RSNA 2005 Meeting Preview and Restaurant Guide

Also Inside:
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- Radiologist Shortage Over? Survey Says Yes
- Salaries Flat for Interventional Diagnostic Radiologists
- RSNA 2005 Offers Digital Mammography Self-Assessment Workshop
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You have several options to search for courses and events in your areas of interest. You can use choose event type (plenary sessions, refresher courses, etc.) or subspecialty content (cardiac radiology, genitourinary radiology, etc.). You can do a comprehensive search by date or presenter by clicking on one of the search icons and then adding your search text to the search box. Once you find an item to add to your schedule, click on Add to Briefcase. You must be logged in to add an event to your virtual briefcase.

First Recipient of New Grant Announced
The first recipient of the RSNA/AUR/APDR/SCARD Radiology Educational Research Development Grant is Kitt Shaffer, M.D., Ph.D., from the Department of Radiology, Brigham & Women’s Hospital in Boston.

The grant is designed to encourage innovation and improvement in health sciences education by providing research opportunities to individuals in pursuit of advancing the science of radiology education.

Dr. Shaffer’s project is “Investigation of the Use of 3D Modeling Software to Enhance Teaching of Radiologic Anatomy.”

A full list of 2005-2006 RSNA Research & Education Foundation grant recipients are on pages 32-34.

NCRP Releases Updated Guide to Mammography

“Mammography, in conjunction with physical examination, is the method of choice for early detection of breast cancer. Other methods should not be substituted for mammography in diagnosis or screening, but may be useful adjuncts in specific diagnostic situations,” NCRP said in a statement.

For more information on the publication, go to www.ncrppublications.org/index.cfm?fm=Product>AddToCart&pid=4367281879.

Public Service Announcements
RSNA distributes radio public service announcements (PSAs) that tie into national health observance topics when the topics are radiology related.

In September, printed scripts were offered on prostate cancer awareness and ovarian cancer awareness. Pre-recorded PSAs and printed scripts were distributed for breast cancer awareness month in October and lung cancer awareness month in November.

The PSAs describe risks, symptoms, detection and treatments for these diseases and direct listeners to the public information Web site, RadiologyInfo.org, for more information.
**Becker Moves West**

Gary J. Becker, M.D., branch chief of image-guided intervention at the National Cancer Institute’s Cancer Imaging Program, has accepted a position as professor of radiology at The University of Arizona (UA) School of Medicine. He will also be director of translational research and a member of the board of directors for UA’s new Biomedical Imaging Research Consortium.

Dr. Becker is the RSNA Board Liaison for Science.

**Sostman Heads to Houston**

H. Dirk Sostman, M.D., is the new chief academic officer and chief medical officer for The Methodist Hospital System in Houston.

Dr. Sostman will continue as executive vice-dean of Weill Cornell Medical College in New York and will spearhead a partnership between Weill Cornell, New York Presbyterian and The Methodist Hospital.

**New Office, New Executive Director for NASCI**

The North American Society of Cardiac Imaging (NASCI) has a new headquarters office in Salem, Mass. Robin Lynn Hoyle J.D., a founder of the management company Administraré LLC, has been hired as NASCI executive director. She previously represented the Society for Vascular Medicine & Biology and the Society for Clinical Vascular Surgery. Hoyle currently represents the American Venous Forum.

**Molecular Insight Expands Executive R&D Team**

Molecular Insight Pharmaceuticals has announced two appointments to its research and development (R&D) team.

John A. Barrett, Ph.D., has been named vice-president of research. He has more than 20 years of experience in working to discover and develop agents in oncology and angiogenesis-directed tumor imaging and therapy at various organizations, including Johnson & Johnson and DuPont Merck.

James F. Kronauge, Ph.D., has been promoted to vice-president of process chemistry. He has been an active researcher in radiology and nuclear medicine for the past 20 years. Prior to joining Molecular Insight in 1999, Dr. Kronauge was an assistant professor of radiology at Harvard Medical School and associate director of radiopharmacy at Brigham and Women’s Hospital.

**RITA Medical Systems Names New VP of Operations**

Mario Martinez has been named vice-president of operations for RITA Medical Systems, Inc. Martinez previously worked for EP Technologies and is a founder and former president of Tecni, LLC.

**Chalaoui Awarded CAR Gold Medal**

Jean Chalaoui, M.D., chief of cardio-thoracic imaging and clinical professor at the Centre Hospitalier Universitaire de Montréal (CHUM), received a gold medal from the Canadian Association of Radiologists (CAR) during the CAR annual meeting in Alberta.

Nathalie Duchesne, M.D., F.R.C.P.(c), a breast radiologist at the Ottawa Regional Women’s Breast Health Center and newly appointed director of the Ville Marie Radiology Center, received the CAR young investigator award for her outstanding contributions to the field of radiology.

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Send your submissions for People in the News to rsnanews@rsna.org, (1-630) 571-7837 fax, or RSNA News, 820 Jorie Blvd., Oak Brook, IL 60523. Please include your full name and telephone number. You may also include a non-returnable color photo, 3x5 or larger, or electronic photo in high-resolution (300 dpi or higher) TIFF or JPEG format (not embedded in a document). RSNA News maintains the right to accept information for print based on membership status, newsworthiness and available print space.
TINY PARTICLES one millionth the size of a human hair may become one of the most significant new products in the biomedical field. University of Missouri researchers in radiology, physics, veterinary medicine and other fields are working together to explore the potential of nanoparticles to detect and treat cancer at the molecular level.

“The rationale behind nanoparticles for biomedical applications is based on the similarity in sizes of nanoparticles to those of living cells,” said Kattesh V. Katti, Ph.D., a professor of radiology and physics, and senior research scientist at the University of Missouri-Columbia. “Because nanoparticles can get down to the levels of cells in terms of their size, it is hypothesized that we can selectively target specific cells using the nanoparticles.”

That means cells can be targeted not only for diagnosing disease, including cancer, but also to monitor the therapy used to treat disease.

The University of Missouri recently opened a Nanoparticle Production Core Facility (NPCF), one of the first on-campus facilities of its kind. The NPCF produces gold and silver nanoparticles in 5–10 minutes, or 240 times faster than the previous method.

Dr. Katti said that in order to be beneficial in medical applications, nanoparticles must be manufactured quickly, under biologically friendly conditions.

“The process works by taking chemical precursors that are available in the market and performing a couple of chemical reactions in water—an aqueous media—which is biologically benign,” he explained. “The produced nanoparticles are stable at physiological pH, can be used in routine clinical protocols and can be kept in bottles. We can then take them as we need them.”

Over time, some nanoparticles grow larger, becoming macroparticles, and lose their imageable photophysical properties. Nanoparticles, because of their small size, exhibit a very large surface area to which varieties of diagnostic imaging and/or therapeutic drugs can attach.

“This combination of imaging and therapy on one nanoparticulate surface will lead to unprecedented multimodal imaging and therapeutic agents to diagnose and treat different disease within one molecule,” he explained. “Likewise there are many properties that are attainable only when a material, such as a metal, is reduced to the size of a nanoparticle.”

Gold nanoparticles are the metal of choice because gold remains unoxidized at the nanoparticulate size. “Most other metals tend to get oxidized, whereas gold retains its nanoparticulate properties at the nanoparticulate size. That’s why gold is so unique,” Dr. Katti said.

The gold nanoparticles hold the promise to produce good contrast and can be used to image different organs in the body with contrast imaging. “The same x-rays with slightly higher energy can be used to actually kill cancerous cells, which means that nanoparticles could potentially be used to diagnose as...
Nanoparticles for Detecting Cancer

How does the use of nanoparticles help earlier detection of cancer?

Once the biocompatible nanoparticles are synthesized, information is coded on the nanoparticles by attaching them to a tumor-avid peptide/antibody, to target them to the tumor site after administration. The third step is using them as contrast agents in detecting the tumor with CT.

“It has been proven that the formation of new blood vessels—angiogenesis—is a first step for tumor growth. Agents that can detect cancer at this stage with an imaging technique, such as CT, will significantly increase our ability to detect cancer during regular check-up visits,” said Raghuraman Kannan, Ph.D., a member of the research team and an assistant professor in the Department of Radiology at the University of Missouri.

“Targeting angiogenesis is difficult owing to the smaller size of new blood vessels, but nanoparticles, because of their size similarity, provide researchers with a tool to probe all cellular components as well as angiogenesis,” Dr. Kannan said. “By simply blocking angiogenesis, the food chain of the tumor, the growth of the tumor can be curtailed.”

Dr. Katti said the researchers have had some very solid preliminary data so far, and lung cancer detection and treatment is one area where nanoparticles show promise. Another advantage of using nanoparticles is that they clear out of the lungs safely.

“We can inject these nanoparticles with a degree of comfort and confidence into animals, in lower concentrations. Once they’re injected, they would localize, according to the localization characteristics of the nanoparticles,” he said.

“Once they localize, for example in the lungs, we can then image these nanoparticles using contrast imaging techniques,” Dr. Katti continued. “We do have some preliminary data to suggest that gold nanoparticles can be used as markers to establish a contrast medium for lung imaging using CT.”

These imaging studies in animals are currently being carried out in collaboration with Evan Boote, Ph.D., a medical physicist and assistant professor of radiology at the University of Missouri-Columbia, and Stan Casteel, Ph.D., animal modeling expert and a professor in the school’s College of Veterinary Medicine.

“Nanoparticles could potentially be used to diagnose as well as treat different cancers,” Dr. Katti pointed out.

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Continued from previous page
mechanical engineers, isotope production experts and tumor biologists,” Dr. Katti explained. “It needs all of these people under one roof. That’s the only way you can make any measurable progress in this field.”

“Twenty years ago, we invested in nuclear medicine and as a result we have produced two FDA-approved radiopharmaceuticals for imaging and therapy of human cancers,” said Robert Churchill, M.D., chairman of the Department of Radiology at the University of Missouri, Columbia. “Under Dr. Katti’s leadership, we are currently investing resources in nanomedicine research infrastructure because we see a great future in the development of novel nanoparticle-based imaging and therapeutic agents.”

Nanoparticles in Clinical Practice

When might we see nanoparticles being used in a clinical setting?

“Toxicity studies of nanoparticles need to be thoroughly investigated before we proceed further in utilizing them for a clinical setting,” Dr. Kannan said.

One advantage that may catalyze efforts toward human testing is that the same CT scanners already in use in hospitals can be used if gold nanoparticles are part of contrast imaging.

“Nanoparticles would be ideal candidates in CT diagnosis of different diseases such as cancer, asthma, emphysema and cystic fibrosis,” said Dr. Katti. “We hope that nanoparticles will increase the sensitivity, as well as the scope of diagnostic imaging.”

CT lung scans of a swine model before administration of gold nanoparticles and 30 minutes post-intravenous administration of gold nanoparticles—the peak opacification for the lungs. A qualitative change in the lung texture is apparent, along with an increase in Hounsfield unit values.

CT images courtesy of Jimmy C. Lattimer, D.V.M., M.S.

Emerging Technologies Refresher Course Track at RSNA 2005

RSNA 2005 will feature four new refresher course tracks: cardiac radiology, emerging technologies, radiology education and vascular radiology.

The emerging technologies track (track 17), organized by Martin G. Pomper, M.D., Ph.D., from Johns Hopkins University, includes eight courses that, when taken together, provide a comprehensive look at the at the emerging field of molecular imaging.

“The emerging technologies track is geared toward practicing physicians, residents, fellows, students or imaging scientists who would like to learn more about the new field of molecular imaging,” explained Dr. Pomper. “Throughout the week we will cover nearly all topics germane to molecular imaging, extending from introductory material, to, for example, applications of informatics, molecular biology and clinical translation. The lectures are provided by acknowledged leaders in the field.”

The track includes:

- Molecular Biology for Radiologists (RC117)
- Target Identification and Bioinformatics (RC217)
- Probe Design II (RC317)
- Imaging Modalities and Instrumentation (RC417)
- Molecular-Genetic Imaging (RC517)
- In Vivo Cellular Imaging (RC617)
- Clinical Translation (RC717)
- Opportunities from Industry and Government (RC817)

To learn more, or to register for refresher courses, go to rsna2005.rsna.org and click on the Advance Registration, Housing and Course Enrollment brochure.
Radiologist Shortage Over? Survey Says Yes

The severe shortage of radiologists experienced only a few years ago has alleviated considerably, according to a study appearing in the September issue of *Radiology* by Christian I. Meghea, Ph.D., and Jonathan H. Sunshine, Ph.D., from the American College of Radiology (ACR).

In fact, some indicators suggest the disappearance of a shortage altogether. “We were very surprised when our survey showed an overall balance between the demand and supply of radiologists, given that a few years ago there were many indications of an acute shortage,” said Dr. Meghea.

Within this overall balance, an unforeseen surplus of radiologists was reported in academic and government-owned practices, while private practices and practices in non-metropolitan locations faced shortages.

In their study, Drs. Meghea and Sunshine analyzed data collected for the ACR 2003 Survey of Radiologists. This nationwide, random sampling of radiologists in the United States was conducted by mail between March and July 2003. A total of 1,346 responses were collected from professionally active radiologists, for an overall response rate of 63 percent.

The analysis excluded data from trainees, retirees and others not working in radiology. Responses were classified according to age group (ranging from less than 35 years old to 65 years and older), geographic region and practice type (solo, academic, nonacademic private, etc.). Physicians were queried about their main subspecialty, their weekly hours, number of separate locations at which they work, whether they are an owner of their main practice and whether they work full or part time.

Results indicated that the supply and demand of radiologists was generally balanced in 2003, based on the following radiologist responses:

- 67 percent were content with their workloads
- 17 percent wanted less work
- 16 percent wanted more work

This is in stark contrast to the severe shortage experienced in 2000, only three years prior. At that time, 51 percent of radiologists reported that they were overworked, and only five percent said that they wanted to work more. However, Dr. Meghea said the 2000 ACR survey did not clearly point out that reduction in workload may also mean less income.

Some Look for an Increased Workload

The survey also revealed that additional work was sought by solo practitioners (30 percent), those in government practice (31 percent) and those in academic practice (18 percent), while 23 percent of private practitioners desired less work. The authors speculate that this may result from a higher workload in private practice.
Among the subspecialties, the workloads were generally balanced, with a slight shortage (less than four percent) in pediatric and musculoskeletal radiology and a small surplus in body imaging. “Given anecdotal evidence regarding shortages in various subspecialties, we were pleased to find an overall balance,” said Dr. Meghea.

One-third of radiologists surveyed said that they do not subspecialize, even to a small extent.

The authors did find a slight residual shortage in nonmetropolitan areas. Twenty-five percent of radiologists working in these areas wanted less work, which was significantly greater than any other group surveyed. In contrast, there seems to be no relative shortage or surplus according to any particular geographic region surveyed.

RSNA Past-President C. Douglas Maynard, M.D., is a former co-chair of the ACR Task Force on Human Resources. When queried about factors that may have contributed to the apparent easing of the shortage, he indicated that the increased number of people completing radiology residency programs have made a substantial impact.

“In 2001, at the height of the shortage, 785 individuals took their oral board exams for the first time. In 2005, 1,057 individuals took their exams. This constitutes an increase of 34 percent—a significant influx of radiologists into the workforce,” Dr. Maynard stated.

He added that the number of fellowships has gone down in recent years, which has led to higher numbers of radiologists entering the workforce more quickly. “The number of radiology procedures performed each year has been steadily increasing by six percent annually. This increase in staffing has aided enormously in keeping up with the workload,” he commented.

Both Drs. Meghea and Maynard agree that technology and better organization has made a considerable difference in productivity levels, which has in turn aided in abating the shortage. Other possible factors for the easing of the deficit, outlined by Dr. Sunshine and colleagues in the February 2004 issue of the American Journal of Roentgenology, include delayed retirement of radiologists, longer working hours combined with less vacation, an increase in on-call productivity due to the use of nighthawks and teleradiology and the erosion of radiology “turf” to other specialties.

“There still appears to be subspecialty areas that are short-handed in the academic programs, such as pediatric radiology, vascular/interventional radiology, women’s imaging and chest imaging.”

Declining Shortage in Other Specialties

In a similar staffing assessment, the American Society of Radiologic Technologists (ASRT) reported that the vacancy rate for radiologic technologists (R.T.s) performing radiation therapy decreased from a national average of 7.9 percent in January 2004 to 6.2 percent in April 2005.

Comments from survey respondents indicated that rural areas may be more likely to experience shortages of R.T.s performing radiation therapy, which is consistent with findings of the ACR radiologist survey. The situation was reversed for urban and metropolitan areas.

The ASRT survey also reported vacancy rates for other members of the
INTERVENTIONAL diagnostic radiologists in group practices remain the second highest-paid specialists in the United States; however, they earned the same salary in 2004 as in the previous year, and a key productivity measure, relative value units (RVUs), dropped nearly two percent.

The American Medical Group Association (AMGA) has released its 2005 Medical Group Compensation & Financial Survey. It included responses from 197 medical groups—about half of them physician-owned—representing more than 34,000 physicians.

The survey found no change from 2003 to 2004 in the median salary of the interventional diagnostic radiologist, which was $410,250. Cardiac/thoracic surgeons were again the highest paid among the 27 medical specialties studied. They earned a median income of $421,620 in 2004—an increase of 1.13 percent from 2003.

Other specialists in the top five were orthopedic surgeons at $381,429 (up 7.60 percent), catheter lab cardiologists at $380,279 (up 3.07 percent) and non-interventional diagnostic radiologists at $364,899 (up 5.58 percent).

AGMA President and Chief Executive Officer Donald W. Fisher, Ph.D., C.A.E., said median compensation increases for interventional diagnostic radiologists have slowed over the past couple of years. “This could be due to a few reasons,” he explained. “The market has shown large increases in this specialty for several years prior and most groups have already made significant compensation adjustments to recruit and retain. Also, since high-demand specialties draw more physicians, the supply eventually catches up and salary increases level off; however, I don’t think the supply has caught up completely in interventional diagnostic radiology.”

