orb, so you’re not just clicking on a mouse to see all the way around, you can actually walk around and see every angle.”

The orb is a globe that creates a three-dimensional display of the images in the surgical suite. Better than peering into a computer screen, the orb allows the physician to look over, under, around and into the image. The technology was “developed for military and aviation needs,” Dr. Wood says, but it is about to be put to the test at the NIH Clinical Center.

Dr. Wood says investigators at NIH have also fused ultrasound and CT images in prototype. They are about to begin using the fused imaging technique with patients. Investigators are also working on magnetic tracking to fix the location of devices within the body. This technology involves creating a weak magnetic field around the patient.

“You have a guidewire, ablation needle or other device, and there’s a small sensor coil on it that tells you exactly where it’s sitting within the patient and where it’s pointing.”
Dr. Wood explains. The technology is analogous to the Global Positioning System (GPS) tracking devices found in automobiles today. “We’ve done this with pigs and it’s just around the corner for use with humans,” he says.

**Robotics in Interventional Radiology**

As the NIH Clinical Center celebrates its 50th anniversary this year, the use of robotics in tumor ablation seems to be getting the most attention. Although robotics is certainly not new in industry or surgery, it is new to interventional radiology.

Because radiologists cannot look at a patient’s body cavity with the naked eye, Dr. Wood says they must rely on surrogate markers of imaging. Using the assistance of a robot, for example, to determine the exact location of needle placement, can allow the team to be more accurate than humans could ever hope to be.

“When you’re picking angles and you have 180 degrees to choose from, you can get pretty exact but you’re never going to get as good as a robot,” he says, predicting the technology will be rapidly adopted once it’s validated.

The robot can essentially do three things,” says Dr. Wood. “It can tell us where to go to target a tumor, it can put a clamp on and let us drive the needle, and it can eventually drive the needle itself.” He adds, though, that the validation process is not yet complete. “We have to prove the cost effectiveness and the efficacy of these techniques and determine whether they’re going to translate into helping the patient. That’s the fun part,” he says.

Validating the robotic techniques will help bring the evolving technology and its tools to the community setting. “For a specialty that’s facing a shortage, you’ll be able to get more physicians to do these procedures,” says Dr. Wood. “The academic centers could set up rooms like we have at NIH and get backing from the community.”

With robotics, GPS instrument navigation and next generation visual displays.

That future is taking shape at the NIH Clinical Center, where intramural clinical research began with admission of its first patient in 1953. Whereas imaging and surgery have traditionally been separate, Dr. Wood says the work of the Clinical Center’s interventional radiology investigators is bringing the operating room to the imaging suite. Dr. Wood says this work might even lead to more interdisciplinary specialty training in the future.

“We’re blurring the distinction between interventional radiology and surgery. It’s possible there could be image-guided oncology training programs in the future where radiologists and surgeons would be training shoulder to shoulder.”

Dr. Wood participated in the RSNA Media Briefing on Image-guided Therapy in June, telling reporters how these advances are improving success rates and patient outcomes and will help facilitate emerging new procedures.

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*Editor’s Note: For more information on the media briefing, including press releases, PowerPoint presentations and photos, go to www.rsna.org/media/briefings/2003/*.
RSNA’s Online Journals Offer New Look and Expanded Features

When you log in to Radiology Online (radiology.rsnajnls.org) or RadioGraphics Online (radiographics.rsnajnls.org), you may notice some significant improvements to the functionality of the Web sites.

“Many radiologists, even those in private practice, need to conduct online searches,” says RSNA Assistant Director of Publications Diane Berneath Lang. “A recent RSNA reader survey found that many members were frustrated when they tried to search for radiology-related topics on medical Web sites—even RSNA’s Web site.”

In response to the reader survey, RSNA commissioned Stanford University-based HighWire Press, the organization that assists in the online production of Radiology and RadioGraphics, to make the Web sites more user-friendly.

HighWire responded by creating more powerful search features. For example, a user can find an article by using:

1. **Specify Citation** – search by publication information about the article, such as the year it was published or the volume number.

2. **Specify Authors, Keywords** – search by authors or by words in the titles, abstracts and/or full text. If you are not sure about the specific words, click on Any, All or Phrase.

HighWire Press Journal Manager Polly Siegel, Ph.D., says users can choose a standard results format or a condensed results format, which shows more results per screen, to help speed up their search.

When searching for articles by a particular keyword, the **Keyword in Context** feature shows the user the first two lines of the article where that keyword was found. Another feature, available as of early September, is the **Citation Map**, which helps researchers identify other relevant articles in that line of inquiry. “This is helpful for researchers to see what is really important,” Dr. Siegel says.

Once you find an article, you can use the **Quick Search** feature in the upper right-hand corner of the screen to find other articles of interest. Dr. Siegel says using this feature will save time because you won’t have to click on Search or go back to the Web site’s homepage. The Quick Search feature is found in RSNA journal sites and on the HighWire site.

Search results can be sorted to present best-match citations first or newest citations first. Once relevant articles are found, the citations can be downloaded to the **Citation Manager** for easy retrieval at a later time.

Another new feature is **Alert Me**. Dr. Siegel says when you sign up for that feature you will receive notices about specific articles of interest via e-mail as they are published. “There is a tremendous amount of material available on the Internet. These improvements to the RSNA online journals mean researchers can now access these materials much easier and much quicker than in the past,” she adds.

In working with RSNA, HighWire Press consulted with staff with strong backgrounds in library sciences, publishing, researching and teaching. “The synthesis of all this helped us figure out ways to make data mining easier, especially for researchers and librarians,” Dr. Siegel explains.

Courses on how to use these new online features will be offered at RSNA 2003 on Sunday, Nov. 30, and Tuesday, Dec. 2, from 12:00–1:00 p.m. Advance registration is recommended.
At its June meeting, the RSNA Board of Directors decided to retire the cumulative RSNA Index to Imaging Literature in January 2005. For many years, RSNA printed the index and mailed it to members and subscribers with the January issue of Radiology. In 1999 the index was converted to online only. “Twenty years ago, this was a wonderful piece of material for radiologists to use,” says Lang. “With the rapid developments in the field of radiology and the increased use of the Internet, it makes sense to offer these online options.”

Lang says HighWire is working with a number of prestigious medical societies and that means an increase in search capabilities plus better ways to manage the search results. “Any void left by the retirement of the RSNA Index will be filled with the search capabilities of Radiology, RadioGraphics, HighWire and its ties to other medical publications and PubMed, the Web site of the National Library of Medicine,” Lang says.

All RSNA members have free access to RSNA’s online journals. In addition, many hospitals, medical schools and libraries have subscriptions to these Web sites.

In the January issue of RSNA News, additional features will be highlighted including:

• Instant indexing of search results
• Searching by topic
• Searching through MEDLINE

Related Courses at RSNA 2003

For specific course times or to register, go to www.rsna.org/rsna/advanceregistration/pdf/AdvanceRegistration2_online.pdf.
In 1997, Anthony V. Proto, M.D., assumed his new position as editor-designate of *Radiology*. Dr. Proto worked with outgoing editor Stanley S. Siegelman, M.D., during a transition period. Plans were made to move the *Radiology* editorial office from Baltimore to Richmond, Va. Dr. Proto’s first issue as editor of *Radiology* was published in January 1998.

By 1998, construction of a new RSNA headquarters building was nearly complete. Located on 5.3 acres of vacant land in Oak Brook, Ill., the four-story, 101,000-square-foot contemporary glass structure was financed through bonds issued by the Illinois Development Finance Authority. RSNA staff filled the second- and third-floors and part of the first floor. The remaining space was leased.

**Integrating the Healthcare Enterprise**

In a further attempt to integrate medical imaging technology with information systems technology, the RSNA Electronic Communications Committee began working with corporate representatives to place radiology in the pivotal position of health information management. With the cooperation of the Chicago-based Healthcare Information and Management Systems Society, the Integrating the Healthcare Enterprise (IHE) initiative was launched to help standardize systems so that they would interface, make healthcare workflow easier and faster, and ultimately lead to better patient care.

**More Support for Education**

RSNA leaders made several major announcements during the 1998 annual meeting. Because the Board of Directors wanted to ensure continued support for radiologic education, RSNA President David B. Fraser, M.D., announced that $10 million would be donated to the Research & Education Fund to establish educational grants. He also said the Fund would be called the RSNA Research & Education Foundation to better reflect its philanthropic mission.

The Board announced two new positions—RSNA Science Editor and RSNA Education Editor—to help improve the coordination of educational and scientific publishing activities. Dr. Proto, as editor of *Radiology*, was named RSNA Science Editor.

*RadioGraphics* Editor William W. Olmsted, M.D., was named RSNA Education Editor. Dr. Olmsted planned to expand educational opportunities for Society members and radiologists worldwide by using the latest electronic tools. The Learning Center was reorganized as the RSNA Education Center, and the *RadioGraphics* Editorial Board became the Education Center Editorial Board, directed by Dr. Olmsted.

The RSNA Board also announced a three-year sponsorship of a public-education exhibit at Walt Disney’s Epcot Center in Orlando. The 3,000-square-foot display showed how radiologists, using advanced radiologic technologies, would continue to improve patient care in the next century.

**Turn of the Century**

By early 2000, the RSNA Scientific Program was organized so that similar activities and events would take place during the same time at the annual meeting. In addition, the scientific exhibits were renamed education exhibits, and scientific posters were introduced as a new means of communication between investigators and their colleagues.

Early 2000 was also a time of great sadness for the Society. On March 1, 2000, Executive Director Delmar J. Stauffer died suddenly of a heart attack. Twelve days later, 1995 RSNA President Helen C. Redman, M.D., lost her battle with metastatic breast cancer.

As a search was conducted for a new executive director, RSNA was managed by its four assistant executive directors. They continued to guide the RSNA staff toward the 2000 meeting. During that time, *RSNA Link* (www.rsna.org) was revamped, as was the patient education Web site *Radiolog-
The Society also began to offer education courses on the Internet through InteractED.

While the 2000 Scientific Assembly had some somber moments as Gold Medals were posthumously bestowed upon Stauffer and Dr. Redman, C. Douglas Maynard, M.D., gave an upbeat message during his President’s Address, confidently predicting that radiologists would successfully meet the challenges of the new century.

New Executive Director
In early 2001, Dave Fellers, C.A.E., became the Society’s fifth executive director. He had three decades of experience in association management with organizations including the American Association of Neurological Surgeons and the American Society of Plastic Surgeons.

A New Type of War
The world changed suddenly on September 11, 2001, when the United States was attacked by terrorists who destroyed the World Trade Center in New York and damaged the Pentagon in suburban Washington, D.C.

Almost immediately afterward, Society President Jerry P. Petasnick, M.D., and the RSNA Board of Directors received calls from exhibitors and RSNA members wondering if the 2001 Scientific Assembly would be cancelled. Some feared that a medical meeting with nearly 60,000 people in one large convention center was an inviting target for terrorists. The Board ultimately decided not to cancel the meeting.

Attendance at RSNA 2001 was down about 6,000 from the previous year, but attendance levels rebounded in 2002.

Into the Digital Age
2002 was a key year in the Society’s digital transformation. Members could use the Internet to renew their membership, manage their member profile or make a donation to the RSNA Research & Education Foundation. All scientific abstracts for the scientific assembly were submitted online. Annual meeting and course registration were also available online.

Radiology began accepting electronic manuscripts through a Web-based manuscript submission and peer-review system called Radiology Manuscript Central. In addition, while RSNA active, associate and corresponding members had had complimentary online access to Radiology and RadioGraphics since 1999, in July 2002, all resident members received free access to the online journals.

The theme of RSNA 2002 was “Leading Medicine’s Digital Transformation.” Recognizing digital technology as a driving force in the dramatic growth of the radiologic sciences, RSNA President R. Nick Bryan, M.D., Ph.D., encouraged health professionals to “vigorously and enthusiastically accept this digital revolution in our practices.”

A glimpse into the future of medical practice could be found in the infoRAD area through live demonstrations of Internet2 and its role in the future of medical practice and education. infoRAD also featured presentations on how wireless and handheld device technologies are used in medical imaging.

Conclusion
In less than 90 years, RSNA faced a multitude of economic and political challenges to evolve from a regional organization to an international society. During that period, the Society remained true to its mission to promote the highest standards of radiology and related sciences through education and research. As Michael S. Sullivan, M.D., concluded during his 1997 President’s Address: “Education and research are at the core of radiology. Without them, nothing else will matter in the field.”

References

The entire History of the RSNA series is available on our Web site at www.rsna.org/about/history/index.html.
The scientific program for RSNA 2003 will reflect a number of trends in the field of radiology that are likely to shape the future of the specialty, including emphasis on emergency radiology, multimodality imaging, computer-assisted diagnosis (CAD), multidetector CT applications, 3-T MR scanning and functional imaging in neuroradiology.

