

RSNA *News*



MIRC Unveils Electronic Teaching File System

Also Inside:

- AMA Takes Action on Commercialized Medical Screening
- Routine Screening Recommended for AAA
- FDA Announces Goal for Quicker Approval of Medical Devices
- RSNA Grant Leads to Ultrasound Centers Opening in Africa
- Northwestern Radiologist Advises Residents to Find Their Niche

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RSNA *News*

1 People in the News

3 Announcements

Feature Articles

5 AMA Takes Action on Commercialized Medical Screening

7 Routine Screening Recommended for AAA

9 FDA Announces Goal for Quicker Approval of Medical Devices

11 MIRC Unveils Electronic Teaching File System

13 RSNA Grant Leads to Ultrasound Centers Opening in Africa

Funding Radiology's Future

20 Northwestern Radiologist Advises Residents to Find Their Niche

10 Program and Grant Announcements

22 R&E Foundation Donors

19 RSNA: Working for You

24 Radiology in Public Focus

24 Meeting Watch

25 Exhibitor News

26 www.rsna.org

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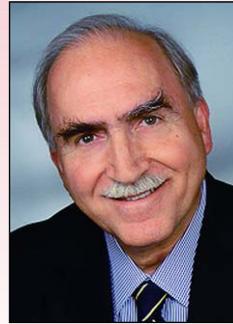
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Swiss Group Honors Gourtsoyiannis, Fritzsche

European Congress of Radiology President **Nicholas C. Gourtsoyiannis, M.D.**, was honored with the 2003 Schinz Medal during the annual meeting of the Swiss Society of Radiology. At the meeting, Dr. Gourtsoyiannis also delivered the H.R. Schinz lecture on "Small Bowel Imaging: Important Lessons from the Past and New Concepts for the Future."

In addition, RSNA President **Peggy J. Fritzsche, M.D.**, provided attendees with information about the benefits of RSNA membership, and was elected a corresponding member.



Nicholas C. Gourtsoyiannis, M.D.



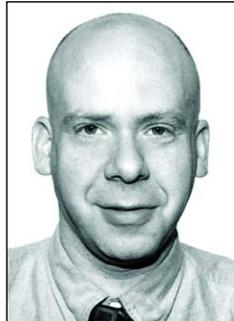
Peggy J. Fritzsche, M.D.

Two New Deputy Editors for Radiology

Douglas S. Katz, M.D., from Mineola, Long Island, N.Y., and **Jane L. Weissman, M.D.**, from Portland, Ore., have been appointed deputy editors for RSNA's peer-reviewed science journal, *Radiology*.

"Our deputy editors provide an invaluable service for the journal," says *Radiology* Editor Anthony V. Proto, M.D. "They advise the editor regarding manuscript decision-making, review revised manuscripts for adequacy of revisions made by the authors and advise the editor on other matters. I am delighted that Drs. Katz and Weissman have accepted the duties of deputy editor and know that they will contribute immensely to the quality of *Radiology*, just as has been the case for Panos P. Fatouros, Ph.D., who has been a deputy editor for our journal since 1998."

Dr. Katz is the director of body computed tomography and vice-chair for clinical research and education in the Department of Radiology at Winthrop-University Hospital, and associate professor of clinical radiology at the State University of New York at Stony Brook School of Medicine. Dr. Weissman is the director of head and neck imaging and a professor in the Departments of Diagnostic Radiology and Otolaryngology at Oregon Health and Science University.



Douglas S. Katz, M.D.



Jane L. Weissman, M.D.

Guglielmi Named RSNA Editorial Fellow

Giuseppe Guglielmi, M.D., of San Giovanni Rotondo, Italy, is the 2003 RSNA Editorial Fellow.

During his one-month fellowship, Dr. Guglielmi will work closely with *Radiology* Editor Anthony V. Proto, M.D., at the *Radiology* office in Richmond, Va., with *RadioGraphics* Editor William W. Olmsted, M.D., at the *RadioGraphics* office in Bethesda, Md., and with the publications, advertising, and marketing and communications staff at RSNA Headquarters in Oak Brook, Ill. Dr. Guglielmi will also work with the RSNA editors at RSNA 2003 in Chicago.

Dr. Guglielmi specializes in bone densitometry and osteoporosis. He is an associate professor of radiology at the Scientific Institute Hospital in San Giovanni Rotondo, Italy. He is also a research associate with the Osteoporosis and Arthritis Research Group in the Department of Radiology at the University of California, San Francisco.



Giuseppe Guglielmi, M.D.

Jaffe Joins CIP

Carl Jaffe, M.D., has joined the Cancer Imaging Program of the National Cancer Institute as chief of the Diagnostic Imaging Branch. He will be responsible for planning and implementing programs to advance research across the entire spectrum of imaging modalities and their clinical application in cancer patients. In particular, he will have administrative responsibility for the American College of Radiology Imaging Network.

Dr. Jaffe had been on the faculty of Yale University School of Medicine since 1976.



Carl Jaffe, M.D.

ASTRO Announces Award Winners



The American Society for Therapeutic Radiology and Oncology has released the names of its 2003 Gold Medalists.

They are **Lester J. Peters, M.D.**, from the Peter MacCallum Cancer Institute in Melbourne, Australia; **J. Frank Wilson, M.D.**, from the Medical College of Wisconsin in Milwaukee; and **Michael Goitein, Ph.D.**, from Harvard Medical School in Boston.

ASTRO has also announced that it will bestow honorary membership on **Fred Eilber, M.D.**, from the School of Medicine at the University of California, Los Angeles, and **LaSalle D. Leffall Jr., M.D.**, from Howard University in Washington, D.C.

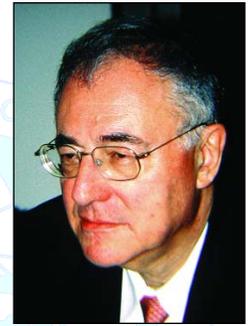
The awards ceremony will be held during the ASTRO annual meeting in Salt Lake City in October.



Lester J. Peters, M.D.



J. Frank Wilson, M.D.

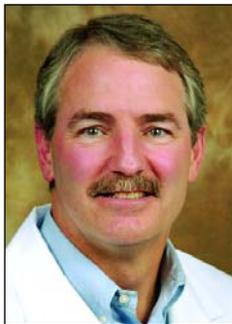


Michael Goitein, Ph.D.

Thorwarth Appointed to CPT Editorial Panel

William T. Thorwarth Jr., M.D., from Catawba Radiological Associates in Hickory, N.C., has been appointed to a full seat on the American Medical Association CPT Editorial Panel. Dr. Thorwarth had previously held a rotating seat on the panel, which is responsible for developing and assigning Current Procedural Technology (CPT) codes—descriptive terms and identifying codes used to report medical procedures and services under public and private health insurance programs.

He is also president of the American College of Radiology (ACR) and chairman of the ACR Commission on Economics.



William T. Thorwarth Jr., M.D.

C.A.E. Designation

RSNA Assistant Executive Director for Research and Education, **Linda B. Bresolin, Ph.D., M.B.A.**, has earned a Certified Association Executive (C.A.E.) designation from the American Society of Association Executives.

This designation is conferred upon executives who demonstrate high levels of association management knowledge, ethics and leadership. Prior to certification, applicants are rated on their experience and accomplishments in the association management profession and must successfully complete a comprehensive exam.

ACR General Counsel/Assistant Executive Director **Bill Shields** also received a C.A.E. designation.



Linda B. Bresolin, Ph.D., M.B.A., C.A.E.



Bill Shields, C.A.E.

RSNA News

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

Radiology #1 Cited Diagnostic Radiology Journal

Thomson/Institute for Scientific Information (ISI) has released its annual Journal Citation Reports. For 2002, *Radiology* retained the highest impact factor among diagnostic imaging journals and is also the most frequently cited. The Thomson/ISI report recorded 36,704 citations for *Radiology*, followed by 18,762 for the *American Journal of Roentgenology*, and 10,868 for *Magnetic Resonance in Medicine*.