Dr. Fisher added that starting salaries for new physicians out of medical school saw sharp increases in 2005. Many factors influence a change in physician compensation, including market demand, new technology and new procedures. RSM McGladrey, the firm that conducted the survey for AMGA, found that a majority of specialties experienced increases at or just above the rate of inflation. The highest increases were found in the categories of general surgery (8.89 percent), pediatrics & adolescent (8.76 percent), and hematology & medical oncology (8.52 percent).

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### Median Physician Compensation by Salary

<table>
<thead>
<tr>
<th>Medical Specialty</th>
<th>2004</th>
<th>2003</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac/Thoracic Surgery</td>
<td>$421,620</td>
<td>416,896</td>
<td>1.13%</td>
</tr>
<tr>
<td>Diagnostic Radiology – M.D.s (Interventional)</td>
<td>$410,250</td>
<td>410,250</td>
<td>0.00%</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>$381,429</td>
<td>354,495</td>
<td>7.60%</td>
</tr>
<tr>
<td>Cardiology – Cath Lab</td>
<td>$380,279</td>
<td>368,938</td>
<td>3.07%</td>
</tr>
<tr>
<td>Diagnostic Radiology – M.D.s (Non-Interventional)</td>
<td>$364,899</td>
<td>345,619</td>
<td>5.58%</td>
</tr>
</tbody>
</table>

Source: AGMA

### Four-Year Evaluation

Evaluation of salaries over the past four years demonstrates continuing demand for medical specialists.

Since 2001, five medical specialties have seen increases of 20 percent or more in median salary. They are gastroenterology (24.97 percent), dermatology (24.12 percent), catheter lab cardiology (22.47 percent), hematology & medical oncology (21.43 percent) and non-interventional diagnostic radiology (20.55 percent).

“The peak increase was four years ago for non-interventional diagnostic radiology at 15 percent,” said Dr. Fisher. “Since then, the increases have been 4.0 percent, 9.7 percent and 6.0 percent, respectively. For the most part, interventional and non-interventional trends follow relatively close to one another. I think that next year, we will see about a five percent increase for this specialty.”

### Declining RVUs for Interventional Diagnostic Radiologists

RSM McGladrey measured three key areas for the survey—compensation, RVUs and gross charges.

RVUs are becoming the primary measure of a physician’s productivity or financial contribution to the medical group, according to RSM McGladrey. RVUs are established by Medicare and are used in its fee formula, along with practice and malpractice expenses. The work RVU takes into account calculations involving patients and procedures performed, along with the skill of the physician and the risk of the procedure.

RVUs over the past four reporting years increased modestly overall. Catheter lab cardiologists saw the highest percentage increase in RVUs at 7.50 percent, but the median RVU total (8,562) was still lower than the total for interventional diagnostic cardiologists (8,582), who saw a 1.66 percent drop in RVUs from 2003 to 2004.

The largest percentage decline in
RVUs was found in nephrology at –5.75 percent.

Despite the inherent interest among physicians to compare RVUs among specialties, Dr. Fisher warned, “We have found that it is not wise to compare RVUs between specialties that are not ‘code similar’ to one another.”

He added that the five-year review for RVUs will be next year and could mean significant changes for many codes. “With the technology changes that have occurred for radiology in the last five years, I would imagine the radiologists would be very active with their comments to the committees making the changes to the RVU,” Dr. Fisher said.

**Gross Charges**
The survey found the overall increase in gross charges from 2003 to 2004 slowed from previous years.

Infectious disease specialists reported the highest percentage increase in median gross charges at 19.18 percent. Double-digit increases were also seen in non-interventional diagnostic radiology (11.48 percent) and general cardiology (11.49 percent).

Seven specialties reported decreases in gross charges from 2003 to 2004. Cardiac/thoracic surgeons reported the highest percentage decrease at –15.93 percent.

Gross charges previously served as a measure of physician productivity as well as a factor in determining physician compensation, but Dr. Fisher said the trend has changed and gross charges are generally no longer used as a major component of compensation plans.

**Median Work RVUs by Volume**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2004</th>
<th>2003</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Radiology – M.D.s</td>
<td>8,582</td>
<td>8,726</td>
<td>-1.66%</td>
</tr>
<tr>
<td>(Interventional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology – Cath Lab</td>
<td>8,562</td>
<td>7,965</td>
<td>7.50%</td>
</tr>
<tr>
<td>Diagnostic Radiology – M.D.s</td>
<td>7,679</td>
<td>7,183</td>
<td>6.91%</td>
</tr>
<tr>
<td>(Non-Interventional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac/Thoracic Surgery</td>
<td>7,650</td>
<td>8,107</td>
<td>-5.64%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>7,298</td>
<td>7,219</td>
<td>1.09%</td>
</tr>
</tbody>
</table>

**Median Gross Charges by $ Amount**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2004</th>
<th>2003</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology – Cath Lab</td>
<td>$2,161,296</td>
<td>$2,047,041</td>
<td>5.58%</td>
</tr>
<tr>
<td>Diagnostic Radiology – M.D.s</td>
<td>$1,748,617</td>
<td>$1,609,605</td>
<td>8.64%</td>
</tr>
<tr>
<td>(Interventional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Radiology – M.D.s</td>
<td>$1,722,194</td>
<td>$1,544,799</td>
<td>11.48%</td>
</tr>
<tr>
<td>(Non-Interventional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>$1,511,748</td>
<td>$1,499,557</td>
<td>0.81%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>$1,510,762</td>
<td>$1,440,602</td>
<td>4.87%</td>
</tr>
</tbody>
</table>

Source: AGMA

**To review the entire Median Physician Compensation 2001–2004 chart from AMGA, go to RSNA.org/Publications/rsnanews/oct05/salaries2.cfm.**


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**Radiologist Shortage Over? Survey Says Yes**

*Continued from page 7*

Radiation oncology team. The vacancy rate for medical dosimetrists declined from a national average of 8 percent in 2004 to 5.8 percent in 2005; the vacancy rate for medical physicists dropped from 9.6 percent to 7.6 percent; and the vacancy rate for oncology nurses fell from 6.2 percent to 4.8 percent. Only radiation oncologists experienced an increase in average vacancy rates, from 6.2 percent in 2004 to 6.4 percent in 2005.

The decline in vacancy rates among R.T.s performing radiation therapy is being attributed to increasing numbers of individuals becoming certified in radiation therapy. According to the American Registry of Radiologic Technologists, 941 people took the certification examination in radiation therapy in 2004, up from 830 people in 2003 and 652 in 2002.

These statistics and the results of the study of Drs. Meghea and Sunshine are a welcome sigh of relief, considering that only a few years ago, the shortage was projected to worsen in coming years. However, many physicians still have long-term concerns.

In response to this, Dr. Meghea asserted: “We at ACR are carefully monitoring the workforce situation on behalf of the entire radiology community. For now, practices should concentrate on their operations and technology in order to keep productivity high. ACR will soon publish research that will help practices focus on the factors that increase productivity the most.”

RSNA members and Radiology subscribers can access the full-text of the article, “Who’s Overworked and Who’s Underworked among Radiologists? An Update on the Radiologist Shortage,” at radiology.rsnajnls.org/cgi/content/full/236/3/932.
RSNA 2005 Offers Digital Mammography Self-Assessment Workshop

It’s been a hit at the European Congress of Radiology (ECR) in Vienna, Austria, and at the Royal Australian and New Zealand College of Radiology in Sydney, Australia. For the first time in the United States, a Digital Mammography Training and Self-Assessment Workshop will be offered at RSNA 2005.

“This is an exciting opportunity for participants to practice and improve their mammography interpretation skills,” said RSNA Assistant Executive Director of Research and Education Linda B. Bresolin, Ph.D., M.B.A., C.A.E.

In traditional training sessions, PowerPoint® slides are used as a way to replicate a digital workstation. Participants look at images and discuss them, but they can’t manipulate the images. At the RSNA workshop, state-of-the-art diagnostic and screening workstations will be used.

“It is important that radiologists and radiology residents receive hands-on experience in reading and manipulating digital mammography cases on diagnostic and screening workstations and have the ability to assess their skills in that area,” explained RSNA Board Liaison for Education Theresa C. McLoud, M.D. “It is a fabulous learning opportunity.”

In September, the results from the largest randomized trial ever on the comparison of digital mammography with standard film mammography were revealed. The Digital Mammographic Imaging Screening Trial (DMIST) confirmed that digital mammography is more accurate for women with dense breasts, and was also more beneficial than standard mammography for women under the age of 50 and pre- and perimenopausal women. An expanded article on DMIST will appear in the November issue of RSNA News.

How Does It Work?
The workshop will be held in Room E266 in the Lakeside Center of McCormick Place. Twelve workstations will allow 24 people to participate at a time. Sessions will be held every 60 minutes, seven times per day, from Sunday, November 27 through Thursday, December 1, 2005. There will be 35 sessions and 840 possible participants. Participants can register for a one-hour session in advance at rsna2005.rsna.org or they can register onsite.

Participants will elect to read one of eight validated case sets, each made up of 30 real-life cases of asymptomatic women presenting for mammography screening, of which four to six are cancer cases. Four cases are full-field digital mammography cases and four are digitized film-screen images. After a brief introduction, participants will have 40 minutes to read the cases using a dedicated, high-end digital mammography workstation. Participants can use all the usual workstation tools to review the images, magnify them, etc., and then decide if the woman should be recalled for further radiologic assessment and possible biopsy.

After the case set is completed, participants will get immediate feedback by comparing their decisions against an answer key. There are three possible results:

• Right answer
• False-positive: The woman is called back but she has no cancer.
• False-negative: The woman should have been called back because she has a mammographic abnormality that turned out to be a cancer.
After reviewing the answers, participants will move to the discussion area where they can talk with leading breast cancer experts about the false-negative and false-positive results. These experts have the clinical histories on the patients, so they can provide information about the results of further assessment of each patient. Additional views, ultrasound, specimen x-rays and pathologic results are available for many of the positive cases in the datasets.

Participants may choose to repeat the process with another set of validated cases. Continuing medical education (CME) credit is available for each completed dataset.

Dr. McLoud said that when she and Dr. Bresolin saw this workshop at ECR, they were very impressed. “It’s a flexible program offering hands-on, real-time experience. It’s similar to a self-assessment module and should prove very useful to participants,” said Dr. McLoud.

She urged all RSNA 2005 attendees specializing in breast imaging to consider taking the workshop, “If digital mammography is not in your medical facility yet, it will be in the near future.”

Carl Evertz, Ph.D., president of MeVis BreastCare and a spokesman for the Digital Workshop Team comprising representatives from Barco, Hologic, MeVis BreastCare and Siemens, said digital mammography is available in only about seven percent of all U.S. facilities right now. The Digital Workshop Team made possible the use of the high-end digital mammography workstations and gathered the digital cases for the workshop faculty to evaluate.

Leading Breast Cancer Experts

The Digital Mammography Training and Self-Assessment Workshop, based on a training program including cases from the Dutch Population-based Screening Project, was developed by Roland A. Holland, M.D., Ph.D., the late Jan H.C.L. Hendriks, M.D., Ph.D., and Henny Rijken.

“This workshop is to help radiologists find the right balance between recall, detection and false-positive rates,” explained Dr. Holland, a professor of pathology at the University Medical Center Nijmegen and chief pathologist of the Dutch Screening Mammography Program. “At a low recall rate when only women with more or less obvious mammographic abnormalities are recalled, a number of cancers will surface as interval cancers. By lowering the threshold for recall by focusing on more subtle mammographic abnormalities, a substantial number of cancers could be detected earlier.”

That issue is the subject of an article in the May 18, 2005, issue of the Journal of the National Cancer Institute. The abstract for the article, “Effect of Recall Rate on Earlier Screen Detection of Breast Cancers Based on the Dutch Performance Indicators,” can be accessed online at jnci.cancerspectrum.oxfordjournals.org/cgi/content/abstract/jnci;97/10/748.

Dr. Holland, who is one of the authors of the article, will serve as faculty at the workshop along with Henny Rijken, Ulrich Bick, M.D., and J. Timothy Blackwelder, M.D.

Digital Mammography Training and Self-Assessment Workshop

LEARNING OBJECTIVES

1 | To perform a self-assessment for accuracy in reading screening mammograms, using dedicated mammography softcopy workstations.
2 | To improve softcopy reading skills in screening mammography.
3 | To understand the right balance between recall rates, detection rates and false-positive rates in digital screening mammography.
4 | To gain hands-on experience with the features, functions and performance of dedicated high-end mammography workstations.

To learn more, or to register in advance, go to rsna2005.rsna.org.
“The quality of the submissions was excellent, and we are blessed to have received so many abstracts that reflect cutting-edge research and new trends in the field,” said Gerald D. Dodd III, M.D., chairman of the RSNA Scientific Program Committee and professor and chairman of the Department of Radiology at the University of Texas Health Science Center in San Antonio.

A total of 9,515 abstracts were submitted for consideration for RSNA 2005, including 6,218 abstracts for scientific paper or scientific poster presentation, 3,026 for education exhibit presentation and 271 for infoRAD presentation. Members of the RSNA Scientific Program Committee and its 16 subcommittees reviewed the 6,218 abstracts for scientific paper or scientific poster presentation. Over the summer, committee members accepted for presentation 1,623 scientific papers and 460 scientific posters. Separate committees accepted 1,230 abstracts for education exhibits and 160 abstracts for infoRAD exhibits.

Dr. Dodd said several major trends were apparent in the abstracts, including:

- Further development of both anatomical and functional MR imaging (fMRI) to evaluate and characterize conditions of the brain, heart, gastrointestinal structures and genitourinary system.
- Increased use of multidetector CT (MDCT) for cardiac imaging, CT colonography and vascular imaging.

Subspecialty Abstracts

The chairs of the 16 Scientific Program Committee subcommittees have also identified trends and noteworthy abstracts that will be presented in their subspecialty areas at RSNA 2005.

Valerie P. Jackson, M.D., chair of the subcommittee on breast imaging, said that the latest trends in her subspecialty include greater use of MR spectroscopy for breast imaging and computer-aided diagnosis for mammography.

Among the abstracts that will be presented at RSNA 2005, Dr. Jackson highlighted a paper showing that the number of breast biopsies performed for Medicare patients has increased substantially and that radiologists now perform almost twice as many of these biopsies as surgeons.

Dr. Jackson also found noteworthy a paper describing initial experience with digital tomosynthesis of the breast in women who had an abnormal digital screening mammogram. The study found that tomosynthesis was equivalent or superior to diagnostic mammography in 87 percent of these women.

In the field of cardiac imaging, subcommittee chair Martin J. Lipton, M.D., agreed with Dr. Dodd that the use of MDCT to evaluate coronary arteries was a significant trend. Dr. Lipton also highlighted papers reflecting the greater use of MDCT in clinical settings and a trend toward more practicing radiologists being trained in cardiac imaging.

A noteworthy abstract in this subspecialty is one that compared the potential clinical value of a new generation 64-slice CT system with that of invasive coronary angiography in the diagnosis of coronary artery disease.

The authors of the study concluded that 64-slice CT coronary angiography offers significantly better spatial and temporal resolution and holds great promise in the diagnosis or exclusion of a diagnosis of coronary artery disease.

The chair of the subcommittee on chest radiology, John R. Mayo, M.D., noted that more abstracts came from Asian countries this year than last year and found noteworthy abstracts on the use of short-time inversion recovery (STIR) MR to detect lung metastases and the increased yield of CT angiography for pulmonary embolism.

One such abstract Dr. Mayo found noteworthy was a comparison of STIR turbo spin-echo MR imaging versus fluorodeoxyglucose (FDG) positron emission tomography (PET) images for the detection of lymph node metastases. The study found that PET images were superior to MR images in the detection of lymph node metastases.
(PET) combined with CT in the quantitative assessment of the N-stage in patients with non-small cell lung cancer. There were 115 consecutive lung cancer patients who underwent STIR MR and FDG-PET/CT followed by surgical resection and pathological examination.

The study found that STIR MR is more accurate and more sensitive than FDG-PET/CT in the quantitative assessment of N-stage in these patients.

Among the significant trends in emergency radiology is the greater use of MDCT to evaluate trauma and acute vascular disease in the emergency department and the increased use of whole-body CT to evaluate pulmonary embolism. Stuart E. Mirvis, M.D., is chair of the subcommittee on emergency radiology.

One noteworthy abstract describes preliminary experience with the use of whole-body digital radiography (Statscan) compared with computed radiography in the evaluation of acute trauma patients. The authors found that whole-body digital radiography was comparable in diagnostic quality to computed radiography but it was faster and allowed for a smaller radiation dose to the patient.

Another abstract in emergency radiology described a three-year experience with whole-body CT to assess polytrauma in a level 1 trauma center in Paris. The investigators concluded that whole-body CT was highly accurate and they recommended it for the assessment of polytrauma to enable prompt and early treatment of surgical lesions.

Jay P. Heiken, M.D., chair of the subcommittee on gastrointestinal radiology, noted a trend toward greater use of CT colonography with limited or no cathartic bowel preparation, greater emphasis on contrast-enhanced ultrasound to detect and characterize liver lesions, the use of radiofrequency ablation for liver lesions and the use of multidetector CT for the evaluation of gastrointestinal bleeding and mesenteric ischemia.

Dr. Heiken highlighted two abstracts that demonstrate the feasibility of using CT colonography without requiring the patient to undergo a cathartic bowel preparation. “The studies show excellent results,” he said.

In one of the studies, researchers evaluated the feasibility of using MDCT colonography without bowel preparation but with non-ionic isomolar contrast medium for fecal tagging, indicating a diagnostic accuracy comparable to that of traditional colonoscopy for the detection of polyps 10 mm in diameter or larger. The other study found that multidetector CT colonography without cathartic bowel preparation compared favorably with colonoscopy for the detection of polyps 8 mm in diameter or larger.