Scientific Program Reflects Major Trends in Radiology

“The importance of the scientific program at RSNA 2003 for radiologists is that they can get a peek at the future of the specialty,” says RSNA Scientific Program Committee Chairman George S. Bisset III, M.D., vice-chair of the Department of Radiology at Duke University Medical Center in Durham, N.C. “What the scientific program highlights is cutting-edge research and the state of the art in radiology. It also shows what the immediate future will look like. The RSNA meeting provides a comprehensive look at the specialty of radiology—there’s no better place to do it.”

The members of the RSNA Scientific Program Committee and its 15 subcommittees reviewed a total of 5,699 scientific abstracts submitted for consideration to be presented at RSNA 2003. Over the summer, the committee accepted 2,161. Among them were 1,550 abstracts for scientific paper presentations and 611 for scientific poster presentations.

**Trends Reflected**

“There were a number of trends reflected in the scientific abstracts,” Dr. Bisset says. “For example, I saw much more emphasis on emergency topics, toward a greater use of computer-assisted diagnosis. And, there were a lot more abstracts on multidetector CT applications,” he adds.

He gave examples of some of the subspecialty areas in which multidetector CT applications are growing. “In gastrointestinal radiology, there are abstracts on CT and virtual gastroscopy. In chest radiology, abstracts examine the use of 3D volumetric measurements of masses and nodules, high-resolution CT to correlate with pulmonary functional studies and multidetector chest CT for routine evaluation of trauma patients.”

Another trend is the emergence of 3-T MR scanning systems. “Several sessions compare 1.5-T with 3-T systems,” Dr. Bisset says. “The 3-T systems have the benefits of improved signal and speed. We use a 3-T system and get better detail and can do thinner cuts.”

Finally, he says, “There are a lot more functional imaging studies than we saw last year, particularly in neuroradiology with diffusion imaging and perfusion imaging.”

A number of hot topics that are creating a buzz in radiology will also be on the scientific program this year, including coronary artery imaging techniques, such as cardiac MR and CT coronary angiography. Dr. Bisset believes. “Another area that is just beginning to emerge is fluorescence imaging,” he says.

Dr. Bisset notes that cardiac imaging is of special interest. “We had so many abstracts submitted this year that focused on cardiac imaging. I think it’s interesting that in an era of turf battles, radiologists still have a large interest in and renewed enthusiasm for cardiac imaging.”

**Notable Abstracts**

Among the noteworthy abstracts selected by Gilda Cardenosa, M.D., chairman of the Subcommittee on Breast Imaging, is a scientific poster demonstrating that MR ductography and MR mammography fusion imaging can be used successfully to show the shape, size and extent of intraductal lesions. Another breast imaging abstract concluded that a multimodality approach, using mammography...
in conjunction with ultrasound and MR imaging, to evaluate breast cancer patients’ response to neoadjuvant chemotherapy has value because mammography is superior to MR imaging and ultrasound in identifying and characterizing calcifications, MR and ultrasound are more accurate in determining the size of mass lesions, and MR imaging can demonstrate dynamic contrast enhancement, helping to differentiate residual viable tumor from granulation tissue.

Melvin E. Clouse, M.D., chairman of the Subcommittee on Cardiac Imaging, points to a number of abstracts in his field that are worth noting. One deals with the use of CT perfusion imaging to measure coronary perfusion reserve and assess myocardial viability after ischemia. The authors of this study found that CT perfusion imaging can measure the coronary perfusion reserve, and if the findings were borne out in human studies, it would allow radiologists to differentiate between stunned and hibernating myocardium in patients with ischemic heart disease.

Caroline Chiles, M.D., chairman of the Subcommittee on Chest Radiology finds noteworthy an abstract from Toronto describing the chest x-ray manifestations of severe acute respiratory syndrome (SARS) in healthcare workers. Most of the SARS patients in this study presented with focal air-space disease on chest x-rays. Another SARS study from Toronto found that patients with SARS pneumonia present with x-ray manifestations of focal, peripheral consolidation that either cleared relatively quickly or progressed rapidly to multilobar consolidation and a more prolonged clinical course.

In the area of Gastrointestinal Radiology, subcommittee chairman Jay P. Heiken, M.D., finds noteworthy an abstract describing an animal study that used optical microscopy to image angiogenesis in hepatic colorectal cancer metastases. “The cellular events identified in this study may provide the basis for the development of therapies focused on preventing or stopping tumor angiogenesis,” Dr. Heiken says. Another abstract he finds worthy of noting has provided more evidence that multidetector CT colonography is accurate in screening asymptomatic patients for colorectal neoplasia.

According to Philip J. Kenney, M.D., chairman of the Subcommittee on Genitourinary Radiology, there has been a resurgence
of interest in prostate MR imaging as reflected in the abstracts accepted for presentation at RSNA 2003. The authors of one such abstract used a combination of endorectal MR imaging, 3D proton MR spectroscopic imaging, and blood-oxygen-level-dependent MR imaging to localize and characterize prostate cancer during carbon breath­ ing. They concluded that this technique makes feasible the assessment of prostate cancer metabolism and may be helpful in planning and assessing therapy.

In Health Services Policy and Research, subcommittee chairman Kimberly E. Applegate, M.D., M.S., notes a study that on Musculoskeletal Radiology, finds noteworthy an abstract that concludes whole-body, low-dose multidetector CT is a superior alternative to x-ray imaging for staging and monitoring patients with multiple myeloma. Another abstract Dr. El-Khoury notes shows that virtual arthroscopy of the knee may be a useful technique in characterizing meniscal tears of the inner margin, but it is not sensitive enough for peripheral meniscal tears.

In the subspecialty of Neuroradiology, subcommittee chairman Charles F. Lanzieri, M.D., highlights an abstract showing the usefulness of functional MR imaging in demonstrating that dyslexia is a manifestation of abnormal interactions between the auditory and visual cortices.


used whole-body MR to screen asymptomatic individuals for atherosclerosis and colon cancer and found that the technique provides a high rate of true-positive relevant findings. Another paper Dr. Applegate finds interesting is a study that looked at the business implications of using CT and MR for cardiovascular imaging. The authors found that “the radiologists’ share of the CV imaging market, which was small in 1993, had dropped further by 2001. These trends may well be due to “self-referral” by non-radiologists. See the article on page 4.

Georges Y. El-Khoury, M.D., chairman of the Subcommittee on Nuclear Medicine, subcommittee chairman Patrice K. Rehm, M.D., notes a study that assessed the incremental diagnostic value of PET-CT fusion imaging for malignant tumors versus PET alone. The authors concluded that fusion imaging found more lesions and was better able to differentiat­ etologic features of pathologic foci and localize the pathologic foci.

Another abstract Dr. Rehm finds noteworthy concluded that PET-CT imaging was superior to PET and CT imaging alone in detecting unknown primary tumors in cancer patients.

For Pediatric Radiology, subcommittee chairman Simon Ching-Shun Kao, M.D., notes an abstract describing the use of MR-based total spine projection imaging for follow-up examination of juvenile and adolescent patients with scoliosis. The authors concluded that MR-TSP imaging could replace radiographs for follow-up exams, thus reducing radiation exposure to pediatric scoliosis patients. Another noteworthy abstract in this subspecialty shows the value of MR imaging in evaluating fetal gyrus and sulcus formation, an indicator of brain maturation, in the third trimester of gestation to predict neurologic outcome in fetuses with intrauterine growth restriction.

The chairman of the Subcommittee on Physics, Maryellen L. Giger, Ph.D., finds noteworthy a few articles that underscore the trends Dr. Bisset identified. One of the abstracts evaluated the use of PET-CT fusion imaging to improve the diagnosis and management of cancer patients. The authors of the study concluded that their fusion imaging technique was “robust, accurate and fast, which makes it a suitable tool for clinical use.” Another abstract Dr. Giger noted looked at the effect of CAD on the accuracy of characterizing malignant and benign breast masses in 3D ultrasound volumes and found that with a computer’s aid, radiologists can improve their diagnostic accuracy.

Among the abstracts that Chul Soo Ha, M.D., chairman of the Subcommittee on Radiation Oncology and Radiobiology, finds interesting is one describing bronchial stenosis as an underreported complication of external beam radiotherapy dose escalation for the treatment of lung cancer. Several patients in the study developed disabling, life-threatening complications. Another abstract in this subspecialty compared brachytherapy with intensity-modulated radiation therapy (IMRT) for the treatment of cervical cancer and concluded that IMRT has advantages for patients with large-volume cervical tumors.

In the field of Radiology Informatics, subcommittee chairman H. Hugh Hawkins Jr., M.D., finds of highest interest abstracts on the use of wireless information devices and picture archiv-
ing and communication systems (PACS) in patient care and academic practice. For example, one abstract deals with the use of a tablet personal computer for the wireless distribution of clinical images at a patient’s bedside. Another evaluates the use of a wireless personal digital assistant (PDA) in academic radiology practice, finding that PDAs allow mobile radiologists access to information that can improve their workflow. A third abstract describes the development of an easy-to-use teaching file system that can be integrated into a PACS.

Myron A. Pozniak, M.D., chairman of the Ultrasound subcommittee, notes an abstract that indicated ultrasound has value over conventional x-ray imaging in identifying gout in patients suspected of having gout when laboratory findings and x-ray results are inconclusive. Another abstract Dr. Pozniak finds interesting describes a new ultrasound imaging technology that conserves time during image acquisition and allocates the conserved time to time-intensive image processing algorithms without having an impact on the frame rate.

And finally, among the noteworthy abstracts selected by Anne C. Roberts, M.D., chairman of the Subcommittee on Vascular and Interventional Radiology, is a scientific poster describing an easy-to-perform vertebroplasty technique using CT fluoroscopic guidance to stabilize osteoporotic vertebral fractures and lytic neoplastic lesions of the spine. Another abstract shows a radiologic technique using color Doppler ultrasound to diagnose chronic venous insufficiency and screen patients for therapy.

RSNA 2003 Preview

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**Trends Reflected in 2003 Scientific Abstracts**

- Emergency topics
- PET-CT fusion imaging for tumors
- Multidetector CT applications
- 3T MR imaging
- Functional imaging
- Cardiac and coronary artery imaging

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**Point and Click to Customize Your Schedule at RSNA 2003**

Customizing your schedule for the RSNA Scientific Assembly will be quicker and easier this year.

**RSNA Link Onsite** has a newly revised featured called Briefcase, which allows you to download information from the RSNA Program into a personal schedule. Once your schedule is complete, you can then print your schedule or transfer it to your personal digital assistant (PDA).

1. To begin, go to rsna2003.rsna.org, create a login and then click on Briefcase at the top of the screen. Now you are ready to add activities into your personal briefcase.

   For example, to add the Opening Session, click on Session, then Plenary Sessions. You can either peruse the list of plenary sessions and click on the ones you would like to add, or you can click on Search Within Areas and locate a specific session.

   Once you click on a session title, then click on Add to Briefcase.

   To view your completed schedule, click on Briefcase at the top of the screen. You can check for conflicts, modify your schedule or add more sessions. When you are finished, you may print your schedule or download it to a disk or PDA.

   You will be able to access your schedule and make changes before or during RSNA 2003.
Three individuals will receive a Gold Medal—RSNA’s highest honor—at the 89th Scientific Assembly and Annual Meeting: Stanley Baum, M.D., from Philadelphia; William G. Bradley Jr., M.D., Ph.D., from San Diego; and David B. Fraser, M.D., from Musquodoboit Harbor, Nova Scotia.

RSNA 2003 Gold Medalists

Stanley Baum, M.D., is a medical pioneer whose unwavering dedication to radiologic research and education was instrumental to the formation of a medical imaging institute at the National Institutes of Health.

“Stanley Baum will always be remembered for being first,” said RSNA President Peggy J. Fritzsche, M.D. “He was one of the first interventional radiologists in the country, and was the founder and first president of the Society of Cardiovascular and Interventional Radiology. He established the first hospital-based MR program in the country. He was also one of the first diagnostic radiologists elected to the Institute of Medicine. Throughout his career, Stanley has been a leader in the promotion of increased research in all academic radiology departments and improving research training.”

For his significant and long-term commitment to radiology research and education, RSNA is honored to present its Gold Medal to Dr. Baum.

“Being awarded a Gold Medal is a great honor and to receive it for work that I have always enjoyed doing is a double honor,” said Dr. Baum. “RSNA is the world’s greatest research and education organization and I am absolutely delighted to receive this award.”

For more than 20 years, Dr. Baum was professor and chairman of the Department of Radiology at the University of Pennsylvania (Penn) in Philadelphia. Under Dr. Baum’s leadership, Penn purchased its first CT unit for imaging the head, and its first body CT unit. He also contributed to early MR imaging development, made a significant impact on angiography by describing the role of vasoconstrictors in controlling gastrointestinal bleeding and the role of angiography in assessing vascular bleeding with contrast material.

Despite these monumental achievements, some of Dr. Baum’s most important work came after he stepped down as chairman at Penn. He was a founding member of the Academy of Radiology Research (ARR) and was ARR president when the bill to establish the National Institute of Biomedical Imaging and Bioengineering was introduced in the Senate.