BIROW Report Available on Radiology Online

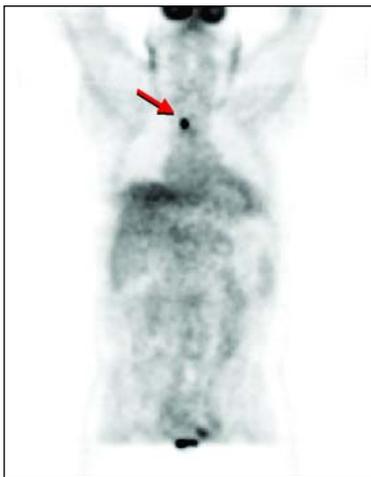
In mid-August, *Radiology Online* posted the official report from the 2003 Biomedical Imaging Research Opportunities Workshop (BIROW). The report includes an introduction and summaries from the breakout committees. To view the report, go to radiology.rsna.org/cgi/content/full/2292030807v1.

The goal of BIROW is to identify and explore opportunities for basic science research and engineering development in biomedical imaging as well as related diagnosis and therapy.

The next workshop in the series of five will be organized by RSNA. It will be held February 25-26 at the Bethesda Marriott. Information about this year's workshop can be found at www.birow.org.



**Biomedical
Imaging
Research
Opportunities
WORKSHOP**



SNM 2003 Image of the Year

The Society of Nuclear Medicine (SNM) has chosen a whole-body scan using 3D-LSO PET/CT technology as its 2003 Image of the Year. The scan, which took only seven minutes, shows cancer in a 60-year-old patient. SNM called the image an example of technological improvements in the quality of whole-body scans.

The image was submitted by researchers at the Ahmanson Biological Imaging Clinic at the UCLA School of Medicine. They include Johannes Czernin, M.D., and Benjamin Halpern, M.D., who produced the image as part of a study examining the impact of acquisi-

tion time on image quality. Also contributing to the study were Magnus Chalbom, M.D., an associate professor of molecular and medical pharmacology, and Osman Ratib, M.D., a professor and vice-chair of information systems in the Department of Radiology.



Osman Ratib, M.D.

New Online Tool for Cancer Research

Cancer researchers now have a powerful online tool that provides instant access to information on ongoing cancer research supported by cancer funding organizations within the United States and the United Kingdom.

The International Cancer Research Portfolio (ICRP), www.cancerportfolio.org, allows scientists to identify possible collaborators, plan their next research applications based on current research, and facilitate a dialogue among cancer

researchers.

"Cancer knows no borders and with our international partnerships, neither does our research effort," said Andrew von Eschenbach, M.D., director of the National Cancer Institute. "ICRP will greatly facilitate international research, encourage complementary and collaborative research partnerships, and move us closer to our common goal of eliminating many cancers and controlling others so that people can live with—not



die from—cancer." ICRP currently holds nearly 13,000 records, providing information on the funding organization,

awardee institution, principal investigator and a detailed abstract of the research.

NIH Establishes Steering Committee to Streamline Decision Making

National Institutes of Health (NIH) Director Elias A. Zerhouni, M.D., has announced the formation of an NIH Steering Committee with a rotating membership of 10 directors derived from and representing the 27 NIH Institutes and Centers.

"Leading the NIH requires a team approach that advances the agency's mission as efficiently as possible," Dr. Zerhouni said. "Over the past nine months, through extensive consultation with all of the Institute and Center Directors at NIH, we have looked carefully at how to better organize ourselves. As a result, I established the steering committee to address the complex issues facing us."

With Dr. Zerhouni as chair, the three largest institutes will have permanent seats. They are the National Cancer Institute, the National Heart, Lung, and Blood Institute and the National Institute of Allergy and Infectious Diseases. The other seven seats will be filled on a three-year, staggered, rotating basis by the directors of the remaining institutes.

Imaging at NCI Gets New Name

The National Cancer Institute's Biomedical Imaging Program has been renamed the Cancer Imaging Program (CIP).

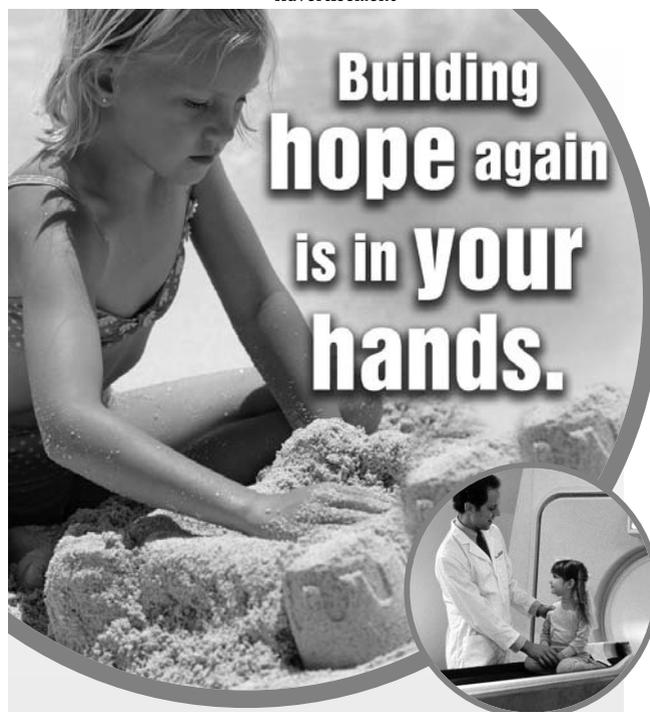
"The name change reflects our focus on imaging research that is related to diagnosing and treating cancer," says CIP Associate Director Daniel C. Sullivan, M.D.

CIP has funded a wide range of imaging research, including the examination of biological interactions at the cellular and molecular level, monitoring a drug's effect in a live animal, enhancing imaging by developing and validating promising devices and contrast agents, and conducting a variety of clinical imaging studies, including screening trials of digital mammography for breast cancer and spiral CT for lung cancer.

CIP will continue to fund a broad spectrum of imaging research directed at cancer. More information about current funding priorities can be found at cip.cancer.gov.

Responses Posted to FDA Warning Letters

The Food and Drug Administration (FDA) begins a six-month pilot program this month to post on its Web site (www.fda.gov) recipients' responses to FDA warning letters. In some cases, the FDA may decline to post the responses if the agency determines that the response could mislead the public. For more information, go to www.fda.gov/bbs/topics/ANSWERS/2003/ANS01237.html.



Building
hope again
is in your
hands.

Staff Radiologist Jacksonville, Florida

The Nemours Foundation, one of the nation's largest pediatric subspecialty practices, operates the Nemours Children's Clinics throughout Florida and Delaware and the Alfred I. duPont Hospital for Children in Wilmington, DE.

The Nemours Children's Clinic-Jacksonville is currently seeking a Staff Radiologist to join 4 other Radiologists with a CAQ in pediatric radiology. The Nemours Children's Clinic is a pediatric tertiary care subspecialty clinic, located in Jacksonville, Florida. The position involves full-time responsibilities as an attending Radiologist at the Nemours Children's Clinic, a freestanding out-patient facility, and Wolfson Children's Hospital. Wolfson's is a 200-bed pediatric hospital where all imaging modalities are utilized. An opportunity for academic appointment to the Mayo Medical School is available.

Jacksonville is Florida's River City by the Sea. With 840 square miles, it is the largest city in the United States. It is a city that still has a small town atmosphere, but has grown to become a sophisticated business city with a penchant for culture, sports and an exceptional quality of life. The ALLTEL Stadium, home of the Jacksonville Jaguars, will host the 2005 Super Bowl. Often referred to as a "Gracious Southern Lady," Jacksonville is blessed with a natural beauty, located on the northeast tip of Florida. Tucked in and around boundless acres of water, this is Florida's First Coast.

The area is home to over 35 miles of sandy white beaches; more than 55 world-class golf courses, including the Stadium Course at Sawgrass, home of the legendary 17th hole; beautiful state parks, luxurious spas and resorts. Cultural attractions include the Jacksonville Symphony; the Florida Theatre, which offers national performers on stage nearly every night of the year; touring Broadway Shows; and the Museum of Science and History. With a mild year-round climate, Jacksonville offers a wide array of leisure activities for everyone to enjoy, including golf, tennis, boating, deep-sea fishing, kayaking, horseback riding, shopping and much more!