The chair of the subcommittee on genitourinary radiology, Philip J. Kenney, M.D., noted a large number of studies on prostate disease imaging, fetal MR imaging, and the use of MR for the evaluation of obstetric and gynecologic conditions. He also saw a large number of papers on the use of diffusion MR, with only a smattering of PET papers and few papers on interventional techniques and the use of fMRI for renal disease.

Dr. Kenney highlighted papers describing the use of MR spectroscopy to evaluate adrenal masses, the value of PET/CT imaging for gynecologic disorders, a study of cervical cancer by the American College of Radiology Imaging Network and the use of real-time fetal MR imaging.

One of those papers described the use of cine MR to detect delicate fetal motions in real time for prenatal diagnoses. Cine MR was able to detect fetal arm and leg movements, swallowing, head turning and peristalsis of the fetal gastrointestinal and urinary tracts, providing “profound information for prenatal diagnosis,” according to the authors of the study.

Among the trends noted in the abstracts submitted in the area of health services policy and research was an increased emphasis on resident education and career choices in radiology among medical students, especially women. Howard P. Forman, M.D., is chair of this subcommittee.

One abstract reported a study of the perception of barriers to a career choice of radiology among women residents who opted for a career in radiology. The study found that the most frequently
He also noted a study showing that microscopic MR imaging of fingers provided detailed information about irregular synovial thickening and tiny bone erosion that allowed for an early diagnosis of rheumatoid arthritis.

According to Robert M. Quencer, M.D., chair of the subcommittee on neuroradiology/head and neck radiology, the abstracts accepted for presentation in his specialty reflect an “increased emphasis on functional MR. This will become a major discipline.” The papers also reflect the value of 64-slice CT in characterizing vascular disease of the head and neck, he said.

Dr. Quencer pointed to one fMRI study that was able to demonstrate functional deficits in patients with schizophrenia. The study showed decreased activation in prefrontal and parietal neural networks and confirmed earlier findings that schizophrenics have impaired processing of working memory.

Another study he flagged demonstrated that diffusion-tensor imaging (DTI) reveals changes in the anisotropy in the brain of schizophrenics that suggest damage to the white matter tracks that connect various cortical areas. “Thus, DTI can have an important role to play in the workup of patients with suspected neuropsychiatric diseases,” the authors of the study concluded.

In the subspecialty of nuclear medicine, the trends indicated by the abstracts accepted for presentation at RSNA 2005 include greater use of hybrid PET/CT imaging to evaluate various cancers and guide and follow up on procedures to treat malignant tumors, especially metastases. Jack A. Ziffer, M.D., Ph.D., is chair of the subcommittee on nuclear medicine.

One such study compared the value of F-18 FDG-PET/CT versus FDG-PET alone and Tc-99m methylene diphosphonate bone scans in the detection of breast cancer metastases to bone and found that FDG-PET/CT was more sensitive and specific than PET alone or bone scans in finding bone metastases.

Another study found that when contrast-enhanced CT was added to hybrid PET/CT to detect liver metastases in patients with colorectal cancer, the sensitivity, specificity and accuracy of PET/CT in detecting these tumors were enhanced.

Donald P. Frush, M.D., chair of the subcommittee on pediatric radiology, said trends reflected in the pediatric abstracts include a continued focus on techniques or technology to reduce radiation dose, an increase in pediatric cardiac imaging and an increase in neuroradiology submissions.

Among the papers Dr. Frush found noteworthy was one describing the use of an innovative imaging technique, hyperpolarized helium-3 (HH3e) diffusion MR, to detect the alveolar enlargement that normally occurs with lung growth during childhood. The authors concluded that HH3e MR was able to detect the expected increase in alveolar size and that it may find a role in the assessment of both the normal development of lung microstructures and the abnormalities that result from disease.

Another paper he noted was one showing that low-dose helical CT used without an oral contrast agent can be successfully employed to evaluate children with acute abdominal pain rapidly and expedite a diagnosis of acute appendicitis.

The chair of the subcommittee on physics, Maryellen L. Giger, Ph.D., noted that the number of abstracts involving computer-aided diagnosis (CAD) was down compared with last year in the physics area, but appeared to be up in clinical areas such as breast and thoracic CT, thus indicating the promising transition of CAD from algorithmic development to clinical evaluation.

Dr. Giger highlighted an abstract showing the feasibility of performing ultrasound (US) imaging in an MR scanner to obtain simultaneous US and MR images by placing a custom-made MR-compatible diagnostic ultrasound transducer in a mechanical positioning device of a 1.5 T MR unit. “Simultaneous ultrasound imaging may offer additional
diagnostic information and provide a means to perfectly correlate diagnostic ultrasound and MR imaging findings,” the authors concluded.

Another study she noted demonstrated an automated electronic coronary calcium scoring method that allows radiologists to assess a patient’s risk for coronary artery disease by using any CT scan of the heart, without the need for an operator to manually identify calcified lesions in the arteries.

In the area of radiation oncology and radiobiology, the abstracts show a significant movement within radiation oncology toward the use of more sophisticated techniques to identify tumor volumes and to achieve conformal dose delivery, such as intensity-modulated radiation therapy (IMRT) and image-guided radiation therapy (IGRT), said subcommittee chair Chul Soo Ha, M.D.

One such study compared the use of IMRT versus 3D conformal and 2D radiation therapy for pelvic nodal irradiation in patients with prostate carcinoma. The authors found that the use of IMRT dramatically reduced the amount of radiation delivered to normal structures surrounding the target volume.

Another study reported the early results of a prospective, randomized trial comparing a urethra-sparing IMRT technique with a standard whole-prostate IMRT technique to minimize urinary tract toxicity, a common complication of radiation therapy in patients with prostate cancer. The urethra-sparing technique significantly decreased the radiation dose to the proximal urethra without compromising coverage of the planning target volume or increasing the dose to other normal structures in the pelvis.

H. Hugh Hawkins Jr., M.D., chair of the subcommittee on radiology informatics, noted a trend among the abstracts to try to optimize electronic information systems to help resolve workflow issues, such as prioritizing work lists and improving throughput to increase productivity.

One study tested the value of a software algorithm that dynamically prioritized radiologists’ computerized work lists so that examinations considered urgent were marked urgent and sorted to the top of the lists. “Automated dynamic sorting of worklists can provide the radiologist with useful decision support for choosing high-priority cases,” the authors concluded.

Another study explored the use of ontologies to organize and retrieve radiology reports and images in radiology information systems to improve access to these data. An ontology is a structured way of describing concepts and relationships in a manner that can be comprehended by people and processed by machines. The study found that using ontologies improved access to reports and images, and they may help radiologists better manage the explosive growth of radiologic data.

The chair of the subcommittee on ultrasound, Mitchell E. Tublin, M.D., found noteworthy some innovative papers on contrast perfusion and gene therapy, such as the use of microbubble ultrasonography for gene transfer procedures, plaque enhancement and sono- graphic diagnosis.

Dr. Tublin highlighted one study that investigated using microbubble US to deliver non-viral cystic fibrosis gene therapy. The investigators administered naked plasmid DNA and polyethyleneimine plasmid DNA complexes to the lungs of mice by using microbubble US to increase the gene transfection rates. They found that “microbubble ultrasound shows encouraging promise as a physical delivery system to improve gene transfer efficiency to the lung.”

Another study he noted examined recent trends in the utilization of vascular ultrasound by radiologists and other physicians for Medicare recipients. The study found that radiologists perform the largest proportion of vascular US studies in the Medicare population, followed by surgeons, cardiologists and primary care physicians, in that order. However, cardiologists are increasing their utilization rates almost twice as fast as radiologists.

Finally, Matthew A. Mauro, M.D., chair of the subcommittee on vascular and interventional radiology, identified a trend toward fewer studies on interventional therapy for vascular disease and more on MR and CT angiographic imaging of vascular disease. He also found noteworthy the use of MR-guided high-intensity focused ultrasound surgery for breast cancer and uterine fibroids.

Dr. Mauro highlighted one study evaluating the use of virtual intravascular endoscopy to depict peripheral arteries based on data acquired with MDCT. The study showed that virtual endoscopy was able to depict thin arterial vessels of about 2 mm and could be useful as a supplement to 3D imaging of peripheral arteries.

Another study he noted used ultrasonography and fluoroscopy to guide percutaneous intrahepatic islet cell transplantation in patients with type 1 diabetes. The authors of the study found that the procedure was safe and effective, with a low rate of complications.

More information about each of these abstracts is available in the online RSNA Meeting Program at rsna2005.rsna.org.
Two RSNA Service Centers

To better serve members and annual meeting attendees, RSNA services will be located together in the Lakeside Center Ballroom and on the technical exhibit floor.

Some of these services include:

**RSNA Membership & Publications**
RSNA staff will assist with all of your member needs, including questions about membership, journal subscriptions and the RSNA CME Credit Repository. Staff can demonstrate *Radiology Online* and *RadioGraphics Online*, help you activate your online journal subscriptions and show you how to quickly and easily search for what you need.

**RSNA Education Center Store**
The RSNA Education Center Store will provide quality education materials for purchase, including course syllabi, refresher courses on CD-ROM, *RSNA Meeting Programs* and *RadioGraphics* Special Issues.

**RSNA Career Connection**
Demonstrations and one-on-one assistance will be available for RSNA’s online job center, Career Connection (RSNA.org/careers), in RSNA booth 1100 on the technical exhibits floor.

Career Connection allows individuals to search for available positions or submit résumés, and allows companies to post job opportunities and search for potential candidates.

RSNA staff will also be available in both RSNA service areas to answer questions about RSNA Self-Assessment Modules, maintenance of certification, RSNA.org and RadiologyInfo.org.

RSNA Research & Education Foundation Pavilion

The RSNA Research & Education Foundation Pavilion at RSNA 2005 will be adjacent to RSNA Services in the Lakeside Center Ballroom.

Throughout RSNA 2005, the R&E Foundation staff will be available to answer questions and provide information on all of the Foundation’s grant and giving programs.

Individuals donated nearly $900,000 and corporations gave about $1.1 million to the Foundation from October 1, 2004, until September 30, 2005. These contributors will be acknowledged on a donor wall near the R&E Pavilion. The pavilion will feature posters honoring major individual and corporate contributors, as well as current grant recipients and project titles.

In addition to highlighting the Foundation programs, the R&E Pavilion will also have information on the RSNA Department of Research programs.

**Donor Lounge**
The R&E Foundation Donor Lounge provides a place for Foundation donors to relax, check e-mails, hang their coat or converse with colleagues. Complimentary beverages will be available throughout the day and light refreshments will be available 7:30 a.m. – 9:30 a.m. and 2:00 p.m. – 4:00 p.m. A white and gold donor ribbon acknowledging a donation to the Foundation is required for entry to the lounge.

Contributions will be accepted onsite. The new R&E Foundation grant recipients are listed on pages 31-34.
Three individuals will receive a Gold Medal—RSNA’s highest honor—at the 91st Scientific Assembly and Annual Meeting: Edmund A. Franken Jr., M.D., from Iowa City, Iowa; C. Douglas Maynard, M.D., from Winston-Salem, N.C.; and H. Rodney Withers, M.D., D.Sc., from Los Angeles.

Edmund A. Franken Jr., M.D., is a respected researcher, educator and philanthropist who has demonstrated outstanding leadership in the field of radiology for more than 40 years.

“Dr. Franken is one of the leading pediatric radiologists in the United States, with an established worldwide reputation,” said RSNA President David H. Hussey, M.D. “He is also an excellent department chair, pulling together many diverse elements with seeming tranquility. Dr. Franken has a tremendous ability to keep every body working in the same direction, and during his tenure at the University of Iowa, his department flourished to become one of the leading academic radiology centers in the country.”

Dr. Franken said receiving the RSNA Gold Medal is the most prestigious award of his professional life. “My career has included several components—practitioner, teacher and researcher in pediatric radiology, administrator of an academic department and investigator in medical imaging and perception,” he said. “Receiving this award makes me feel like the totality of my efforts has been appreciated and recognized. I hope to continue working with RSNA in various aspects of its educational and scientific roles.”

Dr. Franken graduated from the University of Oklahoma Medical School in 1961 and served for two years as a medical officer in a branch of the U.S. Public Health Service before completing a radiology residency at the Indiana University Medical Center. In 1967, he became chief of radiology at the James Whitcomb Riley Children’s Hospital of Indiana University and spent the next 12 years teaching and practicing pediatric radiology with a particular emphasis on the gastrointestinal tract. He published his first book, *Gastrointestinal Radiology in Pediatrics*, in 1975.

That year he was appointed professor and chair of radiology at the University of Iowa, where he served for the next 15 years and where he is still active today. Under his steadfast leadership, the university tripled the number of radiology faculty and jump-started the residency and fellowship programs to establish radiology as a significant constituent in the medical school curriculum. During this time, Dr. Franken teamed up with Kevin Berbaum, Ph.D., and worked on perceptual research for more than 20 years.

An RSNA member since 1971, Dr. Franken was the first RSNA International Visiting Professor in 1987. He was named an RSNA Roentgen Centennial Fellow in 1995 and was RSNA first vice-president in 1996. Among his many accomplishments, Dr. Franken has published more than 200 articles and has served as editor-in-chief of *Academic Radiology* from 1997 to 1999.

For an expanded version of Dr. Franken’s biography, see the RSNA Meeting Program or go online to rsna2005.rsna.org and click on Meeting Program in the left-hand column.

C. Douglas Maynard, M.D., is a revered physician and scholar whose influence has been a driving force in the field of radiology for the past 50 years.

“Dr. Maynard’s high level of integrity sets a goal for all those with whom he is associated,” said RSNA President David H. Hussey, M.D. “He has significantly influenced the practice of radiology in this country. He has always demonstrated significant vision, insight and ingenuity within and outside RSNA. Dr. Maynard has generated an amazing number of great ideas within our specialty, and he is an inspiration to all who know him.”

Dr. Maynard said it’s an honor to be recognized by his peers. “Many of the accomplishments for which I am being recognized are the result of collaborative work with other individuals,” he said. “To have been associated with so many other volunteers in this fantastic endeavor has been one of the most enjoyable aspects of my radiology career.”

Having spent much of his youth in Costa Rica, Dr. Maynard returned
An RSNA member since 1968, Dr. Maynard has demonstrated long-standing leadership and infallible commitment to the Society. He helped establish the RSNA Research & Education Foundation as an independent entity, and subsequently helped generate the Foundation’s education grants program. He also helped establish the Office of Research Development and had a major hand in creating the RSNA radiology exhibit at EPCOT® in 1999. From 1993 to 2000, Dr. Maynard was on the Board of Directors, serving as president of RSNA in 2000.

For an expanded version of Dr. Maynard’s biography, see the RSNA Meeting Program or go online to rsna2005.rsna.org and click on Meeting Program in the left-hand column.

H. Rodney Withers, M.D., D.Sc., is an acclaimed pioneer in the field of radiation biology, whose groundbreaking efforts have helped establish radiation therapy as the standard of care for patients with cancer.

“Dr. Withers is one of the most innovative minds in the fields of radiation oncology and radiation biology,” said RSNA President David H. Hussey, M.D. “He’s probably the world’s leading expert on the effects of radiation on normal tissues. He’s received almost every award a radiation oncologist could receive.”

Dr. Withers said earning the RSNA Gold Medal represents an important professional accomplishment. “It is a very special honor to be recognized by a Society that, year after year, mounts such a wonderful scientific meeting and, less conspicuously, continues yearlong to support the research of young physicians. I am privileged to join those who have been honored by the Society in the past, and I know I will be honored by the medalists who follow,” said Dr. Withers.

Born in Queensland, Australia, Dr. Withers attended the University of Queensland Medical School and subsequently conducted his doctoral work at the University of London. He specialized in radiation oncology in the 1970s at the M.D. Anderson Cancer Center and the University of Texas Graduate School of Biomedical Sciences at Houston. In 1980, Dr. Withers was appointed professor and director of experimental radiation oncology at the University of California, Los Angeles (UCLA), a position he held for the next 14 years.

After a leave of absence from UCLA to serve as professor and director of the Institute of Oncology at the Prince of Wales Hospital in Sydney, Australia, Dr. Withers returned to UCLA in 1991, where he became professor and vice-chair of the Department of Radiation Oncology and director of experimental radiation oncology. In 1992, he began an American Cancer Society clinical research professorship, an undertaking he is still involved with today. He currently serves as professor and chair of the Department of Radiation Oncology at UCLA.

Dr. Withers is responsible for many landmark advances in radiation biology, involving the effects of ionizing radiation on normal and malignant tissue. He has also devoted himself to the study of the kinetics of metastases development. The clinical implementation of his research has enabled millions to receive safe and effective radiation therapy treatment for cancer.

He is the recipient of many prestigious awards, most notably the Enrico Fermi Award, and serves on many editorial boards.

For an expanded version of Dr. Withers’ biography, see the RSNA Meeting Program or go online to rsna2005.rsna.org and click on Meeting Program in the left-hand column.
Honorary Membership in RSNA is presented for significant achievements in the field of radiology. At RSNA 2005, Honorary Membership will be given to Antonio Chiesa, M.D., from Brescia, Italy; Janet E. Husband, FMed.Sci., F.R.C.P., F.R.C.R., from Sutton Surrey, United Kingdom; and Rolf-Peter Mueller, M.D., Ph.D., from Cologne, Germany.

Antonio Chiesa, M.D., is a dedicated physician and educator, whose progressive leadership and involvement in the global radiology community have guided the advancement and unification of radiology in Europe for decades. “Dr. Chiesa has distinguished himself by raising the levels of head and neck radiology throughout Europe,” said RSNA President David H. Hussey, M.D. “His leadership abilities and vision in the Italian and European radiology communities have enabled him to make far-reaching decisions regarding the advancement and modernization of the education of European radiologists. Dr. Chiesa is credited with transforming Italian radiology into an efficiently functioning discipline, and he is a friend and trusted advisor to many leaders in the American radiology community.”

Dr. Chiesa said he was surprised, but deeply honored to receive this distinction. “The influence that RSNA has had on my professional life has been both strong and beneficial. As an Honorary Member, I will feel much more involved in RSNA programs, especially those pertaining to the international environment,” he said.