Currently, Dr. Baum is an ad hoc member of the National Cancer Institute Training Grant Study Section. He is also editor-in-chief of Academic Radiology. Dr. Baum has worked on numerous editorial boards and is author or coauthor of more than 160 peer-reviewed publications and book chapters. He was also editor of Abrams’ Angiography.

An RSNA member since 1973, Dr. Baum served as chairman of the Interventional Radiology Refresher Course Committee and as a member of the Public Information Advisory Board. He holds many professional association memberships and has received numerous awards. In 2002, Penn established the Stanley Baum Professorship in the Department of Radiology.

For an expanded version of Dr. Baum’s biography, see the RSNA Program.

William G. Bradley Jr., M.D., Ph.D., is one of the world’s leading experts in both the basic science and clinical applications of MR imaging.

For nearly 25 years, he developed the science of MR imaging into a useful tool for radiologists and other clinicians. He initially introduced widely accepted concepts on T1, T2 and PD-weighting, various flow phenomena and MR angiography.

Since the early 1980s, he has published extensively on cerebral MR imaging including flow phenomena, hemorrhage, normal pressure hydrocephalus, stroke, contrast agents and spectroscopy.

“Bill Bradley is credited for developing MR imaging into a widely used diagnostic examination,” said RSNA President Peggy J. Fritzsche, M.D. “He is famous for his national and
international MR imaging lectures, as well as for his mini MR imaging fellowships. He inspires trainees to excel at all levels. Anyone who meets Bill is intrigued by his intellectual curiosity, enthusiasm and fun-loving spirit.”

For his significant contributions to MR research and education, RSNA is pleased to present its Gold Medal to Dr. Bradley.

“The greatest honor one can have is recognition by one’s peers,” Dr. Bradley said. “RSNA’s Gold Medal is the embodiment of that recognition. I am truly honored by this award, yet fully cognizant that whatever contributions I made to radiology were always part of a team effort—whether it was my family, my partners or my fellows. This honor really belongs to all of them.”

Throughout his career, Dr. Bradley has held an academic appointment at the University of California. He also served as director of MR imaging at the Huntington Medical Research Institutes in Pasadena and at Long Beach Memorial Medical Center. He is currently professor and chairman of the Department of Radiology at the University of California, San Diego.

An RSNA member since 1982, Dr. Bradley has been actively involved in the annual scientific assembly. Dr. Bradley currently serves as chairman of the RSNA Research & Education Foundation Fund Development Committee, is a member of the Foundation’s Honors Council and is a member of the Public Information Advisors Network.

Dr. Bradley holds a U.S. patent for “High Resolution Magnetic Resonance Imaging of Body Cavities” licensed by MEDRAD for prostate coil. He is a diplomate of the American Board of Radiology (ABR) and holds a certificate of added qualification (CAQ) in neuroradiology.

He is author or coauthor of more than 420 peer-reviewed journal articles, abstracts, book chapters, invited papers and books, including the best-selling textbook, Magnetic Resonance Imaging. He has received numerous awards and holds many professional memberships.

For an expanded version of Dr. Bradley’s biography, see the RSNA Program.

The RSNA Gold Medal is awarded annually by the Board of Directors to those persons who, in the judgment of the Board, have rendered unusual service to the science of radiology.

An RSNA member since 1982, Dr. Bradley has been actively involved in the annual scientific assembly. Dr. Bradley currently serves as chairman of the RSNA Research & Education Foundation Fund Development Committee, is a member of the Foundation’s Honors Council and is a member of the Public Information Advisors Network.

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For an expanded version of Dr. Bradley’s biography, see the RSNA Program.

For an expanded version of Dr. Bradley’s biography, see the RSNA Program.
RSNA 2003 Honorary Members

A pioneer in the diagnosis of small bowel diseases, Nicholas C. Gourtsoyiannis, M.D., is currently evaluating MR imaging of the small bowel. His research and commitment to the radiologic-pathologic correlation led to the introduction of that concept in Europe at the European Congress of Radiology (ECR).

“Nick faces challenges with bold vision and determination,” said RSNA President Peggy J. Fritzsche, M.D. “These characteristics contributed to the success of the first completely electronic scientific exhibit and poster display at ECR 2003. He is an enthusiastic and skilled teacher, and is one of the world’s leaders in abdominal radiology.”

For his outstanding contributions to the advancement of radiology in Europe, RSNA takes great pride in presenting Dr. Gourtsoyiannis with an Honorary Membership.

“The RSNA meeting is the gold standard against which all radiological meetings are compared, both from the scientific and the organizational point of view,” Dr. Gourtsoyiannis said. “As the immediate past-president and current chairman of the ECR Board, I have been inspired by the achievements of our American sister society when trying to think of ways to improve the European meeting. Therefore, I value enormously the award of Honorary Membership of the RSNA, which has made an unsurpassed contribution to the education of countless radiologists around the world.”

Dr. Gourtsoyiannis spent 12 years in the Radiology Department at the Hellenic Air Forces Hospital in Athens, later becoming professor and chairman of the Department of Radiology at the University of Crete. He is currently the dean of the Medical School at the University of Crete.

An active researcher and author, Dr. Gourtsoyiannis has published more than 230 scientific articles in peer-reviewed journals. He has written or co-authored 18 book chapters, and is the editor or co-editor of three international books. Dr. Gourtsoyiannis has been a visiting professor at 19 universities worldwide and has given more than 100 invited lectures at international meetings in 23 countries.

Dr. Gourtsoyiannis currently serves as a section editor of European Radiology. He is a member of several editorial or advisory boards, and is a reviewer for several national and international scientific journals on medical imaging and gastrointestinal diseases.

An RSNA member since 1988, Dr. Gourtsoyiannis has been active in a number of international societies and has received numerous awards.

For an expanded version of Dr. Gourtsoyiannis’ biography, see the RSNA Program.

Lilian F.L.Y. Leong, M.D., M.B.A., is devoted to promoting radiology as a major component of modern healthcare in Asia. She is also committed to developing radiology’s professional status in Hong Kong to a level equal with other developed nations. As a result, she has assumed a leadership role in building international and domestic relationships to promote radiology.

One of the cornerstones of Dr. Leong’s achievements was the adoption of Hong Kong as an independent member of the International Congress of Radiology.

“Lilian Leong, a petite whirlwind of energy, has been a central leader in radiology for Hong Kong and, in fact, a wide area of Asia,” said RSNA President Peggy J. Fritzsche, M.D.
“Her unceasing labor on behalf of Chinese radiology provides a fine example for young radiologists around the world.”

For these outstanding contributions, RSNA is pleased to present Dr. Leong with an Honorary Membership.

“This Honorary Membership is not just an honor to myself, it is an honor to radiology in Asia,” said Dr. Leong. “It also signifies the further solidification of radiology in North America and Asia Oceania. I look forward to closer cooperation for the betterment of radiology service and education in the world.”

Dr. Leong received her medical degree from the University of Hong Kong in 1971. She then moved to London where she received a diploma in radiodiagnosis and obtained a fellowship of the Royal College of Radiologists. After her training, Dr. Leong returned to her native Hong Kong and began her career in the medical and health department of the Hong Kong Government’s Institute of Radiology and Oncology. She is a consultant radiologist in the Department of Radiology at Queen Mary Hospital in Hong Kong. She is also an honorary clinical associate professor of the University of Hong Kong.

A well-respected researcher and educator, Dr. Leong has presented more than 100 invited lectures and presentations. She is the author or coauthor of more than 50 publications. She is a member of many local, national and international medical organizations. She is president of the Asian and Oceanian Society of Radiology and vice-president of the Radiology Outreach Foundation.

She has been an RSNA member since 1985, and has earned a number of prestigious awards.

For an expanded version of Dr. Leong’s biography, see the RSNA Program.

A champion of European radiologic education, Alois Rüttimann, M.D., founded the highly acclaimed International Diagnostic Course in Davos, Switzerland, and designed the Swiss radiology boards.

Dr. Rüttimann’s vision and leadership compelled him to improve the quality and image of Swiss radiology. He worked to improve teaching and to set standards of qualifications by introducing radiology boards in Switzerland.

“Alois is a strong leader, a perfect gentleman, and a visionary, who is able to distinguish between the important and the unimportant,” said RSNA President Peggy J. Fritzsche, M.D.

In appreciation of his numerous contributions to research and education in diagnostic radiology, RSNA is pleased to present Dr. Alois Rüttimann with an Honorary Membership.

“I have attended more than 30 RSNA Annual Meetings in Chicago,” said Dr. Rüttimann. “From these meetings, I not only learned about radiology, but I also heard the best speakers. Consequently, they were invited as faculty members to the International Diagnostic Course in Davos. I am very grateful for this opportunity and the valuable time that I spent at the RSNA meetings.”

Dr. Rüttimann was a professor of radiology at the University of Zurich, and head of the Department of Radiodiagnostics at the City Hospital Triennli in Zurich. He retired 16 years ago.

Intrigued by the American style of teaching, Dr. Rüttimann introduced the annual International Diagnostic Course in Davos in 1968, which started a new way of teaching in Europe. The special teaching format, which offers group seminars and direct interaction with the teachers, has been highly successful. Many departments use the International Diagnostic Course in Davos as a part of their residency program.

Dr. Rüttimann installed an annual teaching course featuring the most prestigious international teachers. Through this course, Dr. Rüttimann helped forge a close relationship between American and European radiology. Additionally, he established a multistage radiology board exam. Radiology was the first medical specialty in Switzerland with obligatory board exams. This pioneering achievement by Dr. Rüttimann has helped to significantly enhance the quality of radiologic care.

Dr. Rüttimann has authored or coauthored five radiology textbooks. He is the founder of the International Society of Lymphology, and has been a member of RSNA since 1975. He is also a member of several other radiologic organizations and has earned high honors from several societies.

For an expanded version of Dr. Rüttimann’s biography, see the RSNA Program.

Jacob Valk, M.D., Ph.D., has earned admiration from peers around the world for his vast body of scientific writings dating back to 1963.

“Jaap Valk has excelled in the fields of neurology, psychiatry and neuroradiology. He published a medical book every year during the middle of his career. His writings include seminal concepts on such topics such as white matter disease of the brain,” said RSNA President Peggy J. Fritzsche, M.D. “He is a Renaissance man, publishing in both the arts and sciences. He is a talented pianist who has entertained many of us with his regalia of show tunes and classical pieces. He is still actively contributing, as a writer and teacher.”

Dr. Valk’s research is especially directed at pediatric neuroimaging, inborn errors of metabolism, toxic encephalopathies, and white matter disorders in dementia. For his outstanding contribution to neuroimaging, RSNA is honored to present Dr. Valk with an Honorary Membership.

Continued on next page
Plenary Sessions are highlights of the RSNA Scientific Assembly and are open to all registrants.

**Plenary Sessions**

**Saturday**
12:00 – 2:00 p.m.
AAPM/RSNA Physics Tutorial for Residents
**Digital Mammography**
Organized under the direction of Mahadevappa Mahesh, Ph.D.

2:15 – 5:15 p.m.
AAPM/RSNA Tutorial on Equipment Selection
**Ultrasound**
Organized under the direction of Zheng Feng Lu, Ph.D.

**Sunday**
8:30 – 10:15 a.m.
President’s Address
**Communication: Key to Improved Patient Care**
Peggy J. Fritzsche, M.D.
RSNA President

Dedication of the RSNA Meeting to Isadore Meschan, M.D.
Announcement of Outstanding Researcher and Outstanding Educator Awards

**Opening Session**
**Trauma Imaging: Who, How, and Why**
**Moderator:** George S. Bisset III, M.D.
**Panelists:**
C. Craig Blackmore, M.D., M.P.H.
M.G. Hunink, M.D., Ph.D.

4:00 – 4:10 p.m.
**Report of the RSNA Research & Education Foundation**
Seymour H. Levitt, M.D.
Chairman, RSNA Research & Education Foundation Board of Trustees

4:10 – 5:45 p.m.
**Image Interpretation Session**
**Moderator:** Michael P. Federle, M.D.
**Panelists:**
Faye C. Laing, M.D.
Jeffrey S. Klein, M.D.
Alec J. Megibow, M.D., M.P.H.
Richard B. Towbin, M.D.
Hugh D. Currin, M.D.

4:30 – 6:00 p.m.
**Special Focus Sessions**
- **Management of Abdominal Aortic Aneurysms**
- **Health Issues for the Radiologist in the Workplace**
- **Molecular Imaging: Potentials and Challenges for Radiology**
- **ASTRO Invited Papers**
- **Reengineering Radiologic Education for the 21st Century**
- **Latest Developments in Computer-aided Diagnosis for Thoracic CT Interpretations**
- **Facing the New Threats of Terrorism: A Radiologist’s Perspective**
- **Controversies in Image-guided Tumor Ablation**
- **Ethical Dilemmas in Radiology Practice: Keeping Your Personal Integrit**

**Presentation of Honorary Memberships**
- Nicholas C. Gourtsoyiannis, M.D., Iraklion, Crete, Greece
- Lilian F.L.Y. Leong, M.D., Hong Kong, China
- Alois Rüttimann, M.D., Zurich, Switzerland
- Jacob Valk, M.D., Ph.D., Wilnis, the Netherlands (See pages 20-22)

For an expanded version of Dr. Valk’s biography, see the RSNA Program.