Certificate of Added Qualification in Pediatric Radiology is preferred, but not required.

Send your CV to: Jan Roberts-Jolly, Nemours Children's Clinic, 1600 Rockland Rd., Suite 3B-372, Wilmington, DE 19803; Fax: 302-651-6100; E-mail: jrobert@nemours.org. EOE

 **Nemours**
CHILDREN'S CLINIC
www.nemours.org

AMA Takes Action on Commercialized Medical Screening

Hardly a day passes without a radio, television or print advertisement offering a screening test to “determine your risk for cancer or heart disease.” The tests being promoted may be electron beam CT to detect coronary artery calcifications, spiral CT to detect lung cancer, or CT colonography to detect colon cancer. The proliferation and direct marketing of medical screening tests that have an undetermined evidence base or that misrepresent the true risks and benefits have troubled the medical community for years.

At its 2003 annual meeting in June, the American Medical Association (AMA) adopted recommendations from its Council on Scientific Affairs (CSA) to launch a three-pronged campaign to deal with the scientific, clinical and ethical concerns raised by commercialized medical screening.

Scientific Concerns

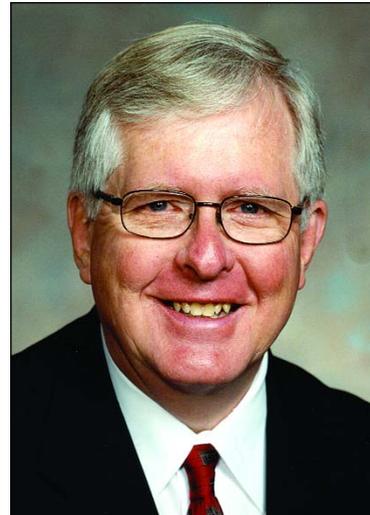
The AMA is urging appropriate medical institutions and societies to continue research to evaluate these screening procedures that are advertised directly to the public. It also wants these evaluations made available to the broader physician community so that primary care physicians can advise their patients of the risks and benefits of these procedures.

Clinical Concerns

The AMA is urging government funding agencies to continue to fund well-designed, large-scale clinical trials aimed at determining the safety, value and cost-effectiveness of screening imaging procedures.



Gary J. Becker, M.D.
RSNA Board Liaison for Science



John C. Nelson, M.D., M.P.H.
AMA President-elect

Ethical Concerns

The AMA House of Delegates has directed the AMA Council on Ethical and Judicial Affairs to further consider the ethical ramifications of commercialized medical screening.

“The fundamental underpinning is that science ought to rule the day, not emotion, not payment mechanisms, not the ability to market,” says AMA President-elect John C. Nelson, M.D., M.P.H., an obstetrician/gynecologist from Salt Lake City. “CT is a wonderful science-based modality, which we use every day in clinical medicine. This particular modality is being selected out because it appears, at least in my city for example, that it is being sold as the answer to all that is good and true. That is an overstatement. Science does not suggest that is true. We think there are some serious ethical concerns in the way that CT screening is being sold.”

RSNA Board Liaison for Science

Gary J. Becker, M.D., says radiologists need to take note about what’s being said in this report. “We need to pay attention to what the broader community of physicians thinks about commercialized screening and its potential impact on the public and the healthcare system, including costs,” he says. “There’s a great deal of trepidation among radiologists, physicians in other specialties and the public about what screening means. There are many implications. What we need to know is who should be screened, for what disease entities, and with what specific recommendations.”

Those questions can be answered by broad-based studies, but the problem is, those studies take time. “If you’re a patient who quits smoking after 20 to 25 pack years of smoking and you want to know today if CT lung screening is for you, and if so, with

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what frequency—nobody can give you the right answer,” says Dr. Becker, assistant medical director at the Miami Cardiac and Vascular Institute at Baptist Hospital. “One of the best responses is to encourage the concerned patient to participate in the screening trials. But there’s a problem if you have someone who is 49 or 50 years old and the screening trials are only for patients older than 55 or 60. For those patients, I think you have to start individualizing patient management. And that is to be expected. We simply can’t have today, on demand, all of the answers we need to questions about screening.”

Dr. Nelson adds that as we await the results of broad-based scientific studies, the public should be aware that the scientific and clinical efficacy of CT screening exams has not been determined. “If someone wishes to pay for a particular test, such as virtual colonoscopy, knowing that it may or may not pick up what that person wants to know, knowing that it may or may not be the most effective way to look for colon cancer, then we have no argument with that. But to suggest to the public, as some groups are, that it is the better way, the only way or the most efficient way, then there are some serious ethical questions,” he says.

RSNA Assistant Executive Director for Research and Education Linda B. Bresolin, Ph.D., M.B.A., C.A.E., says the AMA action is a good first step toward resolving the heated debate over CT screening. “This is a very active, unresolved issue that is being used in an entrepreneurial way. It is important to look at the science apart from commercial values,” she says. “It’s through a consensus process, such as this, that the field of medicine moves forward. There will always be people

who are going to operate outside of that consensus. But without the process, we’ll never know where the boundaries are.”

Total Body CT

While the CSA Report did not evaluate total body scans, it did make reference to a statement from last September by the American College of Radiology (ACR) that said, “to date, there is no evidence that total body CT screening is cost-effective or effective in prolonging life. In addition, the ACR is concerned that this procedure will lead to the discovery of numerous findings that will not ultimately affect patients’ health but will result in unnecessary follow-up examinations and treatment and significant wasted expense.”

Cost to the Healthcare System

The cost of commercialized screening has Dr. Becker concerned. “One side of the argument is that if people want to pay out of their pockets to get a test done, then they have the right to do

There’s a great deal of trepidation among radiologists, physicians in other specialties and the public about what screening means. . . . What we need to know is who should be screened, for what disease entities and with what specific recommendations.

—Gary J. Becker, M.D.

so,” he says. “But the other side is that once a positive finding comes out of a screening examination, society’s broader healthcare system must absorb the costs of the ensuing work-up and management.”

“Even then, some would argue that the individual’s right to know his or her health status and to act upon findings must prevail. Many healthcare econo-



Linda B. Bresolin, Ph.D., M.B.A., C.A.E.
RSNA Assistant Executive Director for Research and Education

metricians would disagree,” he adds. “Such controversy points to our critical need for information that is important to public health and society. The information will derive only from well-designed, well-funded and well-conducted screening trials.”

In addition, there is a movement toward third-party reimbursement for this type of screening. Dr. Nelson says peer-reviewed science will be the determining factor. “We are not opposed to third-party reimbursement for anything that is evidence-based. We are not asking for any different standard for radiologists and others who do this than we are for any other part of medicine. We want to continue to work with our colleagues in radiology to make sure there is an evidence-base for all that we do in medicine.” □

Editor’s Notes: For more information on the CSA report, go to www.ama-assn.org/ama/pub/article/2036-7820.html. For a full copy of the CSA Report on Commercialized Medical Screening, call the AMA at (312) 464-5000.

Routine Screening Recommended for AAA

About 15,000 Americans, mainly the elderly, will die this year due to ruptured abdominal aortic aneurysms (AAAs), yet a nationwide ultrasound screening program could save two thirds of these patients, according to David M. Williams, M.D., professor of radiology and director of the Division of Angiography/Interventional Radiology at the University of Michigan Medical Center in Ann Arbor.