Dr. Chiesa obtained his medical degree at the University of Padua and practiced there until 1982. He then moved to the University of Brescia, as chairman of the Department of Radiology and director of the Postgraduate School of Radiology, modernizing the department and overseeing its transformation into a well-equipped unit with up-to-date information and technology. Today, Dr. Chiesa directs the Radiology Department at the University of Brescia.

He served as the president of the 2005 European Congress of Radiology (ECR) in Vienna and is also chairman of the ECR executive committee. Dr. Chiesa is an active international speaker, presenting in more than 22 countries. Most of his speaking engagements focus on aspects of general and head and neck radiology.

An RSNA member since 1986, Dr. Chiesa also serves on the editorial boards of several Italian and European journals.

For an expanded version of Dr. Chiesa’s biography, see the RSNA Meeting Program or go online to rsna2005.rsna.org and click on Meeting Program in the left-hand column.

Janet E. Husband, FMed.Sci., F.R.C.P., F.R.C.R., is an inspirational practitioner, researcher and visionary who has made invaluable contributions to cancer imaging.

“Through her tireless efforts, Dr. Husband has placed the United Kingdom at the center of oncologic imaging and has disseminated the specialized knowledge of oncologic imaging worldwide,” said RSNA President David H. Hussey, M.D. “She has also shown that through hard work and dedication, it is entirely possible to balance one’s family life and career and become an internationally renowned leader in academic radiology.”

Dr. Husband said she is extremely proud of the honor. “It is a very special award for me because of my long association with RSNA over the last 25 years. Indeed, my career has been shaped and enhanced through the relationships I developed in the early days of CT, through presentations at the RSNA annual meeting. I will continue to support the Society by supporting its work in whatever way I am able,” she said.

Dr. Husband began her career in radiology working part-time while raising her three young sons. In 1977, she was appointed to the Royal Marsden Hospital to organize a CT department and clinical CT research unit, and has since conducted groundbreaking clinical research in both CT and MR imaging in the study of cancer.

She is currently the academic head of the Department of Diagnostic Radiology and medical director of the Royal Marsden National Health Service Foundation Trust in London. She is a professor of diagnostic imaging at the Institute of Cancer Research at the Royal Marsden Hospital,

Continued on next page
RSNA 2005 Honorary Members

Roll-Peter Mueller, M.D., Ph.D., is a leading investigator and scholar in the field of radiation therapy and radiosurgery, whose indispensible research contributions had a great impact on the course of radiobiologic applications.

“An internationally recognized radiation oncologist, Dr. Mueller has made significant contributions to the study of Hodgkin disease. His work has become the standard of care,” said RSNA President David H. Hussey, M.D. “Dr. Mueller has accomplished many landmark achievements during his eminent career.”

Dr. Mueller said he is proud to accept the award. “RSNA is like a big family to me, offering a brilliant opportunity to promote your professional accomplishments and relationships with people in other subspecialties. I am honored to be a part of the amazing programs RSNA offers, and I volunteer my talents for the future promotion of interdisciplinary growth and cooperation,” he said.

Born in Dortmund, Germany, Dr. Mueller attended medical school at the University of Muenster, Germany and the University of Vienna, Austria. His research pursuits began at the University of Dortmund as a research fellow involved in experimental investigations of local disorders of microcirculation in muscles and solid organs after mega-voltage radiation therapy.

He acquired his doctorate of philosophy in 1982, and in 1984 received the Herrman-Holthusen Ring, given by the German Roentgen Ray Society, which is the highest award given to young scientists. In 1985, he became the acting head of the Department of Radiation Oncology at the University of Cologne and was appointed director and head of the department in 1987, where he still presides today.

Dr. Mueller has initiated many groundbreaking endeavors. His experimental and clinical investigations have mainly focused on studies of radiation applications in cancer and circulation abnormalities. The related fields of radiochemotherapy, radiosurgery and radiation therapy have all grown progressively as a result of his dedicated research efforts.

An RSNA member since 1987, Dr. Mueller is responsible for the development of the radiation therapy program in the German Hodgkin Study Group and is a founding member of the German Society for Radiation Oncology.

For an expanded version of Dr. Mueller’s biography, see the RSNA Meeting Program or go online to rsna2005.rsna.org and click on Meeting Program in the left-hand column.

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 (CCTB) plan a citywide welcome for attendees and exhibitors at the RSNA 91st 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 offers/discounts.

• Attractions in Advance calendar highlighting special events and attractions in Chicago during the meeting.

• RSNA and Chicago’s “We’re Glad You’re Here” banners posted in about 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.

• 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.

• Complimentary afternoon coffee Sunday through Wednesday in the Cyber Oases.

For more information on CCTB and the City of Chicago, go to www.meetinchicago.com/rsna.
Plenary Sessions

Plenary Sessions are highlights of the RSNA annual meeting and are open to all registrants. Some of the following courses listed require separate registration (+) and/or an additional fee (*).

Saturday
10:00 a.m. – 12:00 p.m.
RSNA Financial Investment Seminar+*
• Protecting Assets From Creditor Claims, Including Malpractice Claims
  Presenter: Barry Rubenstein, B.S., J.D., LL.M.
12:00 p.m. – 2:00 p.m.
AAPM/RSNA Physics Tutorial for Residents
• Cardiac CT Physics
  Moderator: Mahadevappa Mahesh, Ph.D.
1:00 p.m. – 5:00 p.m.
RSNA Financial Investment Seminar+*
• Effective Real Estate Investment Strategies
  Presenter: J. Michael Moody, M.B.A.
1:00 p.m. – 5:00 p.m.
NIH Grantsmanship Workshop+*
  Facilitator: Lee Rosen, Ph.D.
2:15 p.m. – 5:15 p.m.
AAPM/RSNA Tutorial on Equipment Selection
• Digital Radiography
  Moderators: Beth A. Schuerer, Ph.D., and Randell L. Kruger, Ph.D.

Sunday
8:30 a.m. – 10:15 a.m.
President’s Address
• Radiation Oncology and RSNA: Returning to Our Roots
  President: David H. Hussey, M.D., RSNA President
• Announcement of Outstanding Researcher and Outstanding Educator Awards
• Opening Session
• Multidetector CT: Beyond 16 Slice—Too Much of a Good Thing?
  Moderator: Gerald D. Dodd III, M.D.
• Sixteen-Slice Multidetector CT and Beyond: When is Enough Enough?
  Lecturer: Elliott K. Fishman, M.D.
• Multisection CT Run Amok: Excesses of Technology in Patient Care
  Lecturer: John M. Boone, Ph.D.
4:00 p.m. – 4:10 p.m.
Report of the RSNA Research & Education Foundation
  R. Nick Bryan, M.D., Ph.D., Chairman, R&E Foundation Board of Trustees
4:10 p.m. – 5:45 p.m.
Image Interpretation Session
  Moderator: Geoffrey D. Rubin, M.D.
  Panelists: William G. Bradley Jr., M.D., W. Dennis Foley, M.D., Christian H. Herold, M.D., Diego Jaramillo, M.D., M.P.H., and Leanne L. Seeger, M.D.
  Webcast Available! (Information will be included in the November issue of RSNA News.)

1:30 p.m. – 2:45 p.m.
Eugene P. Pendergrass New Horizons Lecture
• Imaging in Drug Discovery: Emerging Roles and Challenges
  Lawrence H. Schwartz, M.D.
  (A lecture preview will be included in the November issue of RSNA News.)

Presentation of Honorary Memberships
• Antonio Chiesa, M.D., Brescia, Italy
• Janet E. Husband, F.Med.Sci., F.R.C.P., F.R.C.R., Sutton Surrey, United Kingdom
• Rolf-Peter Mueller, M.D., Ph.D., Cologne, Germany
  (See pages 19–20 for honoree biographies)
1:30 p.m. – 2:45 p.m.
RSNA/AAPM Basic Physics Lecture for the Radiologic Technologist
• PET/CT
  Speakers: Anne C. Chapman, Beth A. Harkness, M.S., and Lei Xing, Ph.D.
4:30 p.m. – 6:00 p.m.
Special Focus Sessions
• Novel Breast Therapies and Techniques
  Continued on next page
Plenary Sessions

Presentation of Gold Medals
• Edmund A. Franken Jr., M.D., Iowa City, Iowa
• C. Douglas Maynard, M.D., Winston-Salem, N.C.
• H. Rodney Withers, M.D., D.Sc., Los Angeles
(See pages 17–18 for honoree biographies)

Wednesday
8:30 a.m.–12:00 p.m. Associated Sciences Symposium
• Radiology’s Leaders: Challenges of the Future

8:30 a.m. – 6:00 p.m. Interventional Oncology Symposium: RSNA/SIR Foundation+
• Basic Science of Interventional Oncology

1:30 p.m. – 2:45 p.m. Annual Oration in Radiation Oncology
• Integration of Functional Images into Future Radiation Oncology Research and Practice
K.S. Clifford Chao, M.D.
Presented in memory of Rupert Schmidt-Ullrich, M.D.
(A lecture preview will be included in the November issue of RSNA News.)

3:00 p.m. – 4:00 p.m. Special Focus Sessions
• Cardiac CT Imaging
  Moderators: Richard D. White, M.D., and Suhny Abbara, M.D.
Panelists: Suhny Abbara, M.D., Christoph R. Becker, M.D., Richard D. White, M.D., and Frandics P. Chan, M.D., Ph.D.

4:30 p.m. – 6:00 p.m. Oncodiagnosis Panel and Special Focus Sessions
• MR Imaging of Articular Cartilage: Morphologic and Functional Assessment
  Moderator: Andrew D.A. Maimon, Ph.D.
Refresher Courses

RSNA 2005 offers 299 refresher courses on traditional and cutting-edge topics.

Refresher Courses are conducted in a multiple- or single-instructor lecture format. Advanced registration is recommended for all refresher courses. If a particular course is full, attendees may check for availability of standby seating at the classroom location prior to the beginning of the course.

For more information or to register for courses, go to rsna2005.rsna.org and click on Registration, Housing & Courses in the left-hand column.

AMA PRA category 1 CME credits and Category A CE credits for technologists are available.

New! Refresher Course Tracks
Four new course tracks are available this year. They are in cardiac radiology, emerging technologies, radiology education and vascular radiology. In addition, 136 new refresher courses are available.

New! Case-based Review Course and SAMs
A case-based review in radiation oncology has been added to the curriculum. Audience-response system (ARS) technology helps course instructors tailor case-based courses to the knowledge level of the audience.

In addition, RSNA will offer self-assessment modules (SAMs) for case-based review courses in neuroradiology, interventional radiology and pediatric radiology. You must register in advance for the case-based courses and for a SAM.

You can register online at rsna2005.rsna.org, or RSNA members can go to the refresher course ticket desk at RSNA 2005 and ask for a SAM ticket. SAMs are free for RSNA members. Non-members pay $50 per SAM.

At the beginning of the case-based course, you can turn in your SAM ticket for an ARS key-pad. You will have to enter your badge number. A hard copy of your pre-test and post-test scores, a comparison of your scores to the rest of the class, and a list of references and additional resources will be provided at the end of the course.

New! Essentials of Radiology Courses
Four new Essentials of Radiology courses are available. The Essentials of Radiology is a course series offered in a compact, two-day format designed for general radiologists, residents and subspecialists who want to review other areas of radiology.

The new courses are in abdominal MR, cardiovascular imaging, chest imaging, and head and neck imaging. The four existing courses are in knee imaging, gynecologic pelvic imaging, brain MR and uroradiology.

New! Course Track Organization
Course tracks are now organized by organ system. For example, musculoskeletal MR is included within the musculoskeletal imaging course track rather than an MR course track. CT of the acute abdomen is included in the gastrointestinal imaging course track.

2005 Categorical Course in Diagnostic Radiology
Breast Imaging
Director: Stephen A. Feig, M.D.

2005 Categorical Course in Diagnostic Radiology
Physics
Multidimensional Image Processing, Analysis, and Display
Co-Directors: Samuel G. Armato III, Ph.D., and Matthew S. Brown, Ph.D.

Most Important Components of the RSNA Annual Meeting
A Web-based survey of RSNA 2004 attendees asked participants to rate components of the annual meeting. The top five components were:
1. Refresher courses
2. Interaction with colleagues
3. Update courses
4. Education exhibits
5. Technical exhibits

Source: RSNA

More detailed information on RSNA 2005 is available at rsna2005.rsna.org.
Interventional Oncology Symposium

New!
RSNA and the Society of Interventional Radiology (SIR) Foundation are offering a “meeting within a meeting” on interventional oncology. This program runs Monday–Friday and requires registration for RSNA 2005, as well as for enrollment in the course(s).

The first two days, Monday and Tuesday, are devoted to new developments in clinical interventional oncology. The second half of the program, Wednesday, Thursday and until noon on Friday, is focused on the basic science of image-guided interventional oncology.

For more information or to register for the symposium, go to rsna2005.rsna.org and click on Registration, Housing & Courses in the left-hand column.

A feature article on the symposium was included in the September issue of RSNA News, which is available online at rsnanews.org.

Digital Mammography Training and Self-Assessment Workshop

New!
RSNA 2005 will offer a Digital Mammography Training and Self-Assessment Workshop that will allow participants to test their skills and improve their performance in mammography screening using state-of-the-art dedicated softcopy reading workstations.

Sessions are available Sunday–Thursday, November 27–December 1. Advance registration is strongly advised.

For more information, see page 10.

AMA PRA category 1 CME credits and Category A CE credits for technologists are available.
RSNA 2005 will feature more than 1,600 scientific papers in 16 sub-specialties:

- Breast Imaging
- Cardiac
- Chest
- Emergency Radiology
- 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. Seating is on a space-available basis. Those attending a scientific paper session will be able to evaluate the most current research, identify current and future scientific and technologic developments, modify academic and clinical practices, and identify and practice research methods.

**AMA PRA category 1 CME credits and Category A CE credits for technologists are available.**

**New! Integrated Science and Practice**

Integrated science and practice (ISP) sessions combine presentation of scientific abstracts and education exhibits on a given topic. The ISP sessions start with an invited lecturer, followed by prof-ferred abstracts, and some conclude with a panel discussion of the subject.

More information will be available in the November issue of *RSNA News.*

**Invited Papers from Specialty Societies**

Scientific papers from four specialty society meetings will be presented at RSNA 2005 in the Special Focus Session format. Invited papers from the American Society for Therapeutic Radiology and Oncology will be presented on Monday. Invited papers from the Society of Interventional Radiology and the Society of Nuclear Medicine will be presented on Wednesday. Invited papers from the American Society of Neuroradiology and International Society for Magnetic Resonance in Medicine will be presented on Thursday.

More detailed information on RSNA 2005 is available at rsna2005.rsna.org.

**Number of Days at the RSNA Annual Meeting**

A Web-based survey of people who attended RSNA 2004 found that most spent between three and six days at the meeting.

1-2 days ............. 11.6%
3-4 days ............. 39.0%
5-6 days ............. 42.0%
7 days ............... 7.4%

Source: RSNA
RSNA 2005 will feature 460 posters covering 16 subspecialties.

New! Integrated Science and Practice
Integrated science and practice (ISP) poster sessions combine presentation of scientific posters and education exhibits on a given topic. More information will be available in the November issue of RSNA News.

AMA PRA category 1 CME credit is available for posters in the Presentation Theaters on Sunday from 12:30 p.m. to 1:30 p.m., and Monday–Thursday from 12:15 p.m. to 1:15 p.m. during which time authors of the posters will be in attendance.

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 posters in the evening, shuttle bus service between hotels in the RSNA hotel block and the Lakeside Center shuttle gates is scheduled Monday–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–Thursday.

RSNA 2005 Preview
Scientific Poster Sessions

New! All Posters in Electronic Format
Scientific posters are in electronic format on dedicated computers located behind the traditional backboard education exhibits on Level 3, Hall D1 of the Lakeside Center. Presentation theaters are also available, except during the lunch period, for group viewing of scientific posters and electronic education exhibits.

Associated Sciences Consortium

New! Format Change for Associated Sciences Program
The Associated Sciences Consortium has updated the format for its refresher course series and symposium at the RSNA annual meeting. Instead of the refresher courses being spread over six days, four courses will be held on Monday and four will be held on Tuesday during RSNA 2005. The symposium will be held on Wednesday morning.

Refresher Courses
Monday – November 28
• Capital Asset Management: From Acquisition to Replacement Strategies
• Development of the Radiologist Assistant: An Education and Certification Update
• HIPAA: Ongoing Impacts and Re-inventions in Radiology
• Joint Commission on Accreditation of Healthcare Organizations National Patient Safety Goals

Tuesday – November 29
• PET/CT and SPECT/CT Fusion Imaging: Technical and Clinical Highlights
• The Art and Science of Radiology Planning and Design
• Digital Radiography: A Comparison of Cassetteless and Cassette-based Systems
• Controversies in Image-based Screening

Symposium
Wednesday, November 30 (8:30 a.m.–12:00 p.m.)

Associated Sciences: Radiology’s Leaders—Challenges of the Future

A. Tomorrow’s Leader: The Radiology Business of the Future
Patricia Kroken, C.R.A.

B. Radiology in the Clinical Setting: The Final Frontier
Suzanne K. Ramthun, M.B.A., R.T(R), and Carrie E. Abendroth, M.B.A., M.H.A.

C. Education: The Amazing Race
Carole South-Winter, M.Ed., R.T(R), C.N.M.T., B.S.

Jordan B. Renner, M.D.
Chairman, RSNA Associated Sciences Committee
More than 1,200 education exhibits covering 16 subspecialties will be on display at RSNA 2005.

Education exhibits allow attendees to review the diagnosis of a specific condition using either a single-modality or multimodality approach, identify the state-of-the-art imaging and methods of treatment of various pathologic conditions, and assess new research on applications of various imaging and therapeutic modalities.

**New!**

**Electronic Exhibits in Five Specialties**

Education exhibits in neuroradiology, chest radiology, cardiac radiology, uroradiology, vascular/interventional and select other categories are in electronic format. Dedicated computers are available to view these exhibits. Presentation theaters are also available, except during the lunch hour, for group viewing of electronic education exhibits.