“...
Tuesday
10:30 a.m. – 12:00 p.m.
Associated Sciences: Shaping Our Future—Forces at Work
Show me the Money: Government Reimbursement Policy
Bibb Allen Jr., M.D.
Are You Getting Paid for What You Do? Key Indicators to Audit
James P. Trotter Jr.
1:30 – 2:45 p.m.
Annual Oration in Diagnostic Radiology
Dedicated in honor of Isaac Sanders, M.D.
Internal Derangements of Joints: Anatomic-pathophysiologic-Imaging Correlation
Donald L. Resnick, M.D.
(A preview of this lecture will appear in the November issue of RSNA News.)

Wednesday
10:30 a.m. – 12:00 p.m.
Associated Sciences: Shaping Our Future—Forces at Work
The Cost of Doing Business
Monte G. Clinton
Bobbi Miller, R.T.(R)(M)
1:30 – 2:45 p.m.
Annual Oration in Radiation Oncology
Dedicated to the memory of Jerzy Einhorn, M.D., R.N.O., and Nina Einhorn, M.D., Ph.D.
The Invaluable Role of PET in Radiation Oncology
Lester J. Peters, M.D.
(A preview of this lecture will appear in the November issue of RSNA News.)
Announcement of the Education and infoRAD Exhibit Awards
4:30 – 6:00 p.m.
Oncodiagnosis Panel
Gastrointestinal Tumors
4:30 – 6:00 p.m.
Special Focus Sessions
• Breast Image-guided Intervention: The Future
• Reduction of Error in Radiology: Better Care, Better Outcome
• ASNR Invited Papers
• Malignant Neoplasia: A Primer

Thursday
1:30 – 1:40 p.m.
Inauguration of the 2004 RSNA Board of Directors
Moderator:
Donald L. Resnick, M.D.
Elias A. Zerhouni, M.D.
Lester J. Peters, M.D.
1:40 – 1:50 p.m.
Introduction of 2004 AAPM Officers and Council Chairs
1:50 – 2:45 p.m.
RSNA/AAPM Symposium
PET/CT: Function and Form Together
Moderator:
Nancy M. Major, M.D.
Javier Beltran, M.D.
3:00 – 4:00 p.m.
Special Focus Sessions
• Image Processing: Principles, Applications and Future Directions

Friday
12:45 – 3:15 p.m.
Friday Imaging Symposium
MR Imaging of Sports-related Injuries
Moderator:
John F. Feller, M.D.
Panelists:
John F. Feller, M.D.
Phillip F. Tirman, M.D.
Christopher F. Beaulieu, M.D., Ph.D.
Nancy M. Major, M.D.
Javier Beltran, M.D.

Web-based Results Distribution: New Channels of Communication
The NIBIB and Frontiers in Biomedical Imaging: Research and Training
Is Malpractice Tort Reform Really Necessary?
3-T MR Imaging: Is it Relevant?
SIR Invited Papers
Refresher Courses

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

RSNA 2003 offers 283 refresher courses covering traditional and cutting-edge topics in each subspecialty.

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, which is also available on the Internet at www.rsna.org/rsna/advancerегистration/pdf/AdvanceRegistration2_online.pdf.

New!
Case-based Review Courses
These new single-day case-based review courses will be presented in a problem-based interactive format. Course topics include neuroradiology, interventional radiology, and pediatric radiology.

Essentials of Radiology
A refresher course series designed for general radiologists, residents and subspecialists who want to review other areas of radiology. Courses will be held over a two-day period. Sessions include imaging of the breast, chest, liver, shoulder, pediatric, trauma, ultrasound and uroradiology.

AMA PRA category 1 credit can be obtained at the conclusion of each course by depositing a completed critique form in one of the credit voucher boxes at the back of each meeting room.

Categorical Course in
Diagnostic Radiology
Musculoskeletal Imaging—Exploring New Limits

Categorical Course in
Diagnostic Radiology Physics
Advances in Digital Radiology

Minicourses:
• PET in Clinical Practice
• Screening for Cancer
• Practical Answers for Complex Imaging Question—Hands-on/How-to
• Mammography Physics
• Physics of Ultrasound
• Molecular Imaging
• Radiation Oncology Physics
• MR Imaging Physics
• Radiation Safety and Risk Management

Associated Sciences Consortium

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

The RSNA Associated Sciences Consortium is sponsoring three symposium lectures during RSNA 2003. The theme for this year’s program is Associated Sciences: Shaping Our Future—Forces at Work.

The lectures will be held from 10:30 a.m. until 12:00 p.m. Each is approved for 1.5 category 1 CME credits.

Monday, December 1

Tuesday, December 2

Wednesday, December 3
The Cost of Doing Business, presented by Monte G. Clinton and Bobbi Miller, R.T.(R)(M)

The Associated Sciences program also includes a series of eight refresher courses:
• How to Effectively Manage the Capital Asset Cycle: From Acquisition Planning to Replacement Strategies
• Continuity of Care
• Advanced Radiographic Practice
• Maximizing Your Practice Potential with Nurse Practitioners and Physician Assistants
• Workforce Crisis: Strategies for Management
• The Digital Department: Its Architecture and Design
• HIPAA: The Operational Impact in Radiology
• Digital Technology for Diagnostic Imaging (PACS, Digital Radiography and Computed Radiography)
Scientific Paper Sessions

RSNA 2003 will feature 1,550 scientific papers in 15 subspecialties:
- 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

AMA PRA Category 1 credit is available for some posters on Sunday from 12:30 p.m. to 1:30 p.m., and Monday through Thursday from 12:15 p.m. to 1:15 p.m. during which time an author of the exhibits will be in attendance. Following interchange with the authors, those desiring category 1 credit must leave an attendance voucher with the authors.

Scientific Poster Sessions

RSNA 2003 will feature 611 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

AMA PRA Category 1 credit is earned on an hour-for-hour basis. If you move from one meeting room to another during a time block to hear different presentations and deposit an attendance voucher in each room, you will be credited only once for that particular block of sessions.

Digital Scientific Sessions

Authors of some scientific papers have been invited to make the information available as narrated PowerPoint presentations. These digital scientific sessions will be available for review in the infoRAD area throughout the week.

Scientific Poster Viewing Hours

Lakeside Center, Level 3, Hall D

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.

Late Night Shuttle Bus

For the convenience of those who wish to study the Scientific Posters 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 7:00 p.m. until 10:00 p.m. Limited food service is also available from area vending machines during the evening, Monday through Thursday.
More than 1,100 education exhibits covering 16 subspecialties will be featured at RSNA 2003.

Education

Education Exhibits

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

AMA PRA category 1 credit is available for select exhibits only on Monday through Thursday between 12:15 p.m. and 1:15 p.m., at which time an author of the exhibit will be in attendance. Following interchange with the authors, those desiring category 1 credit must leave an attendance voucher with the authors.

AMA PRA category 1 credit is also available for correctly diagnosing any of the 60 Case of the Day exhibits located in the Education Exhibit area. Each day, Sunday through Thursday, 12 new cases are featured. Attendees submit their diagnoses electronically via RSNA Link Onsite terminals. Each correct diagnosis earns 0.5 category 1 credit. Revealed cases remain on display for the duration of the week for continued self-study.

New!

EPOS Demonstration

Award-winning exhibits from the 2003 European Congress of Radiology (ECR) will be featured in the Education Exhibits area. These exhibits use the new Electronic Poster Online System™ (EPOS). Twelve computers will be available in the exhibit hall to view the paperless presentations.

An online EPOS database is available with more than 870 electronic posters presented at ECR 2003.

RSNA members have free access to the EPOS database at epos.myecr.org/posters/rsna_signup.php.

Late Night Shuttle Bus

For the convenience of those who wish to study the Education 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 7:00 p.m. until 10:00 p.m. Limited food service is also available from area vending machines during the evening, Monday through Thursday.

For the convenience of those who wish to study the Education 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 7:00 p.m. until 10:00 p.m. Limited food service is also available from area vending machines during the evening, Monday through Thursday.
The Technical Exhibits at the RSNA Annual Meeting comprise the world’s largest medical exhibition. More than 600 leading manufacturers, suppliers, and developers of medical information and technology showcase an impressive array of radiology products and services.

A comprehensive list of the exhibitors and their products and services will be available in the *Buyer’s Guide: Radiology Products and Services*. A detailed floor plan of the technical exhibit areas can be found in the *Buyer’s Guide* and in the RSNA 2003 *Daily Bulletin*.

**New! Mobile Computing Pavilion**

RSNA will premiere its Mobile Computing Pavilion at RSNA 2003. The pavilion will feature a theater area dedicated to educational presentations on mobile computing, daily panel sessions led by industry experts and leaders in the field, and exhibits of leading wireless technologies. The pavilion is located in booth 1651 on the Technical Exhibits Floor in Hall A, next to the Publishers Row.

**infoRAD Exhibits**

infoRAD is the area of the annual meeting 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. Hands-on Computer Workshops are held in the infoRAD area.

infoRAD education exhibits and features include:
- Showcase Exhibit—Pathway to Progress NEW!
- International Informatics Panel Discussions NEW!
- MIRC/RadLex Classroom NEW!
- IHE Classroom
- Web Classroom
- NLM/Internet2 Demonstrations – Tutorial Classroom
- Radiology Informatics/IHE
- Hands-on Computer Workshops
- Image Manipulation/Analysis
- Literature Searches/RSNA Journal Searches
- PACS Classroom
- Personal Digital Assistants (PDA)
- Picture Archiving and Communication Systems (PACS)
- Practice Management/Workflow/IHE
- Decision Support/Computer-aided Diagnosis

**Exhibit Hours**

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<th>Technical Exhibit Hours</th>
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<td>Halls A &amp; B South and North Buildings</td>
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**Hands-on Computer Workshops**

| Hall D Lakeside Center | |
| Sunday–Thursday | 8:30 a.m.–4:30 p.m. |
| Friday | 8:30 a.m.–12:45 p.m. |
AMA PRA Category 1 credit is available for courses in the infoRAD Tutorial Classroom, the infoRAD PACS Workstation Classroom, the infoRAD Web Classroom and the infoRAD MIRC/RadLex Classroom.

IHE Classroom

Learn to improve workflow and information sharing in support of optimal patient care at the fifth round of IHE classroom sessions, which bring together medical professionals and industry experts. Sessions are designed to showcase the integration capabilities IHE makes possible, provide a detailed understanding of their operational and clinical benefits, and give users and purchasers the tools they need to achieve systems integrations in their institutions.

New!
infoRAD Showcase Exhibit

The 2003 Showcase Exhibit will highlight the radiology practice of the future. It will demonstrate the use of IT tools that enhance the workflow processes and productivity by intelligent automation in a paperless, filmless, and most important, errorless care delivery environment that will ultimately improve the quality of care.

infoRAD Exhibitor Presentations

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

infoRAD Tutorial Classroom

National Library of Medicine/Internet2 Tutorial 2003: Next Generation Internet, Internet2 and the Future of Medical Practice and Education

Advance registration is required. Seating is limited to 90 people but standby tickets may be available. This workshop will be held eight times during the meeting in identical presentations. It will describe:

• Technologies comprising the infrastructure of the current commodity Internet and the Next Generation Internet (NGI) and Internet2
• Advanced 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
• Partnerships between academia, industry, government and international organizations to develop and test the technology of tomorrow’s Internet.

Attendees will also be able to view Internet2 demonstrations from Johns Hopkins University, University of Kentucky, Stanford University and the University of Chicago.

infoRAD PACS Workstation Classroom

Three hands-on refresher courses (track 53) will be held. Seating for each is limited to 90 people. The courses are Basic PACS: How to Use a PACS Workstation; Advanced PACS: How to Configure and Tune a PACS; and Workshop in Speech Recognition.

infoRAD Web Classroom

Four hands-on refresher courses (track 54) are scheduled. Seating for each is limited to 90 people. The courses are How Your Radiology Practice Can “Work the Web”; Introduction to PowerPoint Presentations: Basic Skills; Introduction to PowerPoint Presentations: Advanced Skills; and How to Get Radiologic Images into Your Personal Computer.

Six additional hands-on courses will be held in the Web Classroom. They are PubMed/MEDLINE for International Users; Advanced PubMed/MEDLINE for Research and Radiology; Distance Learning & Literature Searching Through the RSNA Web Site; How to Submit Work to the RSNA Journal, Radiology; Preparing Your Manuscript for RadioGraphics and Overview of the Publications Process; and The Radiologist and the Internet: Continuous Learning While You Work.
infoRAD MIRC/RadLex Classroom

Six courses are planned. Seating for each is limited to 90 people. The courses are RadLex Session; A Tour of the MIRC Community; How to Set Up a Personal Teaching File System; How to Author MIRC Teaching File Documents; Inside the RSNA MIRC Software; and How to Build a Database-driven MIRC Teaching File System.