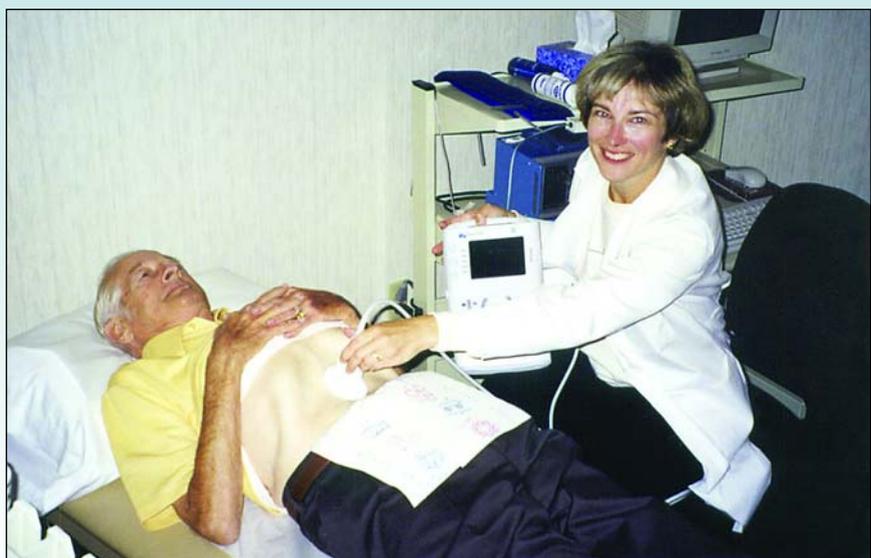
Dr. Williams says technological progress has made both screening and treatment more widely available, and recent studies bring good news about these advances. Abdominal ultrasound can reliably detect AAAs and image-guided endoluminal graft repair is a promising alternative for patients unable to undergo open surgical repair of these anatomical time bombs.

Two recent British studies underscore the effectiveness of AAA screening. Reporting in *The Lancet* and *The British Medical Journal*, researchers compared death rates among about 30,000 elderly men who were screened using ultrasound with an unscreened control group. Death rates from aneurysm rupture were 50 percent lower in the screened men, leading the scientists to conclude that routine screening is justified in men over age 64.

Endovascular vs. Surgical Treatment

Endovascular treatment is proving to be a good alternative for frail patients. Five-year follow-up data on the EVT/Guidant bifurcated graft were published in the July issue of the *Journal of Vascular Surgery* and show that long-term survival is comparable to open surgical repair.

“We looked at the five-year follow-up of patients who underwent endovas-



Katharine Krol, M.D., performs an abdominal aortic aneurysm screening at CorVasc MDs in Indianapolis.

cular repair of the AAA with the Ancure stent graft system. We compared it with a concurrent non-randomized control group of patients undergoing open repair,” says lead author Wesley Moore, M.D., a professor of surgery in the Division of Vascular Surgery at the University of California, Los Angeles. “We found that the patients who underwent endovascular repair had a lower morbidity rate than the controls, but mortality was similar between the two groups. At 60 months, 32 of 43 patients were free of endoleak.” Only type II endoleak, retrograde flow into the aneurysms via patient aortic branch arteries, remained. Aneurysm sac diameter decreased or remained stable in 41 of 42 patients and increased in only one patient.

Dr. Moore says he has placed 250 endografts since 1993 and has had to surgically repair only four due to leak with sac expansion.

EVT/Guidant voluntarily recalled the Ancure Endograft System in March

2001 to address certain regulatory compliance deficiencies. The product was reintroduced in August 2001 following FDA approval.

In June 2003, EVT announced that it had entered into an agreement with the U.S. Department of Justice about matters relating to the Ancure Endograft System. Under the terms of the agreement, listed on the company’s Web site (www.guidant.com), EVT has agreed to pay the government \$43.4 million and an additional \$49 million civil settlement. EVT has also agreed to plead guilty to 10 felony counts, including nine for making false statements to the government.

“The issues outlined in the plea agreement pertain only to the delivery system of the Ancure device prior to the company’s voluntary recall and do not relate to the Ancure graft once it has been implanted,” the Web site notes. “No patient with the Ancure Endograft implant is at risk as a result

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of this matter and the implant continues to demonstrate excellent long-term clinical results.”

Dr. Williams points out that while specific devices may be anatomically suited to specific patients, endografts in

AAA Special Focus Session

Management of AAAs will be the subject of a special focus session at RSNA 2003 on Monday, Dec. 1, from 4:30 – 6:30 p.m. For more information, see the Advance Registration brochure at www.rsna.org/rsna/advanceregistration/pdf/AdvanceRegistration2_online.pdf.

general represent a major advance in the treatment of AAA. “As many as three-million Americans over the age of 60 have AAA. In men over 60 it’s the third leading cause of death, and the larger the aneurysm, the greater the chance it will rupture at follow-up,” says Dr. Williams, adding that nearly 80 percent of ruptures result in death.

For more than 40 years, open surgical repair has been the gold standard of treatment. “We know it excludes aneurysm and prevents sac growth in over 95 percent of patients, but there are complications. The operative mortality in elective repair is between one and five percent,” says Dr. Williams. “The endograft procedure simulates surgical placement of the graft. Rather than opening the patient and opening the aneurysm, this device is compressed in a tube and entered into the patient through a little cut in the groin. The device is brought into place in the aneurysm and is opened, which forces blood inside the device and out the iliac artery and circulation to the aneurysm is excluded.”

Dr. Williams emphasizes that while this less invasive technique gets patients out of the hospital sooner and produces fewer post-operative complications, it does have drawbacks.

A study at the Cleveland Clinic Foundation, published in the May issue of the *Journal of Vascular Surgery*, reported that “current endovascular devices are associated with a relatively high rate of complications over mid-term follow-up, culminating in frequent need for secondary remedial procedures.” However, the risk for rupture

and aneurysm-related death was “exceedingly low,” as long as strict follow-up imaging was carried out. In separate data, the Cleveland Clinic group found “significant differences in the frequency of limb occlusions and endoleak between groups with different endovascular devices,” which goes to Dr. Williams’ point that the technology is in its infancy and great care has to be taken to match patients with the right device.

“There are two primary requirements as to who gets an endograft,” Dr. Williams told reporters in June at the RSNA Image-guided Therapy Media Briefing in New York. “Number one, the anatomy of the aneurysm and the arteries has to be suitable to get the device in place and to have it stay there. Number two is what’s going on in the patient. What sort of medical risk does he or she have? One way of putting it is, endografts are good for great-grandpa’s aneurysm, but in general,

As many as three-million Americans over the age of 60 have AAA. In men over 60 it’s the third leading cause of death.

— David Williams, M.D.

they’re not so good for grandpa’s aneurysm.” He further explained to the reporters that if you have a healthy 55-year old whose lungs, heart and kidneys are all in great shape and who may live another 30 years, you choose surgery, “You don’t want to be worried about what’s going to happen to this device in 15 years and the possibility of re-operation when he’s less healthy.”

Screening for AAA

Because aneurysms usually don’t announce themselves, the trick is to find and fix them before it’s too late.



David M. Williams, M.D.
University of Michigan

Dr. Williams says AAA screening should be given the same cachet as heart disease and stroke prevention. “We estimate that we could save about \$50 million a year by screening patients over age 55—especially those with such risk factors as smoking, hypertension, atherosclerosis and family history,” he says.

Both the Society of Interventional Radiology (SIR) and the Society of Vascular Surgery are incorporating AAA detection in their general screening programs. SIR’s Legs For Life® Campaign will once again offer AAA screening this fall. SIR selected eight sites for a pilot in 2000, and the AAA screening module was launched nationally in 2001. At CorVasc MDs in Indianapolis, about 1,000 men over age 40 and women over age 50 were determined to be at risk for AAA during Legs For Life screenings.

Katharine Krol, M.D., director of vascular and interventional radiology for CorVasc, which participated as a Legs For Life AAA pilot site, says in the two years of screening, 12 aneurysms were detected. Of those, six were larger than five centimeters and required immediate repair. This year CorVasc MDs screening sessions will include carotid disease along with AAA and peripheral vascular disease.

Dr. Krol agrees that the importance of AAA ultrasound screening remains widely under appreciated. “The issue is how do we educate the public? We also need to talk to primary care doctors and educate them more to teach them that there are ways to screen for abdominal aortic aneurysm,” she says. □

Editor’s Notes: For more information on Dr. Williams’ presentation at the RSNA media briefing, go to www.rsna.org/media/briefings/2003/. For more information on SIR’s Legs For Life campaign, go to www.legsforlife.org.

FDA Announces Goal for Quicker Approval of Medical Devices

For the first time, the Food and Drug Administration (FDA) has publicly committed to reducing the total review time for medical device products that can be approved. In early August, the FDA announced that it was committed to reducing its review time by 30 days for the fastest 50 percent of the expedited and traditional Pre-Market Approval Applications (PMAs) approved for Fiscal Years 2005 through 2007.