**Cases of the Day**

Cases of the Day will be featured Sunday–Thursday in 13 subspecialties in the Education Exhibits area. Attendees can submit a diagnosis electronically at any of the computers located in the Internet access areas or in the WiFi areas of McCormick Place. 0.5 category 1 CME credit is available for each correct diagnosis. Revealed cases remain on display for the duration of the week for continued self-study.

**AMA PRA category 1 CME credit** is available for some exhibits on Sunday from 12:30 p.m. – 1:30 p.m., and Monday–Thursday from 12:15 p.m. to 1:15 p.m., at which time an author of the exhibit will be in attendance. Some computer exhibits will be presented in the presentation theaters on Sunday from 12:30 p.m. – 1:30 p.m., and Monday–Thursday from 12:15 p.m. – 1:15 p.m. Some authors of backboard-panel and standalone exhibits will be available at their exhibit to discuss their presentations as scheduled during those same times.

**More detailed information on RSNA 2005 is available at rsna2005.rsna.org.**

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

**Education Exhibit 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 posters in the evening, shuttle bus service between hotels in the RSNA hotel block and the Lakeside Center shuttle gates is scheduled Monday–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–Thursday.
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 will be held in the infoRAD area.

infoRAD education exhibits and features at RSNA 2005 include:
- Informatics Classroom with IHE, MIRC, RadLex and additional courses
- Web Classroom
- NLM/Internet2 Demonstrations
- Hands-on Computer Workshops
- Image Manipulation/Analysis
- Literature Searches/RSNA Journal Searches
- PACS Classroom
- Personal Digital Assistants (PDAs)
- Picture Archiving and Communication Systems (PACS)
- Practice Management/Workflow/IHE
- Decision Support/Computer-aided Diagnosis

New!
- IHE, MIRC, and RadLex Kiosks

Informatics Classroom
Courses involving the Integrating the Healthcare Enterprise (IHE) initiative, RSNA Medical Imaging Resource Center (MIRC), Radiology Lexicon (RadLex) project, and RSNA manuscript preparation will take place in this classroom.

Medical professionals and industry experts will share their knowledge to help improve workflow and information sharing in support of optimal patient care. 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. Courses are planned on how to author teaching files by using MIRC; how to set up a system for teaching files and conferences; how to set up a system for clinical trials and research data sets; and discussion of MIRC case studies that use MIRC software for education and research. A course on the RSNA RadLex project will also discuss uniform terminology in radiology.

New!
Ask the Expert Panel
A special panel discussion will be held in the infoRAD Theater on Tuesday, November 29 from 1:30 p.m. – 2:30 p.m., where audience members can “Ask the Expert” questions related to radiologic computing and imaging informatics. Topics will include IHE, DICOM, RIS and PACS, as well as practical issues related to improving workflow and efficiency through the judicious deployment of these technologies.

The panel discussion provides a unique opportunity to discuss specific problems and get feedback from the expert panel and other attendees.

AMA PRA category 1 CME credit is available for courses in the infoRAD Tutorial Classroom, the infoRAD PACS Workstation Classroom and the infoRAD Web Classroom.

Ronald L. Arenson, M.D.
Chairman, RSNA Electronic Communications Committee

More detailed information on RSNA 2005 is available at rsna2005.rsna.org.

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.

InfoRAD Exhibit Hours
Sunday–Thursday . . . . . 8:00 a.m.–5:00 p.m.
Friday . . . . . . . . . . . . . 8:00 a.m.–12:45 p.m.
The Technical Exhibits at the RSNA annual meeting comprise the world’s largest medical exhibition. Approximately 700 leading manufacturers, suppliers and developers of medical information and technology showcase an impressive array of radiology products and services.

A comprehensive, up-to-the-minute list of the exhibitors, their products and services is available at rsna2005.rsna.org. Click on Exhibitor List in the left-hand column.

A detailed floor plan of the exhibits area, along with exhibiting company names and contact information, will be available in the Daily Bulletin Meeting Guide section.

See page 44 for instructions on how to use the interactive floor plan of the Technical Exhibition.

**Technical Exhibit Hours**

**Halls A & B**  
South and North Buildings  
Sunday–Wednesday . . . 10:00 a.m.–5:00 p.m.  
Thursday . . . . . . . . . . . . . 10:00 a.m.–2:00 p.m.

**Hours on the Technical Exhibits Floor**  
One of three RSNA annual meeting attendees spends more than seven hours looking at the technical exhibits, according to a Web-based survey of people who attended RSNA 2004.

<table>
<thead>
<tr>
<th>Hours</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 or more hours</td>
<td>32.2%</td>
</tr>
<tr>
<td>5–6 hours</td>
<td>21.8%</td>
</tr>
<tr>
<td>3–4 hours</td>
<td>25.5%</td>
</tr>
<tr>
<td>0–2 hours</td>
<td>20.4%</td>
</tr>
</tbody>
</table>

Source: RSNA
More wireless access points will be available at McCormick Place during RSNA 2005. These areas will be clearly marked with signs, as well as highlighted in detailed floor maps in the RSNA Meeting Guide.

Attendees have access to online meeting information. Most of this information will be available before, during and after the meeting at rsna2005.rsna.org.

Some of the features include:

**Message Center**
This is an 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 e-mail to attendees by using their badge number@show-mail.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 2005 and the hotels where they are staying.

**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 Meeting Program.

RSNA will also provide computers in Internet access points throughout McCormick Place so that attendees can use the computers in the Internet access areas to print a personalized certificate of attendance.

**Certificate of Attendance**
Attendees can use the computers in the Internet access areas to print a personalized certificate of attendance.

**RSNA Press Releases**
The Media section will include press releases about RSNA 2005, along with daily attendance figures.

**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. Printed or handwritten announcements will not be accepted. All submissions will be reviewed before posting.
The RSNA Research & Education Foundation has announced its grant recipients for 2005–2006.

Like the National Institutes of Health (NIH), the Foundation relies on study sections to evaluate and score grant applications. One study section works on research applications and the other on education applications. During the study section meetings, the primary reviewer for each proposal reads his or her critique and provides a score of 1–5 (1 being the best). The secondary reviewers then give their assessment of the proposal and their scores. The rest of the group scores the application based on the three reviewers’ comments and may provide additional evaluation if the proposal is in their area of expertise.

A reviewer summary sheet is sent to each applicant to provide constructive criticism and helpful hints to improve their project design and grantwriting skills. Foundation Trustees are presented with a rank order of all grants and the funding line is drawn at a point determined by the amount of available funds. RSNA has supplemented the Foundation’s funds for the past three years to ensure that as many meritorious grant applications as possible could be funded.

The Research Study Section, chaired by Maryellen Giger, Ph.D., from the University of Chicago, includes 31 members with expertise in diagnostic radiology, interventional radiology/cardiovascular imaging, molecular imaging, radiation oncology/biology and medical physics.

The Education Study Section, chaired by Ernest J. Ferris, M.D., from the University of Arkansas in Little Rock, includes 14 members with expertise in radiologic education in general, as well as in specific areas of imaging science.

The following are the Foundation grant recipients for 2005-2006. They will be recognized during RSNA 2005 in the Foundation pavilion.

**Research Scholar Grant**

**Bonnie N. Joe, M.D., Ph.D.**
Berlex Laboratories/RSNA Research Scholar Grant
Department of Radiology, University of California, San Francisco
*Non-Invasive Evaluation of Fetal Lung Maturity by MR Spectroscopy: Development and assessment of ex vivo and in vivo techniques*

**Joe Y. Chang, M.D., Ph.D.**
Tyco Healthcare/Mallinckrodt/RSNA Research Scholar Grant
Department of Radiation Oncology, University of Texas M.D. Anderson Cancer Center, Houston
*Radiotherapy Sensitization by Apoptotic Gene Therapy and Molecular Imaging of Apoptosis in a Human Lung Cancer Model*

**Jinglei Ma, Ph.D.**
Bracco Diagnostics/RSNA Research Scholar Grant
Department of Imaging Physics, University of Texas M.D. Anderson Cancer Center, Houston
*Differentiation between Benign and Malignant Vertebral Compression Fractures with Quantitative Diffusion and Fat MR Imaging*

**Research Fellow Grant**

**Bart P Keogh, M.D., Ph.D.**
Agfa Corporation/RSNA Research Fellowship in Basic Radiologic Sciences
Department of Radiology, University of Southern California, Los Angeles
*Dynamic Tracking of Engraftment and Enhancement of Human Common Lymphoid Progenitor Cells in Vivo using Bioluminescent Imaging*

**Christine B. Chung, M.D.**
GE Medical Systems/RSNA Research Scholar Grant
Department of Radiology, University of California, San Diego
*MR imaging of Patellofemoral and Femorotibial Articular Cartilage: Qualitative and Quantitative Assessment with Ultrashort TE (UTE) Imaging*

**Research Fellowship in Basic Radiologic Sciences**

**Michael Rosol, Ph.D.**
Fonar Corporation/RSNA Research Fellowship in Basic Radiologic Sciences
Department of Radiology, University of Southern California, Los Angeles
*Dynamics Tracking of Engraftment and Enhancement of Human Common Lymphoid Progenitor Cells in Vivo using Bioluminescent Imaging*
Continued from previous page

Research Seed Grant

Jeffrey Miller, M.D.
Agfa Corporation/RSNA Research Resident Grant
Department of Diagnostic Radiology
Saint Louis University School of Medicine
Correlation of Neonatal Encephalopathy Severity with Automated Multi-Spectral 3T MRI Tissue Segmentation and Diffusion Tensor Imaging Injury Quantification

Rajiv Gupta, Ph.D., M.D.
Cesar Gianatturo/RSNA Research Resident Grant endowed by Cook Incorporated
Department of Radiology; Massachusetts General Hospital, Boston
Accuracy and Precision of Image-Guided Interventions in Temporal Bone using Ultra-High Resolution Flat-Panel CT

Michael A Papagiannis, M.D.
Eastman Kodak Company/RSNA Research Resident Grant
Department of Radiology; University of Wisconsin-Madison
Quantitative CT Volumetric Measurements of Metastatic Breast Cancer with Molecular Based Techniques Using Engineered Bacteria

Darren P. Lam, M.D.
Hitachi Medical Systems/RSNA Research Resident Grant
Department of Radiology; University of Wisconsin Hospital and Clinics, Madison
Non-Invasive Measurement of Pressure Gradients Across Stenotic Vascular Lesions with Time-Resolved Phase Contrast MRA: Validation in a Swine Model

Mary Frances McAlear, M.D., Ph.D.
Siemens Medical Solutions, Inc./RSNA Research Seed Grant
Department of Radiation Oncology, Thomas Jefferson University Hospital, Philadelphia
Characterization of the Radiation Response in Zebrafish Embryos

Marta Hebrumn, M.D.
RSNA President’s Circle Research Grant
Department of Radiology, Wake Forest University Health Sciences, Winston-Salem, N.C.
A Non-Invasive Primate Model for Quantitative CT Volumetric Measurements of Obesity and Cardiovascular Disease Risk Factors

Research Seed Grant

Jan Grimm, M.D.
FUJIFILM Medical Systems/RSNA Research Seed Grant
Department of Radiology–Center for Molecular Imaging Research, Massachusetts General Hospital, Charlestown
Tracking of Monocytic Cells to Atherosclerotic Plaques In Vivo by SPECT/CT

David J. Hall, Ph.D.
Philips/RSNA Research Seed Grant
Department of Radiology, University of California, San Diego
The Development of a Full-field Time Domain Optical Molecular Imaging System

Amrita Dave, Ph.D.
Philips/RSNA Research Seed Grant
Department of Radiology; University of Pennsylvania, Philadelphia
Quantitative Comparison of Contrast-Enhanced Digital Tomosynthesis and Magnetic Resonance Imaging of Breast Cancer

G. Wilson Miller, Ph.D.
Toshiba Medical Systems, Inc./RSNA Research Seed Grant
Department of Radiology, University of Virginia, Charlottesville, Va.
Evaluation of Three Methods for Regional Mapping of Intracranial Oxygen Partial Pressures with Helium-3 MRI

Igor N. Pronin, M.D., Ph.D.
Toshiba Medical Systems, Inc./RSNA Research Seed Grant
Department of Radiology, Burdenko Institute of Neurosurgery, Moscow
Pre-Operative and Intra-Operative Assessment of the Involvement of the Corticospinal Tract by Brain Tumors by Mathematical Modeling of Diffusion Tensor MRI

Holman Pathway Research Resident Seed Grant

Andres Rahal, M.D.
Stentor/RSNA Holman Pathway Research Resident Grant
Department of Radiology, University of Texas Health Science Center at San Antonio
Intracranial Aneurysm Screening for Intensity Modulated Radiotherapy Sensitization by Apoptotic Gene Therapy and Molecular Imaging of Apoptosis in a Human Lung Cancer Model

Christopher D. Willey, M.D., Ph.D.
Vianar Medical Systems/RSNA Holman Pathway Research Resident Seed Grant
Department of Radiation Oncology, Vanderbilt University Medical Center, Nashville, Tenn.
The Role of Membrane Derived Second Messengers and Phosphatidylserine in Response to Radiation Treatment of Lung Cancer

Medical Student/Scholar Assistant Grant

Pooja R. Rohatgi, B.A.
RSNA Medical Student/Scholar Assistant Grant
Assistant M.D., Ph.D.
RSNA Research Scholar
Department Chair: William G. Fox, M.D., Ph.D.
Department Chair: Carl Ravin, M.D.
Use of Diffusion Tensor Imaging for Assessment of Leukodystrophies

Albert Einstein College of Medicine, Bronx, N.Y. – Nuclear Medicine Department
Philips/RSNA Medical Student/Resident Program Grant
Medical Student: Joseph Y. Young, B.S.
Scientific Advisor: Reed A. Omari, M.D., M.S.
Department Chair: Eric J. Russell, M.D.
MRI Monitoring of Transcatheter Hepatic Artery Embolization of Liver Tumors

University of Texas Health Science Center, San Antonio – Radiation Oncology Department
RSNA Medical Student/Resident Program Grant
Medical Student: Adrian Wong
Scientific Advisor: Charles R. Thomas Jr., M.D.
Department Chair: Terence S Hermann, M.D.
Assessment of Quality of Life and Toxicity in the Treatment of Abdominal Malignancies Utilizing BAT Daily Ultrasound Targeting for Intensity Modulated Radiotherapy

University of California, San Diego – Radiology Department
RSNA Medical Student/Resident Program Grant
Medical Student: Gautam Bahl
Scientific Advisor: Jonathan Goldin, M.D., Ph.D.
Department Chair: Dieter R. Enzmann, M.D.
Assessment of Airway Reactivity in Asthma by Functional Computed Tomography

University of California, Los Angeles – Radiology Department
RSNA Medical Student/Departmental Program Grant
Medical Student: Jared Allen
Scientific Advisor: John Pile-Spellmeyer, M.D.
Department Chair: Philip O. Alderman, M.D.
Assessment of Arterial and Venous Screening Feasibility Study (AURISAS)

University of California, Los Angeles – Radiology Department
RSNA Medical Student/Departmental Program Grant
Medical Student: Joseph Y. Young, B.S.
Scientific Advisor: Reed A. Omari, M.D., M.S.
Department Chair: Eric J. Russell, M.D.
MRI Monitoring of Transcatheter Hepatic Artery Embolization of Liver Tumors

Northwestern University, Chicago – Radiology Department
RSNA Medical Student Departmental Program Grant
Medical Student: Jan Grimm
Scientific Advisor: Suman Jana, M.D.
Department Chair: Donald Blaufox, M.D., Ph.D.
Comparison between Cesium and CT Attenuation Correction of PET Images

University of Texas Health Science Center, San Antonio – Radiation Oncology Department
RSNA Medical Student Departmental Program Grant
Medical Student: Jahan Aghalpour
Scientific Advisor: Suman Jana, M.D.
Department Chair: Donald Blaufox, M.D., Ph.D.
Comparison between Cesium and CT Attenuation Correction of PET Images
RSNA Research & Education Foundation 2005-2006 Grants

Educational Scholar Program Grant

W. Robert Lee, M.D., M.S.
Philips/RSNA Educational Scholar Program Grant
Department of Radiation Oncology,
Wake Forest University School of Medicine,
Winston-Salem, N.C.
Development and Validation of a Radiation Oncology Assessment System (ROAS)

New!
RSNA/APDR/AUR/SCARD
Educational Radiology Research Development Grant

Kitt Shauffer, M.D., Ph.D.
RSNA/APDR/AUR/SCARD Educational Radiology Research Development Grant
Department of Radiology, Brigham and Women's Hospital, Boston
Investigation of the Use of 3D Modeling Software to Enhance Teaching of Radiologic Anatomy

Institutional Clinical Fellowship in Cardiovascular Imaging

Johns Hopkins University, Baltimore, Md. – Radiology Department
GE Medical Systems/RSNA Institutional Clinical Fellowship in Cardiovascular Imaging
Accepting applications for 2006-07 fellowship position
Scientific Advisor: David A. Blumenkranz, M.D., Ph.D.
Department Chair: Jonathan Lewin, M.D.
Johns Hopkins University Cardiovascular Imaging Fellowship

Mayo Clinic, Rochester, Minn. – Radiology Department
RSNA Institutional Clinical Fellowship in Cardiovascular Imaging
Accepting applications for 2006-07 fellowship position
Scientific Advisor: Jerome F. Breen, M.D.
Department Chair: Stephen J. Swensen, M.D.
Mayo Clinic - Clinical Fellowship in Cardiovascular Imaging: Cardiac MR and CT Emphasis

Cleveland Clinic Foundation – Radiology Department
RSNA Institutional Clinical Fellowship in Cardiovascular Imaging
Accepting applications for 2006-07 fellowship position
Scientific Advisor: Richard D. White, M.D.
Department Chair: Michael T. Modic, M.D.
Cleveland Clinic Foundation Cardiovascular Tumourology Fellowship Program

Stanford University, Calif. – Radiology Department
RSNA Institutional Clinical Fellowship in Cardiovascular Imaging Participating Fellow: TBD
Scientific Advisor: Geoffrey D. Rubin, M.D.
Department Chair: R. Brooke Jefrey, M.D.
Stanford University Cardiovascular Imaging Fellowship

Institutional Fellowship in Radiologic Informatics

Brigham and Women's Hospital, Boston – Radiology Department
Philips/RSNA Institutional Fellowship in Radiologic Informatics Participating Fellow: TBD
Scientific Advisor: Katherine P. Andriole, Ph.D.
Department Chair: Steven E. Selzler, M.D.
Radiologic Informatics Fellowship Program at Brigham and Women's Hospital

2005 Roentgen Resident/Fellow Research Award

This award is to recognize and encourage residents and fellows who have made substantial contributions to their department’s research initiatives.