New!
International Informatics Panel Discussions

Two panel discussions will take place over the lunch hour relating to international informatics topics. The discussions will be led by a moderator and include a panel of experts in the domain. Each panel member speaks and then there will be an open forum on a related topic. On Monday, the panel discussion is International Radiology Education Via the Internet. On Wednesday, it is International Approaches to the Image-enabled EMR.

infoRAD Guided Tours

Guided tours provide an in-depth look into infoRAD offerings for 2003. 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 9:00 a.m.–1:00 p.m. Tours will begin at the top of each hour. Preregistration is required. Tours take approximately 20–30 minutes.

Chicago Welcomes Meeting Attendees

Through the Chicago’s “We’re Glad You’re Here” program, Mayor Richard M. Daley and the Chicago Convention and Tourism Bureau plan a citywide welcome for attendees and exhibitors at the RSNA 89th 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.
- Attractions in Advance calendar highlighting special events and attractions in Chicago during the meeting.
- Coffee service available for exhibitors Sunday through Wednesday 8:30 a.m. – 9:30 a.m.
- RSNA and Chicago’s “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.
- Chicago Restaurant Connection service located within RSNA Help Centers.
- Welcome Centers available at O’Hare and Midway Airports for information about the City and RSNA.
- Ambassador Meet and Greet program at Terminals One and Three at O’Hare Airport to direct attendees to Welcome Centers.
- Welcome signs displayed throughout O’Hare, at retail outlets, restaurants, cultural attractions and on taxicabs and shuttle buses.
The most current meeting and exhibitor information will be available on RSNA Link Onsite (rsna2003.rsna.org), a Web-based information resource tool for those attending the annual meeting.

RSNA Link Onsite

More than 150 RSNA Link Onsite terminals will be located throughout McCormick Place. Access to RSNA Link Onsite will be available from any Web browser at rsna2003.rsna.org before, during and after the week of the Scientific Assembly.

RSNA Link Onsite terminals feature:

**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. 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.

**Attendee Locator**
This utility is a quick and easy way to find friends and colleagues who are attending RSNA 2003 and the hotels where they are staying.

**RSNA Program**
The online version of the RSNA Program makes it easy for attendees to search for sessions, courses and exhibits. The program will remain available through RSNA Link during most of 2004.

**Virtual Briefcase**
The Virtual Briefcase is a personal itinerary planner with which attendees can maintain a list of technical exhibitors (My Exhibits), access a personalized floor plan (My Floor Plan), and create a schedule of sessions selected from the RSNA Program. (See page 17.)

**Technical Exhibits**
The online Buyer’s Guide and online floor plans offer a searchable guide to the technical exhibits, radiologic products and services at RSNA 2003.

**Meeting Announcements**
A free electronic bulletin board is available for non-profit associations and institutions to post alumni events, course information and educational activities directly related to radiology. Announcements may be submitted using RSNA Link Onsite terminals located throughout McCormick Place. Printed or handwritten announcements will not be accepted. All submissions will be reviewed before posting.

**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.

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

**Cases of the Day**
Education Exhibits at RSNA 2003 will include the popular Cases of the Day feature. Each day, 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 0.5 AMA PRA category 1 credit.

**RSNA Press Releases**
Information about RSNA 2003 presented to the media, along with daily attendance figures, will be featured in the Press Release section of RSNA Link Onsite.

**Tours and Events**
Attendees may add prearranged tours and events to their itinerary through RSNA Link Onsite. For more information, see the Tours and Events brochure on RSNA Link Onsite or at www.rsna.org/rsna/advance registration/pdf/tours_and_events_2003.pdf. During the meeting, tickets may be purchased at the Tours and Activities Desk located in the Grand Concourse Help Center, Level 3, or at the Palmer House Hilton.

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.

RSNA Link
RSNA’s Web site, RSNA Link, and the RSNA/ACR patient-oriented site, RadiologyInfo™, are accessible through the home-page menu of RSNA Link Onsite.

Information
The most current meeting and exhibitor information will be available on RSNA Link Onsite (rsna2003.rsna.org), a Web-based information resource tool for those attending the annual meeting.
Certificate of Attendance

Attendees can use RSNA Link Onsite terminals to print a personalized certificate of attendance.

Tech Note

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

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

Wired and Wireless Access Points

At certain 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 some banks of RSNA Link Onsite terminals and other areas of the meeting will also offer wireless connectivity using the 802.11b or “WiFi” protocol. Signs will clearly mark these areas where attendees with laptops or handheld devices can log on to the Internet. These wireless networks are not secure and should not be used for sending sensitive information. These connections will use DHCP service to automatically supply IP addresses and Internet access.

The RSNA Education Center Store will have two prominent locations at RSNA 2003.

Second Location Added for Education Center Store

The main location will be in the Lakeside Center near the entrance to the education exhibits, scientific posters and the editorial offices of Radiology and RadioGraphics. New this year, a satellite Education Center Store will be located on the technical exhibits floor in Hall A, Booth 1059.

The main Education Center Store will provide an open, user-friendly environment that will allow attendees to easily examine materials, including printed course syllabi, videotapes, slides/audiotape sets, and patient education brochures.

Demonstrations will also be available for RSNA’s online education resource, InteractED (www.rsna.org/education/interactive/index.html). Access to

<table>
<thead>
<tr>
<th>Education Center Store</th>
<th>Lakeside Center Ballroom–Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td>12:00 p.m. – 6:00 p.m.</td>
</tr>
<tr>
<td>Monday – Thursday</td>
<td>7:30 a.m. – 6:30 p.m.</td>
</tr>
<tr>
<td>Friday</td>
<td>7:30 a.m. – 1:00 p.m.</td>
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</tbody>
</table>

| Technical Exhibits Floor Hall A, Booth 1059 |
| Sunday – Wednesday | 10:00 a.m. – 5:00 p.m. |
| Thursday           | 10:00 a.m. – 2:00 p.m.   |

InteractED is free to RSNA members; nonmembers pay $15 per program for seven-day access.
From October 1, 2002, until September 30, 2003, about 2,700 individuals and 21 corporations donated more than $1.3 million to the RSNA Research & Education Foundation to “Funding Radiology’s Future.”

RSNA Research & Education Foundation Honors Donors

To acknowledge these contributions, the R&E Foundation Pavilion will highlight the individuals and corporations that have made it possible for the Foundation to carry out its mission to improve patient care by supporting research and education in radiology and related scientific disciplines through funding grants and awards to individuals and institutions that will advance radiologic research, education and practice.

Established in 1984, the RSNA Research & Education Foundation has provided 470 grants totaling more than $20 million.

The Foundation has several types of giving programs:

**Individual**
- **Visionaries**—commitments to the Foundation through stock or bequests
- **President’s Circle**—donations of at least $1,500 per year
- **Individual Donations**—donations of any amount

**Corporate**
- **Vanguard Program**—endowment of at least $200,000
- **Exhibitor’s Circle**—donations of at least $1,000 per year

The R&E Foundation Pavilion will be located in the Lakeside Center Ballroom, Level 3. The Pavilion will display the names of all the individual donors on a Donor Wall. Various poster displays will highlight the Vanguard Companies, the grants they support and the 2003 RSNA grant recipients with the titles of their research and education projects. Displays will also honor Visionaries and members of the President’s Circle and Exhibitor’s Circle.

**Donor Lounge**

The Pavilion will feature a Donor Lounge where R&E Foundation donors can relax, check e-mails, hang their coat or converse with colleagues. Complimentary beverages and light refreshments will be served. A white donor ribbon acknowledging a donation to the Foundation is required for entry to the lounge.

Contributions will be accepted onsite at the Pavilion, Membership/Publications Booth and at the Donor Lounge. Members making a contribution at the meeting will receive a coupon for a 10-percent discount on purchases made at the Education Center Store. The coupon is valid only at RSNA 2003.

The R&E Foundation Pavilion will also recognize the efforts and accomplishments of the RSNA Department of Research.

Information will also be available from the Academy of Radiology Research and the National Institute of Biomedical Imaging and Bioengineering.

Throughout the annual meeting, the R&E Foundation staff will be available to answer questions and provide information on all of the Foundation’s grant programs.
Vanguard Companies to Meet Grant Recipients

The Vanguard Reception will be held from 2:00 p.m. to 3:00 p.m. on Sunday, November 30, in the Hyatt Regency McCormick Place, Ballroom (C, D & E).

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 each contributed or have each expressed intent to donate $200,000 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 Seymour Levitt, M.D., chairman of the R&E Foundation Board of Trustees.

Last year the reception was attended by almost 200 people.

Vanguard Companies:
- Agfa Corporation
- Amersham Health
- Berlex Laboratories, Inc.
- Bracco Diagnostics
- Canon U.S.A.
- Cook, Inc.
- Eastman Kodak
- E-Z-EM, Inc.
- FONAR Corporation
- FUJIFILM Medical Systems USA
- General Electric Medical Systems
- Hitachi Medical Systems
- Tyco Healthcare/Mallinckrodt
- Philips Medical Systems
- Shimadzu Medical Systems
- Siemens Medical Solutions
- Toshiba America Medical Systems
- Varian Medical Systems

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. In January 2004, through a donation from Philips, RSNA will offer an Education Scholar Award.

Members of the Corporate Donations Subcommittee of R&E Foundation’s Fund Development Committee have been instrumental in securing funding from the Foundation’s Vanguard companies. Under the direction of Fund Development Committee Chairman William G. Bradley Jr., M.D., Ph.D., the Corporate Donations Subcommittee has helped raise nearly $19 million in corporate contributions.

2003 RSNA Research and Education Foundation Grant Recipients

Research Scholars
- Alexander R. Gottschalk, M.D., Ph.D.
  University of California, San Francisco
  Eastman Kodak Company/RSNA Research Scholar Grant
- Smita Patel, M.B.B.S., M.R.C.P., F.R.C.R.
  University of Michigan Health System
  GE Medical Systems/RSNA Research Scholar Grant
- Michelle S. Yao, M.D.
  University of Washington Medical Center
  Agfa Corporation/RSNA Research Scholar Grant

Research Fellows
- Bonnie N. Joe, M.D., Ph.D.
  University of California, San Francisco
  Siemens Medical Solutions/RSNA Research Fellow Grant
- David E. Sosnovik, M.D.
  Massachusetts General Hospital/
  Harvard Medical School
  Agfa Corporation/RSNA Research Fellow Grant
- Shahriar Yaghoubi, Ph.D.
  Stanford University
  RSNA Research Fellowship in Basic Radiologic Sciences

Corporate Donations Subcommittee
- David C. Levin, M.D., Chairman, Philadelphia
- William M. Angus, M.D., Ph.D., Palm Beach, Fla.
- Luther W. Brady Jr., M.D., Philadelphia
- R. Nick Bryan, M.D., Ph.D., Philadelphia
- Marten Klop, Dallas
- Carol Rumack, M.D., Denver
- Michael A. Sullivan, M.D., Individual Giving Subcommittee Chairman, New Orleans
- Stephen R. Thomas, Ph.D., Cincinnati

Individual Giving Subcommittee
- Michael A. Sullivan, M.D., Chairman, New Orleans
- Luther W. Brady Jr., M.D., Philadelphia
- R. Nick Bryan, M.D., Ph.D., Philadelphia
- Jerry P. Petasnick, M.D., Chicago
- Marten Klop, Dallas
- Anne G. Osborn, M.D., Salt Lake City
- Carol Rumack, M.D., Denver

Research Residents
- John W. Chen, M.D., Ph.D.
  Massachusetts General Hospital/
  Harvard Medical School
  Bracco Diagnostics/RSNA Research Resident Grant
- Gregg E. Franklin, M.D., Ph.D.
  Washington University School of Medicine
  Siemens Medical Solutions/RSNA Research Resident Grant

Continued on next page
Holman Pathway Research Resident Seed Grant Recipients

Sean X. Cavanaugh, M.D.
University of Texas Health Science Center, San Antonio
Fujifilm Medical Systems
USA/RSNA Holman Pathway Research Seed Grant

Keith A. Cengel, M.D., Ph.D.
University of Pennsylvania
Philips Medical Systems/RSNA Holman Pathway Research Resident Seed Grant

Daniel Allan Hamstra, M.D., Ph.D.
University of Michigan Medical School
Varian Medical Systems/RSNA Holman Pathway Research Resident Seed Grant

Joanne Barnes Weidhaas, M.D., Ph.D.
Memorial Sloan Kettering Cancer Center
Philips Medical Systems/RSNA Holman Pathway Research Resident Seed Grant

Medical Student Departmental Program Grant Recipients

Department of Radiology
Louisiana State University Health Sciences Center, School of Medicine, Shreveport
Shimadzu Medical Systems/RSNA Medical Student Departmental Program Grant
Medical Student: John Anthony Hopkins Brand
Scientific Advisor/Chairman: Horacio R. D’Agostino, M.D.