The latest statistics show the average time to approval for expedited PMA applications, used for the most cutting-edge devices, was 360 FDA review days. The average time to approval for traditional PMA applications was 320 days.

Each year, the FDA receives about 50 PMA applications. That compares to 5,000 510(k) applications submitted annually. Most radiologic devices fall under the 510(k) category and review time for 510(k)s averages about 80 days, according to the FDA.

The FDA says improved review times will be possible because of the user fees imposed under the Medical Device User Fee and Modernization Act of 2002. Collection of user fees began late last year as part of the application process. The agency has a revenue target of \$25 million for FY 2003, although the actual amount collected by June 1 has been about \$14 million. In FY 2004, which begins October 1, the FDA hopes to collect nearly \$34 million in user fees.

Also beginning with the new fiscal year, there will be a two-tier fee rate for 510(k) applications. Small businesses—those with revenues of \$30 million a year or less—will pay a lower user fee than larger companies.

Dual Device-Drug Systems

The FDA has also embarked on an initiative to speed up approval of innovative medical devices that are used to deliver drug therapy. One step toward this objective was the establishment of an Office of Combination Products within the FDA, which is to focus on the premarket approval of such combination technologies. There are a number of radiologic combinations, such as innovating imaging systems used in conjunction with contrast agents, that will likely fall under the purview of this new office.

In July, the FDA held a workshop on dual device-drug systems. The emphasis at the agency is finding a way to approve innovative device-drug combinations more quickly. These would be things such as:

- Novel, specialized catheters to permit localized delivery of drugs or biologics (e.g., chemotherapeutic agents, thrombolytics, cells/biologics)
- Lasers or other energy delivery devices for delivery or enhancement of drug or biologic effectiveness (e.g., electroporetic or laser systems to enhance the transport of drugs to the target site)
- Device/drug or device/biologic combinations that permit new routes of administration for drugs (e.g., devices for inhalation of drugs formerly administered intravenously)
- Devices that activate drugs in the body (e.g., photodynamic therapy)

One of the presenters at the workshop was Jonathan Kruskal, M.D., Ph.D., section chief of abdominal imaging at Beth Israel Deaconess Medical Center and associate professor of radiology at Harvard Medical School in Boston. Dr. Kruskal described, as he



Mark B. McClellan, M.D., Ph.D.
FDA Commissioner

had at an RSNA Image-guided Therapies Media Briefing in June, the use of radiofrequency ablation (RFA) plus chemotherapy on liver tumors.

Dr. Kruskal's partner at Beth Israel is another radiologist, Nahum Goldberg, M.D., director of the tumor ablation program and the Minimally Invasive Tumor Therapy Laboratory. Dr. Goldberg says that while both the RF device and the chemotherapy agent are approved separately for use in humans by the FDA, he has to use the agent "off label" when it is combined with RFA. Presumably, if chemotherapy agent manufacturers became convinced that the FDA would approve these combinations without them having to spend millions in regulatory costs, they would apply for FDA approval.

The FDA's new goals are important because many researchers view the FDA as inhospitable to aggressively approving rapid innovation. "This is Goldberg's maxim," explains Dr. Goldberg. "In terms of a great laboratory

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development or device—the fame goes to the researcher, the fortune goes to the drug company, the benefit goes to the patient and the blame goes to the FDA if something goes wrong. That is why the FDA is so conservative.”

That conservatism is felt across a range of radiologic possibilities. In May, Yuko Kono, M.D., from the University of California, San Diego (UCSD) Medical Center, complained about the FDA’s refusal to approve contrast-enhanced ultrasound (CEUS) in the United States despite numerous approvals by European, Canadian and Asian regulatory bodies.

Dr. Kono discussed UCSD’s four years of experience with ultrasound

contrast agents in radiologic applications during a presentation at the Leading Edge in Diagnostic Ultrasound conference in Philadelphia. UCSD has performed more than 200 such studies under institutional review board approval for off-label

use. CEUS can add critically valuable information without adding patient risk in applications such as detecting and characterizing liver and extrahepatic

tumors, evaluating focal liver tumor therapy and vascular problems, and diagnosing solid organ injury. “We need approval for radiologic applications of ultrasound contrast agents in the U.S.,” Dr. Kono said at the conference.

FDA Commissioner Mark B. McClellan, M.D., Ph.D., is trying to speed up approval of dual device-drug combinations. He announced a much broader initiative last January when he released a report called, *Improving Innovation in Medical Technology: Beyond 2002*. “FDA approved a variety of important new medical products last year, and FDA largely met its user fee review goals,” said Dr. McClellan. “However, we also noted a decline in product applications from manufacturers in some key areas, which contributed to an increase in average and median review times. There is some evidence that this finding is a result of technology development becoming more costly, and reorienting to new areas as a result of breakthroughs in basic research. These results call for decisive action now, so that the trends of the



Jonathan Kruskal, M.D., Ph.D.
Beth Israel Deaconess Medical Center

future are not toward fewer products with higher development costs.”

Dr. McClellan did not address then, nor has he since, specific categories of devices. But it is worth noting that the first two meetings scheduled for 2003 of the Radiological Devices Panel, an advisory committee to the Center for

Devices and Radiologic Health, were cancelled. The FDA holds meetings of that advisory committee when it needs advice on a PMA application for an innovative radiologic device which raises regulatory questions the agency has not dealt with before, or when the clinical evidence on behalf of the device is unclear. The next meeting is scheduled for November.

“From a PMA point of view, action at the radiological devices level has been on the slower side, compared to other advisory committees,” says Robert Phillips, Ph.D., chief of the radiology branch at the FDA’s office of device evaluation. This issue underscores the importance of radiologists continuing to participate in the debate over radiological devices. □

More FDA Information

- User Fees
www.fda.gov/bbs/topics/ANSWERS/2003/ANS01244.html
- Center for Devices and Radiologic Health
www.fda.gov/cdrh
- Office of Combination Products
www.fda.gov/oc/combo

RSNA: PROGRAM & GRANT ANNOUNCEMENTS

NEW!

Global Health Informatics Training Program

The Fogarty International Center (FIC) of the National Institutes of Health (NIH) has announced a new program that funds international collaborations between the United States and low- and middle-income countries to create informatics training programs in support of global health research. FIC has issued a Request for Applications (RFA) for the Informatics Training for Global Health (ITGH) Program with three NIH partners, the National Library of Medicine, the National Human Genome Research

Institute, and the National Institute of Biomedical Imaging and Bioengineering. The current combined financial commitment from FIC and its partners is approximately \$1.5 million in the first year to support up to six five-year training programs, subject to the availability of funds.

Applications for Informatics Training for Global Health are due by Oct. 23, 2003. The Request for Applications is available at grants1.nih.gov/grants/guide/rfa-files/RFA-TW-03-008.html.

Call for Requests

The Interagency Council on Biomedical Imaging in Oncology will hold its next meeting on November 24, 2003. The Council has issued a Call for Requests to any company or academic investigator developing a device or technology relevant to biomedical imaging in cancer who seeks the perspectives of a multi-agency assessment and discussion.

The deadline for requests is October 13, 2003.

For more information or for an application, go to www3.cancer.gov/dctd/icbio.

Continued on page 21

MIRC Debuts Its Electronic Teaching File System

RSNAs Medical Imaging Resource Center (MIRC) is now offering access to a wide variety of independent digital teaching files through one central point—mirc.rsna.org. This month, MIRC will unveil an authoring tool that will further expand the ability to create, share and access medical information for research and education.

“MIRC makes it possible for all institutions and even individuals to develop and share their information beyond their current capabilities,” says Eliot L. Siegel, M.D., chairman of the MIRC subcommittee of the RSNA Electronic Communications Committee (ECC).

The goal of MIRC is to enable the medical imaging community to share images and information for education, research and clinical practice. Originally conceived as a central point of storage for such information, MIRC has evolved into a community of libraries searchable via the Internet. This linking of materials will encourage convergence on standard formats for teaching files and other research documents.

In addition to having access to a group of independent teaching file sites, MIRC also indexes documents containing images, graphics, audio and video elements in a standard MIRC format which can be displayed on standard Web browsers. It can also provide an index of presentations and scientific and technical papers in any format.