Muneeb Ahmed, M.D.
Beth Israel Deaconess Medical Center

Nicola Ally, M.D.
Howard University Hospital

Biral Amin, M.D.
New York Methodist Hospital

Jeff Anderson, M.D., Ph.D.
University of Utah Health Sciences Center

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Michael D. Beland, M.D.
Rhode Island Hospital/Brown Medical School

Ajay Bhattachar, M.D.
University of Pittsburgh Medical Center

Veeral Bhoot, D.O.
Mercy Catholic Medical Center

Andrew J. Bierhals, M.D., M.P.H.
Washington University

Todd M. Blodgett, M.D.
University of Pittsburgh Medical Center Presbyterian

Nicolle S. Burbank, M.D.
Wake Forest University Baptist Medical Center

Mark K. Buyounouski, M.D., M.S.
Fox Chase Cancer Center

Eric B. Callaghan, M.D.
The University of Iowa Hospitals and Clinics

Matthew L. Caves, M.D.
University of Texas Medical Branch

Keith A. Congel, M.D., Ph.D.
University of Pennsylvania

Matthew D. Chang, M.D.
University of Rochester Medical Center

Yen-Lin Chen, M.D.
Massachusetts General Hospital

Delphine L. Chen, M.D.
Malinckrodt Institute of Radiology

Clara Yang Hyon Choi, M.D., Ph.D.
Stanford University

Aamer Rasheed Chughtai, M.B.B.S., M.Sc., F.R.C.R.
University of Michigan Medical Center

Benjamin Chung Lee, M.D.
Mount Sinai School of Medicine

Deborah Citrin, M.D.
National Capital Consortium/ National Cancer Institute

Jeffrey A. Coccoledo, M.D.
Albany Medical Center

Michael S. Conley, M.D., Ph.D.
Indiana University School of Medicine

Tyler Lee Crawford, M.D.
David Geffen School of Medicine at UCLA

Lauri W. Cuttino, M.D.
Virginia Commonwealth University

Aditya R. Dalal, M.B.B.S.
Yale University School of Medicine

Douglas A. Dougherty, M.D., Ph.D.
Stony Brook Health Sciences Center

Olga Lucia Duran-Castro, M.D.
Center for Magnetic Resonance Research

University of Minnesota

James Eaton, M.D.
Tripler Army Medical Center

Achilles Fakiris, M.D.
Indiana University School of Medicine

Tanya M. Fields, M.D.
University of Kentucky Medical Center

Maureen S. Filipek, M.D.
Oregon Health & Science University

Brian Zach Fowler, M.D.
Emory University School of Medicine

Continued on next page
Kenneth J. Kolbeck, M.D., Ph.D. University of Pennsylvania Medical Center
Chi Wan Koo, M.D. St. Luke’s Roosevelt Hospital Center
Bridgef F. Koontz, M.D. Duke University Medical Center
Jeremy Kunyowski, M.D. University of California, San Diego
Douglas Lake, M.D. Medical University of South Carolina
Kenneth S. Lee, M.D. Henry Ford Hospital
Ilya Lekht, M.D. Emory University School of Medicine
Robert J. Lewandowski, M.D. William Beaumont Hospital
Amy Liebeskind, M.D. Lenox Hill Hospital
Bernice Ling, M.D. University of Alberta
John Lysack, M.D. Queen’s University
Blair MacDuff, M.D. Memorial University of Newfoundland
John D. MacKenzie, M.D. Brigham and Women’s Hospital
Maria A. Manning, M.D. University of Maryland Medical System
Daria Manos, M.D. Dalhousie University
Mary Frances McAleer, M.D., Ph.D. Jefferson Medical College
Cornelia McCluskey, M.D. The Barret Center for Cancer Prevention, Treatment and Research
Bradford S. McCravy, M.D., Ph.D. University of Kansas Medical Center
Douglas Kyle McDonald, M.D. Texas A&M HSC/Scott & White Hospital
R. Ashley Milam, M.D. Vanderbilt University Medical Center
Todd Miller, M.D. Albert Einstein College of Medicine/Montefiore Medical Center
Laszlo Miskolezi, M.D. Jackson Memorial Hospital
Brian Misssetti, M.D. University of California, San Francisco
Alan T. Monroe, M.D. University of Florida
Josh Moosikasuwan, M.D. North Shore University Hospital
Sandra Mun, M.D. University of Texas Medical Branch
Kirian R. Nandalar, M.D. University of Virginia Health System
William T. O’Brien Sr., D.O. David Grant Medical Center
Timothy Ozburn, M.D. University of Tennessee Medical Center
Parag Parikh, M.D. Washington University in St. Louis
Athos Patsalides, M.D. Georgetown University Hospital
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Thinh P. Phan, M.D. University Of California, Irvine
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Kelli B. Pokorny, M.D. Albert Einstein Medical Center
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Ravi S Prasad, M.D. Robert Wood Johnson Medical School
Aimee L. Quan, M.D. Cleveland Clinic Foundation
Dejana Radulovic, M.D. University of Manitoba
Neena M. Reddy, M.D. University of California, Davis School of Medicine
Ramesh Rengan, M.D., Ph.D. Memorial Sloan-Kettering Cancer Center
Maura E. Ryan, M.D. Hartford Hospital
Amir M. Saindane, M.D. NYU School of Medicine
Kevin Sanders, M.D., Ph.D. University of Texas M.D. Anderson Cancer Center
Shawn N. Sarin, M.D. Aultman Hospital
Sharone Schlossberg, M.D. Albert Einstein College of Medicine/Jacobi Medical Center
Rodney G. Shaffer, M.D. Geisinger Medical Center
David B. Siepmann, M.D. Dartmouth-Hitchcock Medical Center
Claire S. Smith, M.B., B.Ch. B.A.O. Memorial Sloan-Kettering Cancer Center
Benjamin D. Smith, M.D. Yale University School of Medicine
Matthew C. Solihjem, M.D. Mayo Clinic
Ashok Sririnivasan, M.D. The Ottawa Hospital, University of Ottawa
Erik S. Storm, D.O. Walter Reed Army Medical Center
National Capital Consortium Radiology Residency
William Strub, M.D. University of Cincinnati
Joshua West Stuhlfaut, M.D. Boston University Medical Center
Jon Benjamin Trecek, M.D. Tulane University Health Sciences Center
Michelle Udeshi, M.D. St. Vincent’s Medical Center
Gary D. Ulane, M.D., Ph.D. University of Southern California LAC/USC Medical Center
Alexandra Talia Vertinsky, M.D. University of British Columbia
Timothy D. Wagner, M.D., M.B.A. Roswell Park Cancer Institute
Zhen Jane Wang, M.D. University of California, San Francisco
Alex Williams, M.D. University of Kentucky Chandler Medical Center
Darcy J. Wolfman, M.D. Ochsner Clinic Foundation
Liyuan Yu, M.D. Upstate Medical University
Syed Furqan Zaidi, M.D. Beth Israel Medical Center
Steven B. Zieber, M.D. Grand Rapids Medical Education & Research Center for Health Professions/Michigan State University
Falguni Amin-Zimmerman, M.D. University of Louisville Health Science Center

For more information about any of the RSNA Research & Education Foundation grant programs, go to RSNA.org/education/index.cfm.
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 July 29 – August 31, 2005.

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Arlyne Taub Shockman, M.D.

Program and Grant Announcements

Revitalizing the Radiology Research Enterprise

October 21-22, 2005 • Chicago Marriott Oak Brook

This RSNA program focuses on the challenges of and strategies for conducting research in radiology and radiation oncology departments. Geared toward department chairs and department research directors, the program will feature presentations, case studies and group discussions.

Two representatives from each department may attend.

For more information, contact Tracy Schmidt at (1-630) 368-3751 or tschmidt@rsna.org.

RSNA Research & Education Grant Deadlines

- Education Grants: January 10
- Research Grants: January 15

For more information, go to RSNA.org/foundation/index.cfm or contact Scott Walter at (1-630) 571-7816 or swalter@rsna.org.

Continued on next page
Program and Grant Announcements

Continued from previous page

**Grantsmanship Seminar**

October 17, 2005 • George Washington University Marvin Center, Washington, D.C.

The National Institute of Biomedical Imaging and Bioengineering (NIBIB) and the Washington Academy of Biomedical Engineering (WABME) are offering a one-day grantsmanship seminar that will provide an overview of NIBIB funding opportunities and the NIH application, review and grant-making processes and policies.


**Image-Guided, Minimally Invasive Diagnosis & Treatment of Prostate Cancer**

October 27-29, 2005 • Loews L’Enfant Plaza Hotel, Washington, D.C.

The 3rd international public conference on Innovative Solutions for Prostate Cancer Care will be held this fall in Washington, D.C. The goal of “Image-Guided, Minimally Invasive Diagnosis & Treatment of Prostate Cancer” is to review the current state of the art in and to expedite development and implementation of new technologies in the area of prostate imaging and image-guided treatment.

This conference is sponsored and organized by AdMeTech, in cooperation with the National Cancer Institute and National Electrical Manufacturers Association.

For more information, go to [www.admetech.org/conferences.php](http://www.admetech.org/conferences.php).

**Personal Financial Management Strategies Seminars**

November 26, 2005 • McCormick Place, Chicago

RSNA is offering two personal financial management seminars prior to the RSNA annual meeting. **There is absolutely no sales pitch.**

**Protecting Assets From Creditor Claims, Including Malpractice Claims**

10:00 a.m. – 12:00 p.m.

Presented by Barry Rubenstein, B.S., J.D., L.L.M.

In today’s tort claim environment, a practitioner’s exposure to potential malpractice and creditor claims in excess of insurance coverage has dramatically increased. This course addresses, in essential detail, how to minimize and even avoid that exposure and protect hard-earned assets from creditor attack. **Includes a textbook written specifically for the course.**

**Effective Real Estate Investment Strategies**

1:00 p.m. – 5:00 p.m.

Presented by J. Michael Moody, M.B.A.

A stute investors know that investment real estate pays steadier and higher cash returns than stocks do and that no other investment offers the combined advantages of cash flow, appreciation and tax shelter. This course will provide attendees with a strong foundation and working knowledge of investment real estate. **Includes a textbook written specifically for the course.**

For seminar questions, contact the RSNA Education Center at (1-800) 381-6660 x3747 or ed-ctr@rsna.org.

To register, go to [RSNA.org/register](http://RSNA.org/register).

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**RSNA Advance Course in Grant Writing**

A dozen people participated in the RSNA Advance Course in Grant Writing, held in September at RSNA Headquarters in Oakbrook, Ill. It was the first of four sessions for the group. Janet S. Rasey, Ph.D. (right), a professor of radiation oncology and director of research funding at the University of Washington in Seattle, was the course instructor.

For more information on the program, go to [RSNA.org/research/educational_courses.cfm](http://RSNA.org/research/educational_courses.cfm).
Facing the New Threats of Terrorism: Radiologists’ Perspectives Based on Experience in Israel

Because of the complexity of injuries encountered in terror attack victims, fast and accurate imaging plays an essential role in triage and identification of abnormalities associated with these types of injuries.

In a special review article in the October issue of Radiology (RSNA.org/radiologyjnl), Jacob Sosna, M.D., and colleagues from Hadassah University Hospital at the Hebrew University Medical School in Jerusalem describe their experience with terror events in Israel and why the radiologist has become a crucial part of the first-line team of physicians treating these patients.

The article describes the steps involved in imaging victims of terror attacks, including conventional radiography, focused abdominal sonography in trauma (FAST), CT, and angiography, with the judicious use of supplemental imaging.

The article also includes “Essentials” or highlighted points to help busy readers recognize important information at a glance.

Staging and Current Treatment of Hepatocellular Carcinoma

Early-stage hepatocellular carcinoma (HCC) is typically clinically silent and is often advanced at first manifestation. Without treatment, the five-year survival rate is less than five percent.

While many factors must be considered before treatment is selected, a multidisciplinary approach that includes surgery, systemic therapy and radiation therapy may offer the best chance of a cure or at least a longer and more normal life.

In an article in the special October monograph issue of RadioGraphics (RSNA.org/radiographics) that highlights vascular and interventional radiology, Hollins P. Clark, M.D., and colleagues from the Wake Forest University School of Medicine in Winston-Salem, N.C., describe an algorithm for the management of HCC, with emphasis on surgical resection, hepatic transplantation, radiofrequency ablation, transarterial chemoembolization, selective internal radiation therapy and systemic chemotherapy.

The approach is based on the cooperation of radiation oncologists, interventional and diagnostic radiologists, hepatologists and pathologists.

The article describes how to:

- Identify the anatomic and clinical parameters that influence the treatment options and prognosis for patients with HCC.
- Discuss the evolving role of image-guided therapies in the treatment of HCC.
- Describe the limitations of traditional surgical and medical management of HCC.

Pretreatment assessment of HCC in a 57-year-old man with Child-Pugh class B cirrhosis. (a, b) Axial contrast-enhanced CT images show a heterogeneously enhancing, infiltrative, multifocal HCC and tumor thrombus in the main portal vein (arrow in b).

(RadioGraphics 2005;25:3-23) © RSNA, 2005. All rights reserved. Printed with permission.
Benign versus Malignant Breast Masses: Optical Differentiation using US to Guide Optical Imaging Reconstruction

Optical tomography with ultrasound localization can non-invasively differentiate between benign and malignant breast lesions.

Quing Zhu, Ph.D., from the University of Connecticut in Storrs, and colleagues prospectively investigated 81 breast lesions in 65 female patients. The patients, who underwent ultrasound-guided biopsy, were scanned with an ultrasound system combined with a near-infrared (NIR) imager that provided functional images of tumor angiogenesis and tumor hypoxia.

The researchers found eight invasive carcinomas and 73 benign lesions. Both maximum and average total hemoglobin levels were statistically significantly higher in the malignant group than in the benign group.

“We believe our technique of using optical tomography with ultrasound localization has demonstrated a great potential for non-invasively distinguishing malignant and benign masses and therefore a potential role for reducing benign biopsies,” the researchers wrote.
Working For You

Exploring Your Future in Radiology
For the fourth year, RSNA will sponsor the Exploring Your Future in Radiology career day program for Chicago Public High School students at the RSNA annual meeting. 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.

About 40 Chicago Public High School students participate annually. This year’s program will be held on Thursday, December 1.

Accounting Department

THE RSNA Accounting Department works quietly behind the scenes to help keep RSNA and the RSNA Research & Education Foundation fiscally responsible.

Under the direction of Comptroller Sally Nikkel, the 10-member department is involved in every aspect of the Society’s day-to-day activities.

Accounting is the financial nervous system of RSNA. The department provides accurate financial statements and financial reports, oversees the annual budget process and develops long-range financial forecasts.

Even the smallest transaction that originates in any RSNA department will be analyzed and documented by the Accounting Department. It all integrates into the big financial picture of the Society.

The Accounting Department reports to RSNA Assistant Executive Director Mark Watson, C.P.A.

Welcome New Attendees
First-time attendees of the RSNA annual meeting will receive a Welcome New Attendees kit. It contains a variety of literature designed to make RSNA 2005 a more user-friendly experience, such as a list of frequently asked questions and answers, information about important educational components of the meeting, a Pocket Guide, an RSNA membership application and maps of Chicago and McCormick Place.

If you have a colleague who would like to become an RSNA member, you can download an application at RSNA.org/mbrapp or contact the RSNA Membership and Subscription Department at (1-877) RSNA-MEM (776-2636) (U.S. and Canada), (1-630) 571-7873 or membership@rsna.org.
Product News

**FDA APPROVAL**
Advanced Imaging Mobile C-Arm System

The U.S. Food and Drug Administration has granted 510(k) clearance to Siemens Medical Solutions (www.usa.siemens.com) for ARCADIS Avantic, a new mobile C-arm system designed for advanced imaging requirements.

ARCADIS Avantic has several cutting-edge specifications, including 20 kW of power—the strongest in the industry—up to 250 mA output and an industry leading 13-inch image intensifier that results in a generous field of view. In addition, the new design features reduced weight and smaller footprint requirements, a color-coded brake and a compact, swiveling operating panel.

The new system is equipped with a digital imaging chain that generates and manages all image data at a resolution of 1024 x 1024 pixels from acquisition to documentation. Two 18-inch flat monitors display images as well as results in Digital Cine Mode (DCM). Image sequences are acquired and stored at speeds of up to 30 frames per second.

**NEW PRODUCT**
3 MP Color LCD Monitor

Eizo Nanao Technologies Inc. (www.radiforce.com) has released RadiForce® R31, a 3 megapixel LCD monitor for CT, MR imaging, PET and 3D rendering.

Each color is supported with 10-bit color input compatibility, providing a crisp image for 3D color rendering and fusion images.

All RadiForce monitors are DICOM-calibrated. The new R31 comes with EIZO’s image rotation technology, allowing for easy switching between landscape or portrait modes, and various calibration mode settings.

**NEW PRODUCT**
Software Allows Integration of CT Simulation Tools

New AcQSim3 software from Philips Medical Systems (www.medical.philips.com) enables the integration of leading CT simulation tools into the Pinnacle3® radiation oncology system from Philips.