Department of Radiology
Northwestern University Medical Center
Canon U.S.A./RSNA Medical Student Departmental Program Grant
Medical Student: Mark Haupt
Scientific Advisor: F. Scott Perelis, M.D.
Chairman: Eric J. Russell, M.D.

Department of Radiology
Louisiana State University Health Sciences Center, New Orleans
FUJIFILM Medical Systems/RSNA Medical Student Departmental Program Grant
Medical Student: Pavan Narra
Scientific Advisor: Zhong Qian, M.D.
Chairman: Willifredo R. Castaneda, M.D.

Department of Radiology
University of Southern California
Shimadzu Medical Systems/RSNA Medical Student Departmental Program Grant
Medical Student: Dwayne Wells, M.P.H.
Scientific Advisor: Johnson B. Lightfoote, M.D.
Chairman: Edward Grant, M.D.

Department of Radiology
Indiana University
Philips Medical Systems/RSNA Medical Student Departmental Program Grant
Medical Student: D. Thor Johnson
Scientific Advisor: Gordon McMinnan, M.D.
Chairman: Valerie P. Jackson, M.D.

Department of Radiology
New York University Medical Center
Philips Medical Systems/RSNA Medical Student Departmental Program Grant
Medical Student: Raymond Malveaux
Scientific Advisor: Paul C. Wang, Ph.D.
Chairman: James Teal, M.D.

Department of Radiology
University of California, San Diego
Philips Medical Systems/RSNA Medical Student Departmental Program Grant
Medical Student: Daniel W. Hwang
Scientific Advisor: John H. Rundback, M.D.
Chairman: Philip O. Alderson, M.D.

Department of Radiology
University of California, San Diego
Philips Medical Systems/RSNA Medical Student Departmental Program Grant
Medical Student: Alex Zife
Scientific Advisor: William E. Jones III
Chairman: Javier A. Nazario-Larrieu

Department of Radiology
Brigham and Women’s Hospital, Boston
RSNA Medical Student Departmental Program Grant
Medical Student: Javier M. Nunez
Scientific Advisor: John D. MacKenzie, M.D.
Chairman: Steven E. Seltzer, M.D.

Department of Radiology
University of Texas Health Science Center, San Antonio
Philips Medical Systems/RSNA Medical Student Departmental Program Grant
Medical Student: William E. Jones III
Scientific Advisor: Martin Fuss, M.D., Ph.D.
Chairman: Terence S. Herman, M.D.

World Wide Web-based Educational Program Grant Recipients

Linda Lanier, M.D.
University of Florida College of Medicine
Co-investigator: Chris Sistrom, M.D.
Co-investigator: Richard Rathe, M.D.

Charles Robert Russell Hayter, M.D., F.R.C.P.
Duke University School of Medicine
Co-investigator: Richard D. White, M.D.

Ulf D. Jonsson, M.D., Ph.D.
University of Linkoping
Co-investigator: Anders G. Nyby, M.D.

International Radiology Education Program Grant to “Teach the Teachers” to Emerging Nations

Maurice M. Reeder, M.D.
Uniformed Services University of the Health Sciences

Institutional Clinical Fellowships in Cardiovascular Imaging

Stanford University Medical Center, Calif. – Department of Radiology
Scientific Advisor: Geoffrey D. Rubin, M.D.
Department Chair: R. Brooke Jeffrey, M.D.
Fellow: TBA

Cleveland Clinic Foundation - Department of Radiology
Chairman: Michael T. Modic, M.D.
Scientific Advisor: Richard D. White, M.D.
2004-05 Fellows:
Brett B. Carmichael, M.D., National Naval Medical Center
Ali Islam, B.S., M.D., University of Western Ontario

Educational Scholar Program Grant Recipient

W. Robert Lee, M.D., M.S.
Wake Forest University School of Medicine
RSNA Connects with Community of Science

RSNA members have the opportunity to receive free access to Community of Science, Inc. (COS), an important Internet resource for the global research and development community. To date, COS has 480,000 members who use the Web site to promote their work, find funding, access experts, and consult and collaborate with colleagues. Offerings include COS Funding Opportunities, a comprehensive database containing more than 23,000 listings of available funding sources, and COS Funding Alert, a weekly e-mail notification containing a customized list of funding opportunities.

Many RSNA members already belong to COS through their institutions. For those who do not, however, they can now subscribe as an RSNA member.

To take advantage of this new opportunity, go to the COS Web site at www.cos.com, click Join Now in the left-hand column, then Join, and enter RSNA as your institution. Current RSNA membership is required.

RSNA Featured on CareerMD

For the next year, RSNA will be the featured association on CareerMD.com—a Web site medical students, residents and fellows use to plan their careers and research graduate medical education opportunities.

A special RSNA logo prominently appears in the Resident Member section under the categories of Diagnostic Radiology, Radiation Oncology and Neuro/Diag Rad/NeuroRad.

The logo highlights free membership for residents and fellows, and provides a link to the membership page of RSNA Link (www.rsna.org).

NEW Welcome New Attendees

RSNA has developed a “Welcome New Attendees” kit for first-time attendees of the scientific assembly and annual meeting. The kit, which will be mailed to new attendees before the meeting, contains a variety of literature designed to make RSNA 2003 a more user-friendly experience, such as maps of Chicago and McCormick Place, a list of frequently asked questions and answers, information about important educational components of the meeting, a Pocket Guide, an RSNA membership application, a welcome letter, pen and writing pad.

Chicago Public Schools

The RSNA 2003 “Exploring Your Future in Radiology” career day program for Chicago Public High School students will be held on Thursday, December 4. The program provides students with the opportunity to learn more about radiology and related career opportunities through lectures, hands-on workshops, career presentations and tours of technical exhibits. Students will also have the opportunity to compete for scholarships from RSNA.

At RSNA 2002, the first year of the program, about 40 Chicago Public High School students participated. After spending the day at the meeting, the students prepared an essay about their experience and took a 100-question quiz. Three of the original student participants will each receive a $1,000 scholarship to be awarded at RSNA 2003.

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 (877) RSNA-MEM (776-2636) (U.S. and Canada), (630) 571-7873 or membership@rsna.org.
Online registration is now open at www.birow.org for the 2004 Biomedical Imaging Research Opportunities Workshop (BIROW II) scheduled for February 25-26 at the Bethesda Marriott Hotel. Nearly 200 leading radiologic researchers, physicists, and engineers are expected to participate in the workshop.

This workshop is the second in a series being sponsored by RSNA, American Association of Physicists in Medicine, Biomedical Engineering Society, Academy of Radiology Research, and American Institute for Medical and Biological Engineering.

Information and registration forms for the 2004 workshop are available at www.birow.org.

“RSNA supports BIROW and encourages its members to participate to help the research community identify opportunities for basic science research and engineering development in biomedical imaging as well as related diagnosis and therapy,” says RSNA President Peggy J. Fritzschke, M.D.

About 150 people attended BIROW I earlier this year. The BIROW concept was organized and supported by various groups representing radiologists, engineers, and physicists. NIH Director Elias Zerhouni, M.D., told the audience at BIROW I that the collaboration between interested groups presents a unique opportunity to get together and focus on the key issues.

The official report from the 2003 BIROW, including an introduction and summaries from the breakout committees, is available on Radiology Online at radiology.rsna.org/cgi/content/full/2292030807v1.

**NIH Loan Repayment Program**

December 31, 2003, is the application deadline for the National Institutes of Health (NIH) Loan Repayment Program. NIH awards up to $35,000 annually in student loan repayments to health professionals engaged in qualifying research. Details and applications are available at www.lrp.nih.gov.

**NAME:** Jim Drew  
**POSITION:** Director of Advertising  
**WITH RSNA SINCE:** January 1998

In addition to selling advertising, the Advertising Department works closely with journal editors to assure the content of the advertisements is appropriate for a professional audience. The Department also receives, manages, and places classified advertising for Radiology and through Career Connection.

**WORK PHILOSOPHY:**
My responsibilities include both managing the department and making sales calls to potential advertisers. It is important for me to maintain a positive attitude and a friendly demeanor at all times. Success comes not only from the dollar amount of advertising sold, but also by reconciling sometimes competing interests.
**ACRIN Fellowship in Clinical Trials of Medical Imaging**

Through funding from the National Cancer Institute and the Avon Foundation, the American College of Radiology Imaging Network (ACRIN) is seeking four individuals for fellowships in how to conduct rigorous, multi-center trials of diagnostic imaging and image-guided interventional technologies. The ultimate goal is to develop successful, independent clinical researchers and future scientific leadership for ACRIN. Applications must be received by January 3, 2004.

For more information, go to www.acrin.org/pdf_file2.html?file=fellowapp.pdf.

**Effective Investment Strategies**

RSNA will sponsor a one-day course, presented by National Tax & Investment Seminars, prior to RSNA 2003. The course will be held Saturday, November 29, 2003, from 8:30 a.m. – 4:00 p.m., at McCormick Place in Chicago.

Objective and unbiased, this course shows investors how to become more efficient with their money by making informed investment decisions. Unlike financial planner or stockbroker provided courses, there is absolutely no sales pitch.

Due to last year’s enthusiastic response, the course has been expanded to six hours.

Topics to be discussed will include:
- Online Trading: Appreciate Its Benefits but Watch for the Pitfalls
- Why Money Managers Don’t Want You to Know About Index Funds
- Strategies to Protect Profits and Lower Risk in Volatile Markets
- Selecting Mutual Funds Suited to Your Needs – Not Wall Street’s
- Day Trading: If It’s Investing, Why Isn’t It Called Day Investing
- Exchange Traded Funds: Are They Really Superior to Stock Index Funds?
- Funding the High Cost of Your Children’s College Education

Each attendee will receive a copy of the Effective Investment Strategies textbook. Written specifically for this course, the textbook is an invaluable post-seminar resource.

Registration is $169 for RSNA members, $99 for members-in-training and $189 per course for non-members. Register online at www.rsna.org/education/short-courses.

This seminar does not qualify for AMA category 1 credit. For more information, contact the RSNA Education Center at (800) 381-6660 x3747 or ed-ctr@rsna.org.
Press releases have been sent to the medical news media for the following scientific articles appearing in the October issue of Radiology (radiology.rsnaajnls.org):

“MRI Assessment of Osseous Invasion by Soft Tissue Sarcoma”

MR images of soft tissue sarcomas (STS) may show signs of osseous invasion, even where there is no histological evidence.

David A. Elias, M.B.B.S., and colleagues, from the University of Toronto, retrospectively evaluated the T1- and T2-weighted MR images of 56 osseous sites in 51 patients who underwent bone resection at surgery for STS.

Of the 56 osseous sites, the researchers noted 44 with MR imaging evidence of osseous abutment, but only 11 of those had histological evidence of osseous invasion.

The researchers found the overall accuracy of MR was 100 percent for sensitivity, 93 percent for specificity, 79 percent for positive predictive values, and 100 percent for negative predictive values.

(Radiology 2003; 229:145-152)

“Percutaneous Treatment of Osteoid Osteoma Using Radiofrequency Energy”

CT-guided percutaneous radiofrequency (RF) ablation of osteoid osteoma is a safe and effective technique.

Daniel I. Rosenthal, M.D., and colleagues, from Massachusetts General Hospital and Harvard Medical School, studied 263 patients with presumed diagnosis of osteoid osteoma who underwent 271 ablations over an 11-year period. All 271 procedures were technically successful.

Among the 126 patients for whom two-year follow-up data were available, complete relief of symptoms was reported in 112 (89 percent). The success rate was 91 percent (107/117) in patients for whom the procedures were done as the initial treatment.

(Radiology 2003; 229:171-175)

“Dual-Energy Contrast-enhanced Digital Subtraction Mammography: Feasibility”

A new technique appears to depict more breast cancers than traditional mammography.

John M. Lewin, M.D., from the University of Colorado Health Sciences Center, and colleagues evaluated the technique, dual-energy contrast-enhanced digital subtraction mammography (CEDSM), which they developed.

The technique consists of high-energy and low-energy digital mammographic images obtained following the administration of iodinated contrast. A weighted subtraction of the logarithmic transform of these images is then performed to obtain an image that preferentially shows iodine.

Of the 26 subjects, 13 had invasive cancers. Eleven enhanced strongly, one enhanced moderately and one enhanced weakly.

The researchers write, “These results indicate that the technique is feasible and worthy of further study.”

(Radiology 2003; 229:261-268)

Diffusion-Tensor MR Imaging in Children with Developmental Delay: Preliminary Findings

New imaging technology shows children with developmental delay actually do have brain abnormalities.