In its initial implementation, six institutions supplied more than 4,000



A MIRC technical review meeting was held at RSNA Headquarters in July

cases to MIRC, including medical images, scientific and technical documents, and research data, which then became available to any Internet user to browse through a single interface.

“Our early implementers have demonstrated that MIRC can interconnect and share information among mul-

To download a copy of the MIRC software package, go to mirc.rsna.org and view the MIRC Documentation page, which links to instructions for installation.

multiple libraries in multiple formats and can respond in parallel to a single MIRC search query,” says Dr. Siegel, who is also vice-chairman of information systems at the University of Maryland School of Medicine and chief of imaging for the VA Maryland Healthcare System. “The new tools will make it possible for all institutions, and even individuals, to share their images and

related information with the rest of the MIRC community.”

MIRCat

The MIRC authoring tool, called MIRCat, is an open-source, multi-platform software package that users will run on their personal computers or networked servers. It allows users to import and manipulate images from picture archiving and communication systems (PACS) and modalities. It also allows them to create and edit teaching file cases and scientific documents. These documents could then be submitted to a MIRC site, where they will be indexed and made available via the Internet.

MIRCat features the ability to include interactive quizzes, self-evaluation, continuing medical education credit reporting, and references to other MIRC documents.

RSNA will provide the teaching file

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authoring and indexing software to the entire imaging community at no cost with the expectation that institutions and individuals will enhance the software and share their improvements. The software can be used to develop questions, quizzes, conference presentations and teaching modules.

To download a copy of the MIRC software package, go to mirc.rsna.org and view the MIRC Documentation page, which links to instructions for installation.

“We conducted MIRC demonstrations at RSNA 2002 and the project was certainly well received,” says Ronald L. Arenson, M.D., chairman of the ECC, and professor and chairman of the Department of Radiology at the University of California, San Francisco. “The RSNA Board of Directors considers MIRC to be a wise research and teaching investment and has consistently supported expansion of the project.”

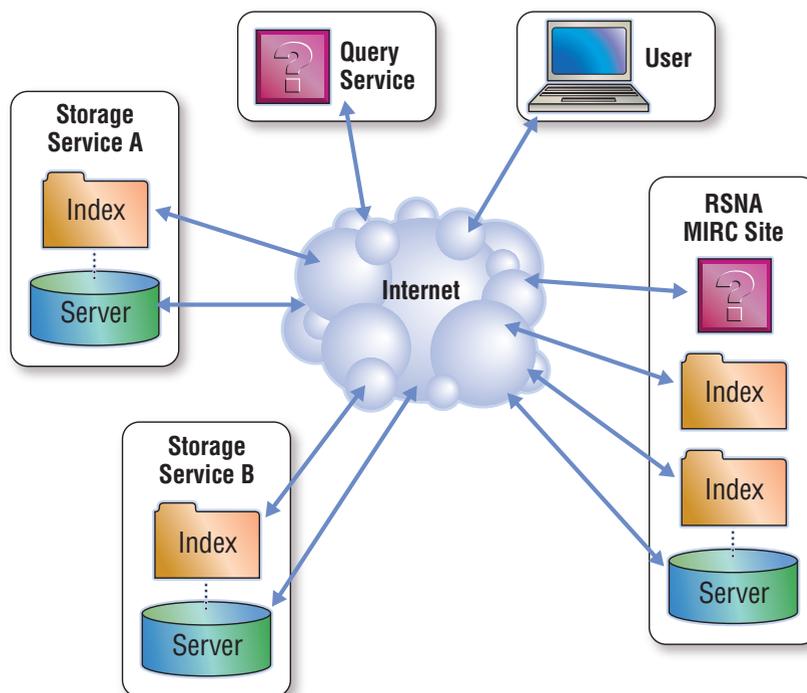
“Before MIRC, practicing radiologists could not access teaching material or case files in a readily available format,” explains Dr. Arenson. “Because MIRC enables people to access many

libraries at once, it helps radiologists research similar findings when reading problem cases. This is both a unique and valuable resource for radiologists in private practice.”

As the number of radiologists using MIRC begins to grow, new uses and applications for the site are expected to

develop. Dr. Siegel says he wouldn't be surprised if the majority of the imaging community eventually uses MIRC in some form or another, “The MIRC project expansion will bring the imaging community closer together.” □

MIRC Medical Imaging Resource Center



MIRC Sessions at RSNA 2003

A number of MIRC sessions will be available in the *infoRAD* area at RSNA 2003. Seating is limited to 90 people. CME credit is available.



A Tour of the MIRC Community

Learning Objectives:

- Learn how to find MIRC sites on the Web
- Learn how to query individual MIRC sites
- Learn how to query the entire MIRC community
- Learn how to construct a complex query to limit query results

How to Author MIRC Teaching File Documents

Learning Objectives:

- Download and install the MIRC authoring tool on your laptop computers during the class
- Use the authoring tool to access and manipulate images from a PACS and create a teaching file case using the images
- Learn to submit cases to a MIRC site

Inside the RSNA MIRC Software

Learning Objective:

- Learn the internal structure of the MIRC software and how to modify both the software and the configuration files.

Recommended Prerequisite:

How to Set Up a Personal Teaching File System.

How to Build a Database-driven MIRC Teaching File System

Learning Objective:

- Learn how to interface the MIRC teaching file software to an existing database-driven teaching file system.

Recommended Prerequisite:

Inside the RSNA MIRC Software

For more information or the classroom schedule, go to www.rsna.org/rsna/advanceregistration/pdf/AdvanceRegistration2_online.pdf.

RSNA Grant Leads to Ultrasound Centers Opening in Africa

Three ultrasound centers have opened in Africa—one in Uganda and two in Nigeria—and five additional centers are moving through the application and contract process as a result of a grant from the RSNA Research & Education Foundation.

Barry B. Goldberg, M.D., is spearheading the initiative for ultrasound training in Africa through the Jefferson Ultrasound Research and Education Institute (JUREI)—an institute he founded at Thomas Jefferson University in Philadelphia. Dr. Goldberg is the director of the Division of Ultrasound and a professor of radiology at Thomas Jefferson University Medical Center and Hospital.

In 2001, Dr. Goldberg was awarded a three-year, \$300,000 RSNA International Radiology Education Program Grant to “Teach the Teachers” from Emerging Nations, which he has used to bring radiologists from Sub-Saharan Africa to learn in Philadelphia.

To date, 12 radiology professors from Sub-Saharan Africa have completed JUREI’s intensive 12-week

course in diagnostic ultrasound. The professors returned to their respective countries to set up ultrasound education centers and to train others. In addition to the course work and clinical experience, the professors were pro-

vided with donated ultrasound equipment, educational materials, videotapes, books and educational CD-ROMs to help them teach physicians back home.

The improvements in radiology practice in Uganda are readily apparent. “There is a better understanding of



The faculty and students of the Ernest Cook Ultrasound Research and Education Institute in Uganda with ultrasound equipment received through a donation from the Jefferson Ultrasound Research and Education Institute in Philadelphia.

medical physics, ultrasound anatomy and instrumentation, and how these relate to the day-to-day practice of ultrasound,” says Michael G. Kawooya, M.M.Ch.B., M.Med.(Rad), institute manager at the Ernest Cook Ultrasound Research and Education Institute at Mengo Hospital in Kampala, Uganda, in cooperation with the Radiology Department at the Makerere University Medical School Mengo Hospital.

Ultrasound is the modality of choice in developing countries because CT and MR imaging units are not widely available. Dr. Kawooya says areas of ultrasound, such as musculoskeletal, interventional and vascular imaging, were not practiced a few years ago. “Now they are becoming routine,” he says. “The radiologists and sonographers are more careful, systematic and observant while performing examinations, in addition, we now have a better theoretical understanding of sono-

graphic patterns and this has resulted in more accurate diagnoses.”

Kathryn M. James, M.B.A., R.D.M.S., a clinical instructor at JUREI and technical coordinator for education in the Department of Radiology at Thomas Jefferson, says the program has clearly made a difference: “The African radiologists are quite good at ultrasound. They can perform a broad spectrum of ultrasound imaging.”