AcQSim3 is the only commercial, full CT simulation system on the market with absolute marking for simplified radiation therapy planning.

AcQSim3 can be configured as a CT simulation system by itself or as a complete simulation and external beam planning system, including 3D planning and intensity-modulated radiation therapy, as well as optional Syntegra™ image registration.

**NEW PRODUCT**
Expanded Non-Contrast MR Angiography

Toshiba America Medical Systems, Inc. (www.medical.toshiba.com) is offering Contrast Improved Angiography (CIA), providing better visualization of smaller vessels with greater contrast and better separation of arterial and venous blood flow using MR.

Incorporating flow-adjusted technology, CIA provides detailed images without the need for costly contrast material and enables radiologists to perform reproducible noninvasive MR angiography.

CIA is available on Toshiba’s Excelart Vantage™ MR system, which incorporates high-performance imaging capabilities into a patient-focused design with dramatically reduced scan noise.

Information for Product News came from the manufacturers. Inclusion in this publication should not be construed as a product endorsement by RSNA. To submit product news, send your information and a non-returnable color photo to RSNA News, 820 Jorie Blvd., Oak Brook, IL 60523 or by e-mail to rsnanews@rsna.org. Information may be edited for purposes of clarity and space.
News about RSNA 2005

Final Advance Registration
November 11, 2005, is the final advance registration deadline for RSNA 2005. North Americans who register in advance will have their registration materials mailed to them prior to the meeting. International attendees whose registration forms are received by October 28, 2005, will have their registration materials mailed to them. If registered after October 28, international documents will be available for pick-up onsite at Professional Registration in the Lakeside Center, Level 2, Hall E, Desk A.

Register in Advance
There are four ways to advance register for RSNA 2005:

1. Internet
Go to rsna2005.rsna.org. Use your member ID# from the RSNA News label or meeting flyer sent to you. If you have questions, send an e-mail to rsna@itsmeetings.com.

2. Fax
(24 hours)
(1-800) 521-6017
(1-847) 940-2386

3. Telephone
(Monday – Friday, 8:00 a.m. – 5:00 p.m. CT)
(1-800) 650-7018
(1-847) 940-2155

4. Mail
ITS/RSNA 2004
108 Wilmot Rd., Ste 400
Deerfield, IL 60015-5124
USA

Register Onsite
Those who register in advance can wear their badge at McCormick Place and proceed into the exhibit halls and classrooms. Those who need to register onsite should proceed to Professional Registration in the Lakeside Center, Level 2, Hall E.

Hours of Operation
Saturday (November 26) 12:00 p.m. – 6:00 p.m.
Sunday – Monday (November 27–28) 7:00 a.m. – 6:00 p.m.
Tuesday – Thursday (November 29–December 1) 7:00 a.m. – 5:00 p.m.
Friday (December 2) 7:30 a.m. – 12:00 p.m.*

* located in the Lakeside Center – Level 3, Ballroom, Help Center

Housing Deadline
The deadline for housing reservations and changes through RSNA is November 7, 2005. After that date, you can contact the hotel directly. For more specific information, go to rsna2005.rsna.org and click on Registration, Housing & Courses in the left-hand column.

Registration Fees
Registration fees are $100 higher onsite for most registration categories.

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For more information about registration at RSNA 2005, visit rsna2005.rsna.org, e-mail reginfo@rsna.org, or call (1-800) 381-6660 x7862.

INSTANT CONFIRMATION!
Navigating RSNA 2005

To make the most of the annual meeting, you should be familiar with some of the publications, procedures and features of RSNA 2005.

Name Badge
You must wear your name badge at McCormick Place to attend RSNA courses or events or to enter the exhibit halls. The bar code on the name badge will be scanned upon entry and exit of the exhibit halls. Data accumulated from the scanning process will be used only by RSNA to determine exhibit hall activity.

ExpoCard™
ExpoCard™ is an electronically personalized business card attendees can use at the technical exhibition to request exhibitor information. The card is encoded with the holder’s name, institution, address, e-mail address, phone/fax numbers and radiologic specialty. Attendees who prefer that exhibitors contact them at a different address than the one used during advance registration should provide the alternate information directly to the exhibitor at the point of contact. They may also visit either Help Center at McCormick Place to change the registration and ExpoCard detail.

Pocket Guide
The RSNA 2005 Pocket Guide is an important, easy-to-use reference guide for the annual meeting. It includes two main sections:

- Overview of the RSNA Scientific Assembly and Annual Meeting
  - Complete A-Z listing of everything available to attendees
  - Room assignments for the scientific sessions, refresher courses and plenary sessions
  - Floor plans of each building and each floor of McCormick Place

- Traveling to and from McCormick Place
  - Shuttle bus schedules, routes and boarding locations
  - Taxi fees, loading and unloading areas
  - Airport transportation service with times, cost and boarding information
  - Complete Metra Train System schedule outlining station locations, times and drop-off destinations
  - Parking lot locations, hours and fees

  Transportation information is also available online at rsna2005.rsna.org. Click on Transportation in the left-hand column.

RSNA Meeting Program
One complimentary copy of the RSNA Meeting Program is available with the presentation of a blue, red or green badge ticket stub at Registration or one of the Help Centers. Additional copies of the RSNA Meeting Program will be available to RSNA members at Education Center Stores for $10 each. New copies are available for $45 each to holders of badges of colors other than blue, red or green.

The RSNA Meeting Program is also available at rsna2005.rsna.org. The online version makes it quick and easy to search and customize your schedule at RSNA 2005. The program will be available online in early October and will remain online after the meeting.

Daily Bulletin
The Daily Bulletin is the official newspaper of the RSNA annual meeting. It features overnight news from the meeting and new products and services from some of the technical exhibitors. The newspaper can be found in bins throughout McCormick Place. The overnight news section will also be available online at RSNA.org/bulletin.

The Meeting Guide includes floor maps of McCormick Place, various program schedules and transportation schedules, and a comprehensive listing of the technical exhibitors, along with company contact information and booth number. The Meeting Guide will be available in bins adjacent to the Daily Bulletin.
Transportation
RSNA offers **shuttle bus service** to and from McCormick Place. A dedicated bus lane makes the trip quick and easy, even during rush hours. Routes servicing 35 hotels in the RSNA block use the dedicated lane.

A free **Metra Train System** pass will be included with the annual meeting registration materials. Metra trains run from two downtown Chicago stations (Randolph Street and Van Buren Street) to the McCormick Place Station. The trip is approximately seven minutes.

For more information about shuttle bus service and Metra, including the arrival and departure schedules, go to rsna.org and click on Transportation in the left-hand column.

One-Day Badge
A one-day badge is available to view the technical exhibits area only. The badge can be purchased onsite on the day of use for $300 at Exhibitor Registration. Attendance for more than one day requires a full conference purchase at Professional Registration, Lakeside Center, Hall E, Level 2.

International Information
The following services are available at RSNA 2005 to assist international attendees:

- **Certificate of Attendance** – Attendees can use the computers in the Internet access points to print a personalized certificate of attendance.
- **Foreign Currency Exchange Services** – Exchange foreign currency, cash foreign or U.S. denominated traveler’s checks or purchase phone cards at the Business Center located on the Grand Concourse – Level 2.5.
- **Interpretation Services** – International attendees will be assisted at the Help Centers and at Professional Registration with their conference questions in the following languages: Chinese, French, German, Italian, Japanese, Korean and Spanish.
- **ESA Voyages** will be available at the Help Center (Grand Concourse, Level 3) and at Professional Registration (Desk A, Lakeside Center, Level 2, Hall E) to assist with questions.

**Important Dates for RSNA 2005**

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<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>Oct. 28</td>
<td>International deadline to have full-conference badge and tickets mailed in advance</td>
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<td>Nov. 7</td>
<td>Final housing reservation deadline</td>
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<td>Nov. 11</td>
<td>Advance registration deadline</td>
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<tr>
<td>Nov. 27—Dec. 2</td>
<td>RSNA 91st Scientific Assembly and Annual Meeting</td>
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For more information about registration at RSNA 2005, visit rsna2005.rsna.org, e-mail reginfo@rsna.org or call (1-800) 381-6660 x7862.
RSNA 2005 Exhibitor News

View the Online Technical Exhibition Floor Plan

An interactive technical exhibition floor plan for RSNA 2005 is available online. Go to rsna2005.rsna.org, click on 2005 Technical Exhibition in the right-hand section and then click on Floor Plan in the center gray box. You’ll see a footprint of the three McCormick Place buildings.

In addition to the RSNA services area in the Lakeside Center, the Society will have booth 1100 in the South Building. To find it, click on South Building, then drag the mouse over the various sections until you find section 1 (top left corner), click on it and then click on booth 1100. You’ll see contact information and a description of the RSNA services that will be available in the booth.

Submission Deadline for New Products

All exhibitors can take advantage of a free promotional outlet for the new products and services they will be offering at RSNA 2005. The RSNA Daily Bulletin features a daily New Products and Services section.

The deadline to submit materials for the section is 4:00 p.m. Central Time on October 12, 2005. Submissions received after that time will be considered on a space-available basis. For specific details and submission requirements, see the Technical Exhibitor Service Kit at RSNA.org/rsna/te/servicekit/service-kit.htm.

For up-to-date information about technical exhibits, go to rsna2005.rsna.org.

Important Exhibitor Dates for RSNA 2005

Oct. 12  RSNA.net early bird deadline
          New Products submission deadline
Oct. 14  Exhibitor Appointed Contractor Request Form deadline
Oct. 21  Attendee mailing list request deadline
Oct. 28  Exhibitor booth giveaways approval deadline
          Raffle notification form deadline
          Exhibitor badge order deadline
Nov. 4   Housing changes and cancellations deadline
          Exhibitor individual housing deadline
          Function space requests deadline
Nov. 11  Technical exhibit space assignments close
Nov. 27–  RSNA 91st Scientific
          Dec. 2  Assembly and Annual Meeting

Final Exhibitor Mailing

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

Exhibit Space Summary

As of September 2, the technical exhibition at RSNA 2005 will encompass 477,730 square feet with 656 companies registered to exhibit, including 98 first-time companies.
Searching RSNA’s Peer-Reviewed Journals

Radiology Online and RadioGraphics Online offer a literature search tool that even “techno-phobes” find easy to use.

Go to RSNA.org/radiologyjnl. In the lower left-hand column, there is a box called Quick Search. Type in a key word or phrase, such as “colonography,” and click Go. All of the articles in Radiology and RadioGraphics that include the word “colonography” in the title, abstract or text from 1999 to the present will be listed. Clicking on Abstract will allow you to see the abstract for the article.

You can also use the Quick Search box to search by author and/or year.

Demonstration at RSNA 2005

A course will be offered at RSNA 2005 that will help participants perform online literature searches. “Literature Searching Made Easy through the RSNA Web Site: Hands-on Workshop” will be conducted twice, on Monday and on Wednesday, in the infoRAD area. To register for this course, go to rsna2005.rsna.org and click on Register Now!

OTHER WEB NEWS:

Online Pediatric Radiology Curriculum

The Cleveland Clinic is offering a comprehensive online curriculum, pediatricradiology.clevelandclinic.org, that covers core concepts in pediatric radiology. The curriculum includes 80 interactive learning modules authored by 75 national and international experts in pediatric radiology.

Originally designed for radiology residents rotating through pediatric radiology, the site now serves as a reference text by pediatric residents and practicing radiologists from around the world.
Chicago Restaurants Dish Up Something for Everyone at RSNA 2005

After a full day of attending scientific presentations and viewing the massive technical exhibition at RSNA 2005, meeting attendees and their families can get a taste of Chicago through its wide selection of restaurants. Additional information about Chicago and its many interesting tourist attractions is available from the Chicago Convention and Tourism Bureau Web site at www.meetingchicago.rsna.

An expanded list of restaurants is available online at rsnanews.org.

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

AMBRIA
2300 N. Lincoln Park West; (773) 472-5959
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. Very Expensive

ARIA
200 W. Columbus Dr.; (312) 444-9494
The Fairmont Hotel has made its move into hotel fine dining with Aria, 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. Expensive

AVEC
615 W. Randolph St.; (312) 377-2002
Popular enough to enforce a no-reservation policy, AVEC packs diners into banquettes made of cedar. For those who wish to experiment with the wine list, many interesting vintages are available by the glass or small carafe. Rustic cheeses and in-house made sausages are specialties. Big meat dishes like pork shoulder and fish stew share the menu with tapas-sized dishes like fried sardines with ham and dates stuffed with chorizo and wrapped with bacon. Expensive

AVENUES
108 E. Superior; (312) 573-6754
An elegant, leather-accented restaurant with a view of Chicago's famous Water Tower. This 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

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. Moderate

THE BERGHOFF
17 W. Adams; (312) 427-3170
A deeply authentic German restauran, The Berghoff is a don't-miss Chicago lunch spot. Owned by the Berghoff family, this restaurant has stayed close to its roots, serving veal and creamed spinach. The Berghoff offers a true slice of authentic Chicago German heritage and is considered a Chicago icon. Inexpensive

BICE RESTAURANT
158 E. Ontario St.; (312) 664-1474
The Chicago sister of the well-known Manhattan Bice, home of the power lunch, is also a see-and-be-seen restaurant one block east of Michigan Ave. The art deco rooms are painted in warm Tuscan ochers, golds and oranges. Wonderful pastas compete with seafood and game in contemporary Italian presentations. Expensive

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

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

BLUE WATER GRILL
520 N. Dearborn St.; (312) 777-1400
Steps from Michigan Ave., this Manhattan transplant is all about fish with the occasional beef offerings for the carnivores. Complete with a raw bar the shellfish platters, sushi rolls, and creative seafood entries are this tasteful New York style eatery’s mainstay. An impressive wine list and sassy desserts round out the experience. Expensive

BOKA
1729 N. Halsted St.; (312) 337-6070
BOKA offers an American menu under a unique fabric stretched ceiling that is more art than interior décor. The theme here is seafood. Start with the seared Maine scallops with cauliflower puree, or tartar of Atlantic salmon. If you are an oyster fan, the raw bar makes an excellent choice for appetizers. Main courses include traditional steak, chicken and lamb, but back to the seafood: the pan-seared salmoner is outstanding. Expensive

BRASSERIE JO
59 W. Hubbard St.; (312) 595-0800
Authentic French in every way, Brasserie Jo serves patrons wonderful French brasserie favorites such as steak frites, endive and blue cheese salad, escargot, steak bénarnaise 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 guests at their table. 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 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. Inexpensive

CAFÉ NORDSTROM
520 N. Michigan; (312) 464-1515
The Chicago sister of the well-known Seattle 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. Moderate

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 is a popular choice. 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. Located in the Wyndham Chicago Hotel, one block off Michigan Ave., 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 Ave., the Capital Grille offers the best of steak house experiences. Ensoanced in the dark wood and leather interior, complete with oil paintings, waiters dressed in white aprons offer robust wines, oversize steaks and side orders as large as entrees. This is a restaurant for a hearty appetite. Expensive

CHARLIE TROTTER'S
816 W. Armitage; (773) 248-6288
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

CHEZ JOEL
1119 W. Taylor; (312) 226-6479
This pretty French bistro is blossoming in the middle of Little Italy. Moderate
CHICAGO CHOP HOUSE
60 W. Ontario; (312) 787-7100
The 1,400 photos displayed throughout the three-level restaurant feature musicians, meat purveyors, city fathers, gangsters and every Chicago mayor. The first level is available to cigar, pipe and cigarette smokers; the second floor main dining room is cigarettos-only; the third-floor “Skybox” is nonsmoking. A pianist performs in the main dining room every evening.

EXPENSIVE

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

CHINA GRILL
230 N. Michigan Ave.; (312) 345-1000
A haven for trendy city-hoppers, the new Hard Rock Hotel gave new life to the neglected Carbide and Carbon Building, which actually looks like it was built out of carbon and carbide. Stop by for a drink at Hard Rock’s Base bar or dinner at the China Grill, an Asian-influenced restaurant. The dramatic room is almost overpowered by the impressive menu. Expense

CHOCOLATE BAR AT THE PENINSULA HOTEL
108 E. Superior St.; (312) 337-2888
Heaven on Earth for some and certainly not an experience to be duplicated; the Peninsula hotel offers a magnificent $20 chocolate buffet on Friday and Saturday evenings. Best of all, it is an all-you-can-eat buffet; an absolutely perfect way to end the evening after dinner downtown.

Moderate

CITÉ
505 N. Lake Shore Dr.; (312) 644-0450
For those who want to experience the sophisticated side of Chicago, Cité is a can’t-miss choice situated on the rooftop of Lake Point Tower, with one of the best views in Chicago. Cité offers French/Italian fare and is one of the few Chicago establishments to require jackets in both restaurant and bar. The waiters wear tuxedos, the food is first-class and the elegant experience is unforgettable.

Very Expensive

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

Expensive

CONNIE’S PIZZA
151 E. Wacker; (312) 565-3661
2373 S. Archer Ave.; (312) 226-3443
With a new location in downtown Chicago, this Windy City favorite serves serious pizza. Inexpensive

DECERO
814 W. Randolph St.; (312) 455-8114
This lively new addition to the Randolph St. restaurant row offers regional Mexican specialties in a memorable setting. Some diners like the stylized Roadhouse décor, while other find it somewhat gimmicky. The selection of creative tacos featuring braised duck and sautéed salmon is an excellent choice for sharing.

Moderate

D’VINE RESTAURANT & WINE BAR
1950 W. North; (773) 235-5700
Sleek wine bar serves a fusion of French, Asian and Mediterranean influenced dishes.

Expensive

EMPEROR’S CHOICE
2288 S. Wentworth; (312) 225-8800
This bustling second floor Chinatown favorite offers more than 150 entrees with an emphasis on seafood. Lobster, served seven ways, is highly recommended, as is anything in black bean sauce. Ambitious dishes such as ostrich can be found on the village specials. The only thing lacking is ambiance. Chinatown is a 10-minute taxi ride from downtown or McCormick Place.