For one year, Christopher D. Filippi, M.D., formerly of New York Presbyterian Hospital-Weill Medical College of Cornell University, and colleagues studied 20 children with developmental delay. They found that even though conventional MR imaging appeared normal, diffusion-tensor MR imaging depicted decreases in anisotropy and increases in $D_{an}$ in the white matter fiber tracts.

Dr. Filippi presented the findings September 12 in Philadelphia at the American Medical Association’s annual Science Reporters Conference.

“In a child who has difficulty with coordination without explanation for it, we expected to find abnormalities in the part of the brain that controls motor movement,” he told reporters. “What we didn’t expect to find were global abnormalities in all of these children.”

He added that the researchers are now actively engaged in a larger study that will examine more children over a longer period of time.

(Radiology 2003; 229:44-50)
Research & Education Foundation Donors

The Board of Trustees of the RSNA Research & Education Foundation and its recipients of research and educational grant support gratefully acknowledge the contributions made to the Foundation August 1–27, 2003.

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In memory of Elyse Triano & Nancy Triano
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Important Information for RSNA 2003

Final Advance Registration
Deadline October 31, 2003

North American attendees who register by October 31, 2003, will have their badge wallet mailed to them in advance of RSNA 2003. Badge wallets contain a name badge, tickets and attendance vouchers.

RSNA’03
Communication for Better Patient Care
November 30 – December 5
McCormick Place, Chicago

Online (24 hours a day)
www.rsna.org/register/

Fax (24 hours a day)
(800) 521-6017
(847) 940-2386 outside the United States and Canada

Phone (Monday – Friday, 8:00 a.m. – 5:00 p.m. CT)
(800) 650-7018
(847) 940-2155 outside the United States and Canada

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

Mail
ExpOExChange/RSNA 2003
108 Wilmot Rd., Ste. 400
Deerfield, IL  60015-0823

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

NEW!
Onsite Registration
Onsite registration is in a new location this year at McCormick Place. It’s near the main entrance to the Arie Crown Theater.

NEW!
Welcome New Attendees
An information packet is available for first-time attendees of the RSNA annual meeting. See page 35 for details.

Lakeside Center, Hall E, Level 2
Saturday (Nov. 29) . . . . . . . . . . . . . 12:00 p.m.–6:00 p.m.
Sun.–Mon. (Nov. 30–Dec. 1) . . . 7:00 a.m. – 6:00 p.m.
Tuesday – Thursday (Dec. 2-4) . . . .7:00 a.m. – 5:00 p.m.

Lakeside Center, Level 3, Ballroom Help Center
Friday (Dec. 5) . . . . . . . . . . . . . . . 7:30 a.m. – 12:00 p.m.

Onsite registration fees are $100 higher than advance registration fees, even for RSNA and AAPM members.

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

For more information about registration at RSNA 2003, visit www.rsna.org, call (630) 571-7862 or e-mail reginfo@rsna.org.
Make the Most of RSNA 2003 With These Tools

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. These credits will be transferred to the members-only RSNA CME Credit Repository

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

Pocket Guide
The RSNA 2003 badge wallet will include the Pocket Guide. This pocket-size booklet provides “must-have” information to navigate in and around McCormick Place 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.

Daily Bulletin
The Daily Bulletin is the official newspaper of the RSNA Scientific Assembly. Published Sunday through Thursday, the newspaper is available at various areas of McCormick Place and in the lobbies of eight Chicago hotels, including the Chicago Hilton, Palmer House Hilton, Chicago Marriott Downtown, Fairmont, Hotel Inter-Continental, Hyatt Regency Chicago, Sheraton Chicago and Westin Michigan Avenue.

The inside section of the paper will 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.

Buyer’s Guide: Radiology Products and Services
The official guide to the RSNA technical exhibition—the largest medical trade show in the world—the Buyer’s Guide showcases the radiology products and services offered by the more than 650 exhibitors. 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.

RSNA Program
The RSNA Scientific Assembly and Annual Meeting Program is a comprehensive guidebook 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 RSNA members who requested it in advance of the meeting.

For members who did not request an advance copy, a ticket stub will be included in their badge wallet to pick up the RSNA Program at a Help Center. At the Education Center Store replacement copies of the RSNA Program will be available for $10 each for members only. New copies are available for $45 each.

The RSNA Program will also be available on RSNA Link (www.rsna.org) before the end of October. The online version has search and customizing capabilities not possible in the print version. See page 17 for more information on how to use the online RSNA Program.

Continued on next page
Photography and Recording Guidelines

No recording devices of any kind—including audio, video, and still photography—will be permitted in Scientific Paper Sessions, Scientific Poster Sessions, Plenary Sessions, Refresher Courses or Special Focus Sessions.

Still photography will be allowed for personal use only—not for reproduction—for Poster displays, Education Exhibits and in the infoRAD area for exhibits that do not display a “No Recording” icon.

Technical Exhibitors are allowed to photograph, videotape or mechanically record their company’s booth during regular floor access hours for exhibitor personnel. Specific rules apply. See the Exhibitor Prospectus.

A detailed copy of these new guidelines will be available in the RSNA Program and in the Sunday edition of the Daily Bulletin.

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 2003. RSNA shuttle buses are also available to transport attendees to and from McCormick Place. On Saturday, November 29, and on Friday, December 5, shuttle bus service will be available to and from the Lakeside Center only.

International Attendees

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

One-Day Badge

A one-day badge is available to view the technical exhibits area only. The badge can be purchased onsite for $300 at the Exhibitor Registration Desk in the Grand Concourse, Level 3. Attendance for more than one day requires a full-conference purchase.

★ RSNA 2003 offers up to 80.5 category 1 CME credits.

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

Final Exhibitor Mailing
The primary contact at each exhibiting company will receive a package in early November that will include the Pocket Guide, Exhibitor Information Guide, RSNA 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.

Exhibitor Guest Vouchers
Each exhibiting company will be issued guest vouchers when their booth badges are mailed in November. It is the responsibility of the exhibitor to distribute these vouchers directly to their guests. At the Exhibitor Registration Desk in the Grand Concourse, Level 3, 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 19, 2003, total exhibit space sold was 438,850 square feet with 633 companies registered to exhibit including 88 first-time companies.

Important Exhibitor Dates for RSNA 2003

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
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<tbody>
<tr>
<td>October 31</td>
<td>Exhibitor badge deadline</td>
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<tr>
<td></td>
<td>Individual Exhibitor housing deadline date</td>
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<tr>
<td></td>
<td>Suite Request deadline date</td>
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<tr>
<td></td>
<td>Exhibitor Registration closes</td>
</tr>
<tr>
<td></td>
<td>RSNA housing system closes</td>
</tr>
<tr>
<td>November 24</td>
<td>Technical Exhibit Target move-in begins</td>
</tr>
<tr>
<td>November 26</td>
<td>Hands-on Computer Workshop move-in begins</td>
</tr>
<tr>
<td>November 28</td>
<td>General Technical Exhibit move-in begins</td>
</tr>
<tr>
<td>Nov. 30 – Dec. 5</td>
<td>RSNA 89th Scientific Assembly and Annual Meeting</td>
</tr>
</tbody>
</table>

Technical Exhibits Installation

- **Monday – Wednesday, November 24 – 26**: 8:00 a.m. – 4:30 p.m.
- **Thursday, November 27 (Thanksgiving Day)**: 6:00 a.m. – 2:30 p.m.
- **Friday – Saturday, November 28 – 29**: 8:00 a.m. – 4:30 p.m.
- **Sunday, November 30**: 6:00 a.m. – 8:00 a.m.

*Target Move-in—refer to the Target Move-in Assignments which can be found in Section 1 of the online RSNA Exhibitor Service Kit at www.rsna.org/rsna/te/servicekit.html.

Technical Exhibit Hours

- **Sunday – Wednesday, November 30 – December 3**: 10:00 a.m. – 5:00 p.m.
- **Thursday, December 4**: 10:00 a.m. – 2:00 p.m.
- **Dismantle**: 2:30 p.m. – 8:00 p.m.
- **Friday – Saturday, December 5 – 6**: 8:00 a.m. – 4:30 p.m.
- **Sunday, December 7**: Hall Closed
- **Monday, December 8**: 8:00 a.m. – 4:30 p.m.
Chicago Restaurants Offer Treats for Every Taste at RSNA 2003

After a full day of scientific presentations at RSNA 2003, 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, Lakeside Center Ballroom, Level 3, and at the Palmer House Hilton.

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

**AMBRIA**
2200 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. 

**ARA**
200 N. Columbus Dr.; (312) 444-9494
The Fairmont Hotel has made its move into hotel fine dining with Ara, an international restaurant, with dishes ranging from cassoulets to curries. The exotic décor of this earth-toned room matches the extensive, internationally influenced menu. Beautiful plates and flatware along with a glass-enclosed private dining room add to Aria’s flair.

**ARUN’S THAI RESTAURANT**
4156 N. Kedzie; (773) 539-1909
Very Expensive

**ARIO**
200 N. Columbus Dr.; (312) 444-9494
The Fairmont Hotel has made its move into hotel fine dining with Ara, an international restaurant, with dishes ranging from cassoulets to curries. The exotic décor of this earth-toned room matches the extensive, internationally influenced menu. Beautiful plates and flatware along with a glass-enclosed private dining room add to Aria’s flair. 

**AVENUES**
108 E. Superior; (312) 573-6754
Lodged in one of Michigan Avenue’s newest luxury hotels, this elegant, leather-appointed restaurant has a view of Chicago’s famous Water Tower. Avenue’s 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**
160 E. Huron; (312) 787-1300
Dun 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 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 with 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.

**THE BERGHOFF**
17 W. Adams; (312) 427-3170
A deeply authentic German restaurant, The Berghoff is a don’t-miss for the shopping and lunch crowd. The staff is attentive and educated and the food is phenomen. Moderate

**BRASSERIE JO**
59 W. Hubbard St; (312) 395-0800
If a fabulous French Brasserie were transported from Paris to downtown Chicago and the haughty service comprises 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 bérarnaise 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

**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

**CALIFORNIA PIZZA KITCHEN**
52 E. Ohio St; (312) 787-6075
For the shopping-exhausted, the California Pizza Kitchen offers a welcome respite. Located two blocks from Michigan Ave. (also on the 7th floor of Water Tower Place), this sunny restaurant offers 29 individual-sized pizzas, some traditional, but many with fascinating ingredients such as caramelized pears and gorgonzola, barbeque chicken-even tandoori chicken, a popular choice, is included in this new “California” pizza style. True to its California roots, the menu is rounded out by 10 large and sophisticated salads. Started by two Beverly Hills attorneys, the California Pizza concept has proven very popular to the shopping and lunch crowd. 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. Enclosed in the dark wood and leather interior, complete with oil paintings, waiters dressed in white aprons offer robust
wines, oversized steaks and side orders as large as entrees. This is a restaurant for a hearty appetite. 

**CHARLIE TROTTER’S**

810 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. Choose between the grand menu and the vegetarian menu to begin the parade of imaginative dishes. Very Expensive

**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 maintains cigar smoking only and is equipped with a fireplace and a loggia for smoking outside. A 1312 S. Wabash Ave.; (312) 939-4470

**CHILPANCINGO**

358 W. Ontario; (312) 266-9525

The Fixed-price dinner also includes a dessert, which leaves room for his brilliant desserts. The creative menu changes bi-monthly and the wine list undergoes constant updating. The upstairs lounge, Eau, offers a hip place for enjoying a nightclub. Surrounding it by cafes and boutiques. Escargot is nestled in a trendy section of Chicago’s well-established DePaul neighborhood, a five-minute taxi ride from N. Michigan Ave. Moderate

**ERAWAN**

729 N. Clark; (312) 642-6888

This new Gold Coast gem uses Westen 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 Chidhamrong, 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 in 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

**FOGO DE CHÃO**

661 N. LaSalle St.; (312) 932-9330

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

**GIORDANO’S**

205 E. Chestnut; (312) 939-4470

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

**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 located 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 1/2 pound, so order your size carefully. Inexpensive

**GINO’S OF NORTH CHICAGO**

1962 N. Halsted; (773) 281-4211

The Giordano’s restaurants serve consistent food and are especially popular following Chicago Bears’ games. A 10-minute cab ride from McCormick Place, Gino’s Pizza is worth the trip. Inexpensive

**GIOCO**

1312 S. Wabash Ave.; (312) 939-3870

Gioco serves a big portioned contemporary Italian feast in a Prohibition-era speakeasy. The simple menu is in line with a trattoria, offering tortellini, beef and octopus carpaccio, pizza, veal scaloppini, rabbit, mussels, and seafood. Gioco may mark the beginnings of a South Loop restaurant row, with Gioco’s partners opening two new restaurants across the street. The South Loop is conveniently close to McCormick Place and downtown hotels. Moderate