Dr. Kawooya was among three radiologists from Uganda who were trained in Philadelphia under Dr. Goldberg. Dr. Kawooya says the opening of the Ugandan institute was a major victory for radiology. The first ultrasound class had 10 students who passed the JUREI examinations. Currently, there are 45 students utilizing the facilities at the Ernest Cook Ultrasound Research and Education Institute.

“I think the Ugandan institute is successful because we hit the right combination,” says Dr. Goldberg, who is also chairman of the RSNA Committee on International Relations and Edu-

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It is exciting to have a global effort focused on us that is improving our training and practice.

— Michael G. Kawooya,
M.M.Ch.B., M.Med.(Rad)

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cation. "Our program selects good physicians who like to teach and who have the drive and energy and the circumstances to succeed. We try to pick individuals who are in places that have some infrastructure to allow for development of an ultrasound training program. Plus, we work with the World Health Organization (WHO) and local organizations to help us select the best teachers for training. The radiologists from Uganda learned a lot and went back and applied the program's information. They followed our format and have been very successful."

Dr. Kawooya says educational programs like this are making a difference for patients, radiologists and other physicians. "In my opinion, our diagnoses are now more accurate and this is creating more confidence in physicians who refer patients to us," he says. "I think positive patient outcomes are most apparent in obstetrics and gynecology, interventional radiology and musculoskeletal diagnosis. We are using ultrasound for diagnosing and studying abdominal trauma, abdominal aneurysms, shoulder rotator cuffs, abdominal tumor staging and almost all image-guided abdominal studies."

The radiologists from the African centers will attend a month-long training session in Philadelphia in Novem-

ber and will then attend their first RSNA annual meeting. They will also have the opportunity to meet with members of the R&E Foundation to discuss the profound impact the R&E grant to Dr. Goldberg has had on their lives.

"I would like to thank the RSNA members for giving us such an opportunity," says Dr. Kawooya. "It is exciting to have a global effort focused on us that is improving our training and practice."

Despite the success of the program, the Ugandan institute still faces many challenges and difficulties. There are very few ultrasound machines for training and only limited teaching aids. The program does not have an LCD projector or enough textbooks, and between 12 to 15 students share one ultrasound unit, according to Dr. Kawooya. Dr. Goldberg is working to obtain additional ultrasound equipment and educational materials.

JUREI has been training educators for more than a decade and now has 56 affiliated centers around the world including Afghanistan, China, India and Mongolia, with a current focus on Africa.



Barry B. Goldberg, M.D., received an RSNA Outstanding Educator Award at RSNA 2001 from Society President Jerry P. Petasnick, M.D.

JUREI is the only center recognized for general training in diagnostic ultrasound by WHO. The institute has 21 scanning rooms and three conference rooms as well as an audiovisual center. A review of the pre- and post-examinations given to the students shows the participants have essentially doubled their ultrasound knowledge during the training program at JUREI.

At RSNA 2003, Dr. Goldberg and some of his colleagues will present information on the effectiveness of the R&E funded program in comparison to the previously established educational programs. □

Radiology Training Program Takes Root in the Congo

Radiologists in the Congo say that their recent ultrasound training helps them to more easily diagnose tropical diseases and successfully treat patients.

Last year, Michel Tshikwela Lelo, M.D., completed the three-month ultrasound training program at JUREI. Upon his return to the Congo, Dr. Lelo established the Institute d'échographie de Kinshasa at Kinshasa University Hospital, where he is the director and ultrasound instructor.

"Before my training at Thomas Jefferson, many patients

at the hospital were referred to private ultrasound practitioners," says Dr. Lelo. "Our doctors now have appropriate training and equipment. Our patients are very satisfied and are no longer sent away."

The Institute d'échographie de Kinshasa trains radiology residents and practicing radiologists, as well as other interested physicians. This past spring, the institute offered ophthalmologists an ocular ultrasound course, which was well received. Gynecology, obstetrics and breast ultrasound

will be offered to gynecologists this summer.

Civil War Impacts Country's Health

The Congo's hospitals are overcrowded and many patients die because of a lack of money or access to care, says Dr. Lelo. "The civil war, with its many catastrophes and traumas, has greatly increased the number of patients who need ultrasound check ups. Unfortunately, the civil war in our country focuses the governmental budget on acquiring

weapons and not on purchasing ultrasound equipment," he says.

"There are many medical doctors who do not live in the Congo's capital city, Kinshasa, but are willing to travel for ultrasound training. Unfortunately, many cannot reach the school because of the war. Even in Kinshasa, medical doctors cannot afford to pay the tuition, which is reasonable for a country that is in a civil war. Consequently, organizing the ultrasound course sessions is difficult, but we are doing our best," he says.



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Sir Norman Browse, Kevin G. Burnand, and Peter S. Mortimer

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BOOK

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Series Editor: Elias H. Botvinick

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

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A Tabulated Summary of the FDG PET Literature

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

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

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Commission on Health Care Policy and Practice Guidelines and Communications Committee

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

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Guide for Diagnostic Nuclear Medicine

Jeffrey Siegel, Ph.D.

New SNM/ACNP Guidance on Revised 10 CFR Part 35

The newly published *Guide for Diagnostic Nuclear Medicine* is a one-stop reference for nuclear medicine professionals who want to bring their

departments and institutions into compliance with the recently revised requirements of 10 CFR Part 35. Working closely with representatives from the Nuclear Regulatory Commission (NRC), Jeffrey A. Siegel, Ph.D., compiled this useful resource that covers all pertinent regulations, addresses compliance concerns and standards, and provides "At a Glance" and summary features. Siegel is chair of the Joint Government Relations Committee of the American College of Nuclear Physicians and the Society of Nuclear Medicine (SNM), which recognized the need for such a volume and initiated its preparation. The book is intended to serve as a useful bridge between the new regulations and nuclear medicine practitioners who want to ensure continued compliance and thereby maintain the security and safety of licensed materials in clinical and research settings. Softcover, 86 pp., 2002

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Working For You

RadiologyInfo™ Poster to be Available at RSNA 2003

More than 4,500 hospitals and diagnostic facilities have received the new *RadiologyInfo*™ poster for display in patient waiting areas. The posters direct patients to www.RadiologyInfo.org, where they can access information on various radiologic tests and treatments.

Because RSNA has received a number of requests by phone for these posters, they now will be available for \$10 each at www.rsna.org/practice/index.html#radinfo-poster or at RSNA 2003 at the Education Center Store. A smaller version is available as a free download from RadiologyInfo.org.



More Lounge Space at RSNA 2003

Attendees of the RSNA Scientific Assembly and Annual Meeting will find more places to sit and relax as they travel between the exhibits, scientific sessions and meetings. Lounge space will increase by 50 percent. In addition, lounge furniture, tables and chairs will be added where space permits.

For residents, RSNA will again provide a Residents Lounge in the Lakeside Center Ballroom, Level 3. RSNA Members-in-Training and non-member residents will be able to relax and network while enjoying complimentary refreshments.

The RSNA Research & Education Foundation Donor Lounge will also be in the Lakeside Center Ballroom, Level 3. Complimentary beverages, light refreshments, access to computer systems, coat racks and comfortable furniture for relaxation are available for donors to the R&E Foundation.

WORKING FOR YOU PROFILE

SERVICE TO MEMBERS:

The Meetings Department manages the registration and housing process for RSNA's annual meeting. This includes the negotiation of all hotel and travel supplier contracts. Over 59,000 people attended RSNA 2002, accounting for 90,000 room nights at 64 Chicago hotels. In addition, the Meetings Department oversees travel contracts and hotel negotiations for individual meetings across the country for the RSNA Board of Directors, association staff, committees and related societies.

WORK PHILOSOPHY:

Prior to joining RSNA, I held director positions in meetings and convention departments at Hyatt Hotels and Hilton Hotels Corporation for 16 years. I supervised the orchestration of large meetings for international

corporations and associations including Ford Motor Company, American Medical Association and American College of Surgeons. Therefore, I understand the lodging industry's business-client approach and how it applies to RSNA.

My primary goal is to leverage this hotel experience to benefit RSNA's members. My primary objectives are to secure attractive hotel rates and to ensure a seamless advance and onsite meeting registration for all attendees. Another objective is to elevate the profile of RSNA in the meetings and travel industries to enhance our association's negotiating position.