Inexpensive

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
Fogo de Chão is a Brazilian “churras- caria”—all-you-can-eat meat carved tableside. Waiters dressed as gauchos carry long skewers of chicken, filet mignon, leg of lamb, pork loin, pork ribs, rump steak and sausages from table to table. Brazilian beef has a much grainier texture and more pronounced flavor than American beef. The fixed-price dinner also includes a 30-item salad bar, which can be ordered as a meal.

Expensive

FOLLIA
953 W. Fulton Ave.; (312) 243-2888
Food and fashion unite at this charming Italian restaurant in the market district. Chef owner Bruno Abate serves unpretentious timeless Italian risottos, pastas and entrees with everything cooked to order. Follia’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
Mexican food is taken to a new level in this festive restaurant five blocks from Michigan Ave. Moderate

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

Expensive

GINO’S EAST OF CHICAGO
633 N. Wells; (312) 943-1124
Considered one of the top pizzerias in the nation, Gino’s East provides the most authentic Chicago-pizza dining experience available. 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.

Expensive

GIRO
1312 S. Wabash Ave.; (312) 939-3870
Giro serves a big-portions contemporary Italian feast in a prohibition-era speakeasy. The simple menu is in line with a trattoria, offering tortellini, beef and octopus carpaccios, pizza, veal scaloppini, rabbit, mussels, and seafood. Conveniently close to McCormick Place and downtown hotels.

Moderate

GRILLROOM CHOPHOUSE AND WINE BAR
33 W. Monroe; (312) 960-0000
Wet-aged Certified Angus Beef is the specialty at this Loop/Theater District steakhouse. A variety of non-beef selections including pasta, lamb and seafood are also available. The location and the flexibility of the service make this restaurant a good choice for a pre-theater dinner or drink. The Grillroom offers an amazing selection of 40 wines by the glass.

Expensive

THE GRILL ON THE ALLEY
909 N. Michigan; (312) 255-9099
The Westin Hotel’s rendition of the famous Beverly Hills Grill on the Alley serves large steaks, prime rib and seafood in a clubby leather-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 professional service. A pianist plays nightly in the large lounge.

Very Expensive

GREEN ZEBRA
1460 W. Chicago Ave.; (312) 243-7100
Vegetarians rarely have much choice when it comes to fine dining—their selections are usually an afterthought. Green Zebra has turned the tables, offering upscale vegetarian dishes in a fine dining setting. For the non-vegetarians, chicken and fish are often on the menu.

Expensive

HACKNEY’S PRINTERS ROW
733 S. Dearborn; (312) 461-1116
This local pub is located in one of the oldest buildings in the south Loop Printers Row neighborhood. The location and neighborhood are as famous and historic as the Hackneyburger. Try the popular deep-fried onion loaf with one of Hackney’s many imported tap beers, which include Harp, Bass, Stiegl Pils and Tucher Hefe Weiss.

Inexpensive

HEAT
1307 N. Sedgwick; (312) 397-9818
The ultimate in fresh sushi and sashimi cut to order, sometimes from live fish swimming in the three salt-water tanks.

Expensive

HEAVEN ON SEVEN ON RUSH
600 N. Michigan; (312) 260-7774
Spicy Cajun and Creole dishes are served in an equally stimulating room steps from Michigan Ave., 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

HOUSE OF BLUES
329 N. Dearborn St.; (312) 923-2000
Folk art meets European theater design in Chicago’s spectacular House of Blues. The House of Blues is all about entertainment, including the House of Blues restaurant, which hosts a blues stage seven nights a week. However, the outsider art is entertainment in itself. The Cajun food offers a great selection and is a perfect fit with the décor—hot and spicy. Make advance reservations for the unforgettable Sunday Gospel Brunch.

Expensive

JAPANIS
600 W. Chicago Ave.; (312) 822-9600
One of Chicago’s hottest new restaurants, Japanis combines international and chic in its huge, elegant dark wood/red brick interior in a converted industrial building, completing the transformation from warehouse to restaurant with gold curtains and a waterfall. Japanis offers traditional Japanese sushi, Kobe beef carpaccio, smoked duck, chestnut-encrusted chicken stuffed with shiitake rice and, to finish, the Tokyo Tower—a huge helping of ice cream, sorbets and cookies.

Expensive

JOE’S SEAFOOD, PRIME STEAK AND STONE CRAB
60 E. Grand; (312) 379-5300
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

JP CHICAGO
901 W. Weed St.; (312) 337-2001
An American café, JP’s serves Prince Edward Island mussels, lamb chops and chocolate cake, among other favorites. However, the room is more...
MEETING WATCH  RESTAURANT GUIDE

Continued from previous page

European than American with vaulted skylights and a sophisticated mahogany bar. JP is tucked away in Old Town on the section of Weed St. that is blooming with nightlife. Plan on a 15-minute taxi ride from downtown.

KEVIN
9 W. Hubbard; (312) 956-0055
Kevin delivers an excellent fusion of Asian and French cuisine in a marvelous interior space. Asian influences distinguish the contemporary dining room. Shoji screens, brick walls and hardwood floors blend as beautifully as the cuisine. Located behind Nordstrom, approximately four blocks west of Michigan Ave.

Expensive

LE COLONIAL
937 N. Rush; (312) 255-0888
Located in the heart of Chicago’s Rush St. nightlife district, this French-Vietnamese masterpiece features a look back in time to colonial Vietnam. Sugar cane wrapped shrimp, sea bass and filet mignon are all like a hand in a glove. LE Lan offers a casual but well-thought-out space decorated in the traditional colors of Vietnamese—browns, greens and black. Vietnamese spring rolls, foie gras flan, smoked crab, crispy-skinned duck, Vietnamese sea bass and poached lobster are some of the dishes offered in this two-story, intimate building. Moderate

LES NOMADES
222 E. Ontario; (312) 649-9010
This restaurant involves thoughts of Vietnam, when the French colonists brought their cuisine with them and discovered that French fare complements the Asian flavors of Vietnam like a hand in a glove. LE Lan offers a casual but well-thought-out space decorated in the traditional colors of Vietnamese—browns, greens and black. Vietnamese spring rolls, foie gras flan, smoked crab, crispy-skinned duck, Vietnamese sea bass and poached lobster are some of the dishes offered in this two-story, intimate building. Moderate

LINCOLN PARK

MARCHÉ
833 W. Randolph; (312) 226-8399
Over-the-top décor makes this French restaurant a popular “see and been” spot. Be prepared for loud, techno music. 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. Moderate/Expensive

MEZZITOS LATIN BISTRO & WINE BAR
710 N. Wells St.; (312) 274-9500
This new, trendy and convenient River North restaurant with its 100-foot-long bar is of dual cultural heritage—Spanish and Mexican—with a focus on tapas, which are small “tasting plates” brought out when ready, making for an unstructured but interesting experience. Try starting with the Spanish tapas, then move to the Mexican appetizers such as stuffed jalapenos and finish with a Mexican entrée such as carne asada. The wine list features Spanish and Latin American selections. Moderate

MORTON’S, THE STEAKHOUSE
1030 N. State; (312) 266-4820
This King of steakhouses is famous for its steak and lobster. Located in the center of Chicago’s nightlife area. Expensive

MK, THE RESTAURANT
866 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 mate building. Delicious

MOTO
945 W. Fulton Market Ave.; (312) 491-0058
Absolutely unique. Chef Homaro Cantu has created a restaurant with an off-the-scale creativity quotient. Tasting menus of seven or 10 courses are offered. Each course is very small, so it is best to opt for the 10-course menu. Moto leans toward raw food, which, by chef Cantu’s definition, is food that never sees temperatures above 108 degrees. Each course is presented with some inventive twist. Very Expensive

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

NICK’S FISHERMARKET
51 S. Clark St.; (312) 621-0200
This Loop favorite has fish reductions and Asian accents to complement the exceptional seafood and fish. The service is outstanding. Moderate

NINE
440 W. Randolph St.; (312) 575-9900
This steak and seafood restaurant has one of the most interesting and remarked-upon décors in Chicago. Prepare for a visual experience highlighted by the free use of stainless steel, mirrors and expensive wood. No expense was spared; even those that require a champagne and caviar bar serving beluga by the ounce will feel at home. The upstairs Ghost bar serves a must-try specialty martini. Nine is a good place to watch for celebrities and professional athletes. Expensive

NOMI
800 N. Michigan; (312) 239-4909
The most noteworthy design element in this minimalist French restaurant is the phenomenal view of North Michigan Ave. and Lake Michigan. Very Expensive

ONE SIXTYBLUE
160 N. Loomis; (312) 850-3033
Sophisticated contemporary cuisine served to a sophisticated clientele in a setting to match. Expensive

OPERA
1201 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-spike 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. Expensive

OSTERIA VIA STATO
620 N. State St.; (312) 642-8450
Convenient for the downtown hotel guest, this Italian masterpiece creates the feel of dining in Italy with waiters swooping in with course after course, each offering more interesting than the one before. Guests select a main course from a chalkboard menu and let the kitchen decide the rest. Seconds are available on everything but entrées. Expensive

THE PALM
323 E. Wacker; (312) 616-1000
Mammoth prime steaks, lobsters and drinks grace the tables at this popular steakhouse. 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. Expensive

PARK GRILL
11 N. Michigan Ave.; (312) 521-7275
Chicago’s answer to New York’s Tavern on the Green, the Park Grill is located in the heart of Chicago’s magnificent Millennium Park. Floor-to-ceiling windows allow diners a great view of the ice skaters and Michigan Ave. The menu is American and unpretentious, featuring a double-cut pork chop with port sauce and bone-in rib eye. Expensive

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

PETTERINO’S
150 N. Dearborn; (312) 422-0150
Located in the southeast corner of the new Goodman Theatre building, Petterino’s specializes in quality pre-theater steak, 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, recognizable 1940s Loop-style restaurant. Expensive

PIZZERIA UNO AND PIZZERIA DOPPEL
Pizzeria Uno: 619 N. Wabash Ave.; (312) 943-2400
Pizzeria Uno: 29 E. Ohio St.; (312) 321-1000
Sixty years of Chicago pizza experience culminates at this 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. Chicagoans and tourists 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. Inexpensive

RHYTHM
65 E. Adams; (312) 786-9911
This beautiful restaurant is conveniently tucked inside Symphony Center with an outside entrance on Adams St. 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, Rhythm’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

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

ROOM 22
22 E. Hubbard St.; (312) 527-4900
Just steps off Michigan Ave., the shiny walnut floors and beautiful granite tables of Room 22 appeal to city dwellers and hotel guests alike. The elegant granite and teak bar,
velvet seats and custom LED lighting also are 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 Hotel. Expensive

ROY’S CHICAGO

720 N. State; (312) 787-7599

Hawaiian fusion cuisine, which combines French and Asian cooking techniques, includes hibachi-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 caipirinha or a chocolateada. Expensive

RUSSIAN TEA TIME

77 E. Adams; (312) 360-0000

Not just a tea house as the name suggests, Russian Tea Time is a full-service restaurant run by natives of the former Soviet Republic of Uzbekistan. Expensive

SAL & CARVAO

739 N. Clark St.; (312) 932-1100

Another Brazilian steak house comes to Chicago. This popular River North destination offers a fixed-price meat-on-a-stick smorgasbord. Waiters dressed in Brazilian gaucho attire walk the room with skewers of roasted meats—filet mignon, lamb, beef ribs—to slice and serve tableside after your feast at one of Chicago’s largest salad bars. Moderate

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. A variety of tasting menus complete with wine selections accompany the a la carte menu. Seasons is known for light, healthy fare. Very Expensive

SHAW’S CRAB HOUSE

21 E. Hubbard; (312) 327-2722

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

SMITH & WOLLENSKY

318 N. State; (312) 670-9900

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

SPIAGGIA

980 N. Michigan; (312) 280-2750

Sophisticated Italian creations are appropriate for this breathtaking room, filled with those desiring to see and be seen. This is an extremely popular destination with white tablecloths, large windows and first-class service. Very Expensive

SPRING

2039 W. North; (773) 395-7100

The Zen style of this converted Turkish bathhouse is well matched by the kitchen’s harmony. The seafood-dominated menu is influenced by Indian and Asian cuisine. Spring is in the trendy Wicker Park neighborhood, a 15-minute cab ride from downtown. Expensive

THYMIE CAFE

1540 N. Milwaukee Ave.; (773) 227-1400

The little sister of River West’s Thyme is deserving of her own acclaim. A contemporary American cafe serving artisanal fritters in bearnaise sauce and artisanal steak along with ingenious desserts might be worth the 15-minute cab ride from downtown. Moderate

TRATTORIA NO. 10

10 N. Dearborn; (312) 984-1718

This subterranean fixture in the Loop has it all. The dark, quiet dining room is divided into intimate spaces by pillars and Italian-style archways. Pin lights add drama to the colorful room. Chicagoans visit Trattoria No. 10 for the amazing pastas, risottos and ravioli dishes. However, meat and seafood lovers will also be pleased. Expensive

TRU

676 N. State; (312) 202-0001

Considered one of the top restaurants in the city, the flashy, contemporary dishes are juxtaposed against the stunning white dining room. This exciting, trendy experience is one block off Michigan Ave. Very Expensive

TUSCANY

1014 W. Taylor; (312) 829-1990

Fashionable Northern Italian restaurant suitably situated on Taylor St. Expensive

VERMILION

10 W. Hubbard St.; (312) 327-4060

Vieing far from the traditional path, Vermilion presents a Latin-Indian fusion menu that, however unusual in combination, surprisingly works well in most cases. Vermilion takes its name from the traditional color of Indian femininity, and the Latin influence is easily seen in the tapas-style menu, where patrons order many small dishes to share, such as roasted baby eggplants or fried plantain dumplings, yucca fries and various curries. Be forewarned, small means small; servings are not large. Expensive

VINO

644 N. Lake Shore Dr.; (312) 253-4460

This Mediterranean restaurant specializing in seafood is appropriately situated on Lake Shore Drive. Sleek lines and vibrant colors contribute to Wave’s ultimate chicness. Expensive

VIVO

838 W. Randolph; (312) 733-3379

This chic restaurant offers creative Italian fare. Expensive

ZEALOUS

419 W. Superior; (312) 475-9112

This warm eggplant and olive room has 18-foot ceilings, texturized walls and a two-story glassed-in wine tower that can hold 6,000 wine bottles. Zealous’ kitchen brilliantly combines different foods, textures and flavors. The multiple-course degustation menus are highly recommended. Expensive
**Medical Meetings**

**November – April 2006**

**OCTOBER 30–NOVEMBER 3**
Federation of European Cancer Societies, European Cancer Conference (ECCO 13), Palais des Congrès, Paris • [www.fecs.be](http://www.fecs.be)

**NOVEMBER 4–9**
Association of American Medical Colleges (AAMC), Annual Meeting, Marriott Wardman Park and Omni Shoreham Hotels, Washington, D.C. • [www.aamc.org](http://www.aamc.org)

**NOVEMBER 6–8**
Musculoskeletal Ultrasound Society (MUSOC), 15th Annual International Conference, Rosen Plaza, Orlando • [www.musoc.com](http://www.musoc.com)

**NOVEMBER 12–14**
Colégio Brasileiro de Radiologia, 34th Congresso, Meliá, Brazil • cbr.org.br

**NOVEMBER 26**
Protecting Assets From Creditor Claims, Including Malpractice Claims, RSNA Education Center, McCormick Place, Chicago • [RSNA.org/education](http://RSNA.org/education)

**NOVEMBER 26**
Effective Real Estate Investment Strategies, RSNA Education Center, McCormick Place, Chicago • [RSNA.org/education](http://RSNA.org/education)

**NOVEMBER 27–DECEMBER 2**

**DECEMBER 7–9**
French Society of Radiation Oncology (SFRO), 16th Congress, Palais des Congrès, Paris • [www.sfro.org/english/index.htm](http://www.sfro.org/english/index.htm)

**JANUARY 7–13**
RSNA Clinical Trials Methodology Workshop, J.W. Marriott Desert Ridge Resort, Scottsdale, Ariz. • [RSNA.org/research/educational_courses.cfm](http://RSNA.org/research/educational_courses.cfm)

**JANUARY 19–21**
Radiation Therapy Oncology Group (RTOG), Annual Meeting, Fontainebleau Hilton Resort, Miami Beach • [www.rtog.org](http://www.rtog.org)

**FEBRUARY 1–5**
Sociedad Mexicana de Radiología e Imagen (SMRI), 40th Annual Course of Radiology and Imaging, Sheraton Centro Histórico Hotel, Mexico City • [www.smri.org.mx](http://www.smri.org.mx)

**FEBRUARY 24–25**
4th Biomedical Imaging Research Opportunities Workshop (BIROW 4), Bethesda North Marriott, Bethesda North, Md. • [www.birow.org](http://www.birow.org)

**MARCH 3–7**
European Congress of Radiology, ECR 2006, Austria Center Vienna • [www.ecr.org](http://www.ecr.org)

**MARCH 12–15**
3rd International Conference on Translational Research (ICTR Congress) and Pre-Clinical Strategies in Radio-Oncology, Conference Center - Palazzo Congressi, Lugano, Switzerland • [www.iosi.ch/ictr2006.html](http://www.iosi.ch/ictr2006.html)

**MARCH 19–24**

**MARCH 23–25**
Association for Medical Ultrasound (AIUM), 2006 Annual Convention, Marriott Wardman Park, Washington, D.C. • [www.aium.org](http://www.aium.org)

**MARCH 25–29**
Academy of Molecular Imaging (AMI), 2006 Annual Conference, Graylord Palms Resort & Convention Center, Orlando • [www.ami-imaging.org](http://www.ami-imaging.org)

**MARCH 30–APRIL 4**
Society of Interventional Radiology (SIR), 31st Annual Scientific Meeting, Metro Toronto Convention Center, Ontario, Canada • [www.sirweb.com](http://www.sirweb.com)

**APRIL 5–8**
Association of University Radiologists (AUR), 54th Annual Meeting, Hilton Austin, Texas • [www.aur.org](http://www.aur.org)