**GRILLROOM CHOPHOUSE AND WINE BAR**

33 W. Monroe; (312) 960-0000

This upstart restaurant took Chicago by surprise. Chef Daniel Kelly, who has been working for the Hyatt hotels for the past decade, has made a name for himself and his wife, Maria Ambriz, with their new market district restaurant. The mostly American menu offers international delights including salmon gravlax, foie gras and beef carpaccio. Foodies agree that dessert is a must at D. Kelly. The décor consists of photographs and art by local Chicago artists, warmering the exposed brick walls and maple floors. Expensive

**DON JUAN ON HALSTED**

1729 N. Halsted; (312) 981-4000

The Nuevo Mexicano menu fits this hacienda-like room. Moderate

**EDWARDO’S NATURAL PIZZA RESTAURANT**

521 S. Dearborn; (312) 919-3366

Expensive

Edardo’s pizza is made with all natural ingredients including in-store grown herbs. The pizza is consistent and memorable. With two downtown locations, Edardo’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

**ESCARGOT**

1962 N. Halsted; (773) 281-4211

Chef-Owner Eric Aubriet alleviates the heaviness of French food with lighter sauces and inspired food pairings, which leaves room for his brilliant desserts. The creative menu changes bi-monthly and the wine list undergoes constant updating. The upstairs lounge, Eau, offers a hip place for enjoying a nightlife. Surrounding it by cafes and boutiques. Escargot is nestled in a trendy section of Chicago’s well-established DePaul neighborhood, a five-minute taxi ride from N. Michigan Ave. Moderate

**FOLIJA**

952 W. Fulton Ave.; (312) 243-2888

Expensive

Folia’s windows are decorated with mannequins wearing haute couture designed by local college students. The clothing and art are available for purchase. Moderate

**FRONTERA GRILL**

445 N. Clark; (312) 661-1434

Expensive

Mexican food is taken to a new level in this festive restaurant five blocks from Michigan Avenue. Moderate

**FRONTIERA 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 OF NORTH CHICAGO**

633 N. Wells; (312) 943-1124

The Windy City’s rendition of the famous Beverly Hills Grill on the Alley serves large steaks, prime rib and seafood in a clubby leather-bound 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 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 amazing selection of 40 wines by the glass. 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

**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

Continued on next page
Continued from previous page

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

MARCHÉ
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
1030 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) 397-9590
This West Coast import is all about fish. The menu offers what is probably the entire day’s available 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.

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.

MK, THE RESTAURANT
868 N. Franklin; (312) 482-9179
Creative contemporary dishes superbly offset by this stylish restaurant. Exposed bricks and beams reflect the building’s past as a paint factory. 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

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

NICK’S FISHEMARKET
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 towel following the entree. 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 St.; (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

NORTH POND CAFÉ
2610 N. Cannon; (773) 477-5845
Seasonal Midwestern dishes served with a city view skyline, 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

OPERA
1301 S. Wabash Ave.; (312) 461-0161
“Hip-hop Asian” with clean flavors and dramatic presentations sum up Opera. This four-star restaurant is not something one can experience in a Chinese carry out-box. Interesting sauces—spring onion, five-spice salt and sweet/sour chili sauce—and thoughtful presentations make Opera a unique experience. Draped silk, quilted chair backs, exotic light fixtures and Chinese screens add an undertone of drama to dinner.

Operas South Loop building formerly housed film reels, which left small, romantic niches cleverly filled with tables. Expensive

THE PALM
323 E. Wacker; (312) 616-1000
Known for prime steaks, lobsters and drinks the grace 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

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 steakhouse. 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 maître d’. Expensive

PILL, PILL
230 W. Kinzie St.; (312) 464-9988
This combination bistro-style dining room and casual café has French Provencial flair with Mediterranean influences from North Africa and Morocco. Named after the North African chili pepper, Pill, Pill’s specialties include charcuterie, rustic breads, steak frites, steamed mussels and stuffed sea bass. This River North restaurant serves food all day in the café and lunch and dinner in the dining room. Wines are available by the glass, bottle or flight. The Pill, Pill pastis is included in the extensive list of French aperitifs. Moderate

PIZZERIA UNO
29 E. Ohio St.; (312) 321-1000
PIZZERIA DUE
619 N. Wabash Ave.; (312) 943-2400
Sixty years of Chicago pizza experience culminates in one great pizza tradition split between two downtown Chicago mansions. Pizzeria Uno and Due are across the street from each other at the intersection of Ohio and Wabash. Great pies alike appear to believe the pizza is worth the wait. The basement level Pizzeria Uno has a dark, bar-like environment, while Due’s rooms are lighter. Express lunch is available at both restaurants. Inexpensive

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. This two-level restaurant is one of Printers Row’s fine jewels. Interesting twists can be found on classic midwestern comfort foods as well as inspiring beef and game dishes. Expensive

PRINTERS 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 spatzel and roasted Amish chicken. The Printers 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 accented 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
MEETING WATCH: RESTAURANT GUIDE

RL RESTAURANT RALPH LAUREN
115 E. Chicago; (312) 475-1100
Ralph Lauren designed a restaurant that is consistent with his American-style clothing and home accessories. The room is clubby, comfortable and dark. The front bar’s mahogany paneling is slightly upstaged by the bookcases and Ralph Lauren-style furniture. The menu is upscale American with Italian accents. The beef is from cattle carefully bred on the actual Lauren ranch. Do not miss out on the memorable desserts. **Expensive**

ROSEBUD
1500 W. Taylor; (312) 942-1117
A memorable Italian meal served in a comfortable, upscale setting. **Moderate**

ROSEBUD STEAKHOUSE
192 E. Walton; (312) 397-1000
Rosebud’s bone-in filet has won the hearts of Chicago steak enthusiasts. Excellent Italian station stations 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 politicos. 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
720 N. State; (312) 787-7599
Chicago welcomes Roy Yamaguchi’s Hawaiian fusion cuisine, which combines French and Asian cooking techniques. Specialties include hicachi-grilled salmon, blackened tuna and barbecued baby back ribs. Expert wine and food pairings are offered. The bar and a special section of the dining room offer a view of the exhibition kitchen. **Expensive**

RUMBA
351 W. Hubbard St.; (312) 222-1226
This upscale Latin fusion restaurant offers a taste of Cuba, Puerto Rico and South American cuisine. Rumba’s Nuevo Latino fare is served in a room reminiscent of the Tropicana nightclub. Thursday thru Sunday late night guests can tango to live Latin music and occasionally see professional dance performances. Tropical cocktails are a favorite among the sophisticated lounge crowd. Try a “caipirinhas” or a “chocolatada.” **Very Expensive**

RUSSIAN TEA TIME
“caipirinhas” or a “chocolatada.”

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
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 & WOLLENSKEY
318 N. State; (312) 670-9900
Sports and steaks are the perfect combination in Chicago. Scattered among the memorabilia and American football team memorabilia 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**

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

TASTING 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**

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

ZEALOUS*
419 W. Superior; (312) 475-9112
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**

An expanded version of the restaurant guide is available at www.rsna.org/publications/rsnanews/oct03/restaurants-1.html

RSNANEWS.ORG
RSNA NEWS
www.rsna.org

Guidelines for Photography and Recording at RSNA 2003
Are you planning to take photographs or video or audi-tape activities at RSNA 2003? Whether you can do so may depend on where you are at McCormick Place and the event you attend.

New photography and recording guidelines for the scientific assembly and annual meeting have been established.

The restrictions are posted in the Annual Meeting section of RSNA Link under Guidelines for Photography and Recording at the Annual Meeting: www.rsna.org/rsna/photo_and_recording_guidelines.html

Questions about photography and recording should be addressed to:
• programs@rsna.org (for events in the RSNA Program)
• exhibits@rsna.org (for technical exhibits)
• informat@rsna.org (for infoRAD and the Mobile Computing Pavilion)
• ihe@rsna.org (for IHE)

Integrating the Healthcare Enterprise (IHE)
IHE workshops at RSNA 2003 are listed in the IHE section of RSNA Link at www.rsna.org/IHE/workshops2003.html. The workshops run 15 or 45 minutes each, from Sunday morning until noon on Friday. Last year there were 44 IHE workshops. This year there will be 76.

These workshops will also be listed—with presenters, learning objectives and abstracts—in the online RSNA Program on RSNA Link Onsite.

Frequently Asked Questions
Do you have questions about RSNA 2003? Go to www.rsna.org/sitetools/faq.html#meetings, and read the answers to frequently asked questions such as, “I need a letter of invitation from RSNA so that my country can give me a visa for travel to RSNA’s annual meeting. Whom should I contact?” or “Where can I get a list of companies exhibiting at the annual meeting?”

10 Years Online
RSNA 2003 will be the 10th year that RSNA Link has been in use at McCormick Place.

One of the first major Web sites in radiology, RSNA’s first Web site has always had a strong connection with the scientific assembly and annual meeting.

As the initial online project of the Learning Center (now known as the Education Center), RSNA Link made its official debut at RSNA 1994 with several Internet terminals in infoRAD, which was located in Hall C of the North Building.

At the time, many either had never heard of the Internet or knew little about it. Even the Internet address of RSNA Link, http://www.rsna.org, mystified many who were unfamiliar with Web syntax. Some thought it an e-mail address.

RSNA Link began as a collection of interlinked static pages based on documents and publications already in print. For several years, it was showcased in infoRAD as a global information resource for both members and nonmembers.

As the site grew, technology improved, and the National Library of Medicine held Internet tutorials in infoRAD, and Internet access became more widely available in universities, workplaces and homes. RSNA Link became a technological centerpiece. Members and other attendees began to use it for advance registration as well as for application forms, updates, links to other resources and news.

By the late 1990s, the scientific assembly and annual meeting needed a site of its own for the RSNA Program, Buyer’s Guide, floor plans, announcements and other electronic features for worldwide access around the clock. Hence the birth of infoSYSTEM, now called RSNA Link Onsite, the official RSNA meeting site.

Connections
Your online links to RSNA

RSNA Link
www.rsna.org
Radiology Online
radiology.rsna.org
RSNA Virtual Journal Club
vjc.rsna.org
Education Portal
www.rsna.org/education/etoc.html
CME Credit Repository
www.rsna.org/cme

RadioGraphics Online
radiographics.rsna.org
RSNA Index to Imaging Literature
rsnaindex.rsna.org
RSNA Career Connections
careers.rsna.org
RadiologyInfo
rsna.acr.org/radiologyinfo.org

RSNA Online Products and Services
www.rsna.org/member
RSNA Research & Education Foundation
www.rsna.org/research/foundation/donation

History of the RSNA Series
www.rsna.org/about/history/index.html
RSNA 2003 Registration
www.rsna.org/register
RSNA Medical Imaging Resource Center
mirc.rsna.org
Medical Meetings
November 2003 – March 2004

NOVEMBER 7–12
American Association of Medical Colleges (AAMC), Annual Meeting, Hilton Washington & Towers and Omni Shoreham Hotel, Washington, D.C. • www.aamc.org

NOVEMBER 29
Effective Investment Strategies (prior to RSNA 2003), McCormick Place, Chicago • (800) 381–6660 x7715 or ed--ctr@rsna.org

NOVEMBER 30–DECEMBER 5
RSNA 2003, 89th Scientific Assembly and Annual Meeting, McCormick Place, Chicago • www.rsna.org

DECEMBER 6–11
American Medical Association (AMA), Interim Meeting, Hilton Hawaiian Village, Honolulu • www.ama–assn.org

JANUARY 17–19
International Conference on Applications of Neuroimaging to Alcoholism (ICANA), Medical Campus of Yale University in New Haven, Conn. • info.med.yale.edu/cyna/icana.html

JANUARY 28–31
International Society for Clinical Densitometry (ISCD), Annual Scientific Meeting, Hotel Inter–Continental, Miami • www.iscd.org

FEBRUARY 4–8
Sociedad Mexicana de Radiologia E Imagen (SMRI), Annual Meeting, Mexico City • www.smri.org.mx

FEBRUARY 5–8
Society of Nuclear Medicine (SNM), Mid–Winter Meeting, Disneyland Hotel, Anaheim, Calif. • www.snm.org

FEBRUARY 13–15
American Institute of Ultrasound in Medicine, Practical Aspects of Obstetric and Gynecologic Ultrasound, Four Seasons Hotel, Las Vegas • www.aium.org

FEBRUARY 22–26
Healthcare Information and Management Systems Society (HIMSS), 2004 Annual Conference and Exhibition, Orange County Convention Center, Orlando • www.himss.org

MARCH 5–9
European Congress of Radiology, ECR 2004, Vienna, Austria • www.ecr.org

MARCH 7–10
Society of Skeletal Radiology (SSR), Annual Meeting, Lowes Ventana Canyon Resort, Tucson, Ariz. • www.skeletalrad.org

MARCH 7–12
Society of Gastrointestinal Radiologists (SGR) and Society of Uroradiology (SUR), Abdominal Radiology Course, Westin Kierland Resort, Scottsdale, Ariz. • www.sgr.org

MARCH 22–26

MARCH 28–31
Society of Thoracic Radiology (STR), Annual Meeting, Westin Mission Hills Resort, Rancho Mirage, Calif. • www.thoracicrad.org