The Meetings Department, in concert with other RSNA departments, works to craft a streamlined, enjoyable and productive meeting experience for all attendees—an experience we hope incites them to return year after year.



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

Northwestern Radiologist Advises Residents to Find Their Niche



To Reed A. Omary, M.D., M.S., vinyl records, the Hip-Hop artist Eminem and a career in academic radiology have a lot in common.

Today, Dr. Omary is an assistant professor of radiology in the Division of Vascular and Interventional Radiology at the Feinberg School of Medicine at Northwestern University in Chicago. He is also the director of the Interventional Radiology Research Laboratory at Northwestern's Medical School, a member of the Feinberg Cardiovascular Research Institute and a practicing interventional radiologist at Northwestern Memorial Hospital.

He has received two grants from the RSNA Research & Education Foundation—the 1999 Bracco Diagnostics/RSNA Scholar Award for “Real-Time Magnetic Resonance-Guided Endovascular Treatment of Renal Artery Stenosis in a Swine Model,” and a 1993 RSNA Research Resident Grant for “Stereotactic Magnetic Resonance-Guided Irradiation to Rat Brain and Gamma Knife Irradiation-Induced Changes to Rat Brain Using MRI and 1H-Magnetic Resonance Spectroscopy (MRS).”

“The RSNA Scholar Award allowed me to develop a career in academic radiology. The award gave me time for research and time to focus on a particular niche,” he says.

In addition, the award allowed Dr. Omary to participate in RSNA's grant writing course, a nine-day program, held two or three days at a time over the course of a year at RSNA's headquarters in Oakbrook, Ill. Dr. Omary says this program taught him writing skills and introduced him to other junior faculty. He keeps in touch with the



RSNA Scholar Reed A. Omary, M.D., M.S. (center), stands with his colleagues and mentors, Eric J. Russell, M.D. (left), chairman of radiology at the Northwestern University School of Medicine, and Robert L. Vogelzang, M.D. (right), professor of radiology and chief of vascular and interventional radiology.

colleagues he met during the course. “We are each others' references as we seek tenure and promotions,” he says.

“I attribute a lot of Dr. Omary's success to his RSNA activities, including the grant writing skills he learned,” says Eric J. Russell, M.D., chairman of radiology at the Northwestern University School of Medicine.

Vinyl Records

When Dr. Omary was a medical student at Northwestern, he attended a lecture on interventional radiology presented by Robert L. Vogelzang, M.D. By the end of the lecture, Dr. Omary knew where his career path would lead him.

“I went into radiology because of Dr. Vogelzang. He is my role model. I completed my fellowship in interventional radiology under his direction. Later, he recruited me back to Northwestern to become one of his partners in interventional radiology,” Dr. Omary says.

It wasn't just medicine that bonded

them. Dr. Omary says he and Dr. Vogelzang often exchanged vinyl records. “I could connect with him. He always believed in me,” Dr. Omary adds.

In addition to the strong support of Drs. Russell and Vogelzang, the entire interventional radiology team gives Dr. Omary the time he needs to do his research.

Dr. Russell says while Dr. Omary gets quite a bit of academic time, it's worth it. “He's a tremendous talent. He's one of the most expert physicians in the country in MR-guided endovascular interventions, a key area of research in our department. Dr. Omary is also a very effective role model for radiology fellows, residents and faculty members who don't have his background,” he adds.

Dr. Omary received his bachelor's and medical degrees from Northwestern University as part of a six-year honors program. He then completed an internship in internal medicine at the Univer-

sity of New Mexico. He later earned a master's degree in epidemiology from the University of Virginia and then completed a residency in diagnostic radiology and a fellowship in radiology research at the University of Virginia under the direction of Bruce J. Hillman, M.D. After completing a second fellowship, one in cardiovascular and interventional radiology at Northwestern, he accepted a position as assistant professor of radiology at the University of Wisconsin Medical School in Madison before returning to Northwestern.

Eminem

One of the many positive aspects of the RSNA Scholar Award is the opportunity to work with mentors. Dr. Omary's advice for younger radiologists has a Hip-Hop beat to it. "The Rap artist Eminem has followed a career path from which many residents and fellows in radiology could learn. Eminem focused on a musical niche. Those interested in academic radiology also should focus on a specific area, and make sure it is something that interests them. Eminem hooked up with Dr. Dre early in his career. Dr. Dre helped Eminem get up on his feet. Similarly, radiologists should find an environment where they can get the support

of mentors. Find people you enjoy working with," Dr. Omary advises.

Dr. Omary says he's lucky to be at Northwestern. "I work with the best group of people. They are fun to be around and very supportive of me. Ultimately, academic radiology is fun. You have to choose a career that makes you want to get up in the morning and go to a job you enjoy. For me, I get paid to do something I enjoy. I feel really, truly privileged," he says.

Academic radiology is fun. You have to choose a career that makes you want to get up in the morning and go to a job you enjoy. For me, I get paid to do something I enjoy.

— Reed A. Omary, M.D., M.S.

What's Next?

On his application for his RSNA Scholar Award, Dr. Omary wrote, "My long-term goal is to become a NIH-funded radiologist. The RSNA Scholars proposal represents an important step toward achieving this goal." He received NIH funding just as his RSNA Scholar Award ended. Dr. Omary says simply, "I was fortunate." He is the recipient of two NIH grants, one as a principal investigator for "MRI-Guided Angioplasty of Renal Artery Stenosis" and the other as a co-investigator for "MRI-Guided Angioplasty of Coronary Artery Stenosis." His primary collaborator on these projects is Debiao Li, Ph.D., director of cardiovascular MR research at Northwestern.

RSNA remains an important part of Dr. Omary's career. "RSNA is the pre-

mier organization in radiology, with respect to *Radiology* and the annual meeting," he says. He is a reviewer for *Radiology* and the RSNA R&E Foundation Research Study Section. He is one of 30 people to be named to this prestigious group. "I get to meet more senior level people. It is very stimulating," he says.

At Northwestern, Dr. Russell says Dr. Omary is also collaborating with interventional neuroradiologists. Dr. Omary has access to an animal angiographic suite next to the 3 T whole body research magnet, and he is working on novel techniques and devices for endovascular MR-guided interventions. "We hope that his research will help to pave the way for this developing field and enable interventionalists to monitor organ function during procedures and eliminate or reduce the amount of radiation patients get during certain interventions," Dr. Russell says.

Dr. Omary is planning to expand his research area of MR guidance for performing procedures. "I hope to translate my research from the animal lab into clinically relevant procedures that help patients. Just as I have benefited from the guidance and support of others, I also want to help train future generations of researchers and clinicians," he says. □

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

RSNA: PROGRAM & GRANT ANNOUNCEMENTS

Continued from page 10

HIPAA in Perspective: What it Means in Real Life Radiology

RSNA, in conjunction with the Radiology Business Management Association (RBMA), is sponsoring a one-day course on October 11, 2003, in Oak Brook, Ill., during which attendees will learn about issues relevant to implementing HIPAA Privacy and Security Rules in a radiologic setting.

Session topics include:

- An Introduction to the Security Standards
- HIPAA's Regulatory and Legal Risks

- Making HIPAA Real
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Registration is \$199 for RSNA/RBMA members, \$119 for RSNA Members-in-Training and \$235 for non-members. Register online at www.rsna.org/education/shortcourses. For more information, contact the RSNA Education Center at (800) 381-6660 x3747 or ed-ctr@rsna.org.

Continued on page 25



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 Online donations can be made at www.rsna.org/research/foundation/donation.

Radiology in Public Focus

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

"Prognostic Value of Cardiac Risk Factors and Coronary Artery Calcium Screening for All Cause Mortality"

Coronary artery calcium can independently estimate all cause mortality in asymptomatic individuals.

Leslee J. Shaw, Ph.D., from the Atlanta Cardiovascular Research Institute in Georgia, and colleagues examined five-year data from 10,377 asymptomatic patients undergoing cardiac risk factor evaluation and coronary calcium screening with electron beam tomography (EBT).

All individuals were initially screened by their general internists and were considered to be at above-average risk of coronary disease due to the presence of cardiac risk fac-

tors including advanced age, high blood pressure, hypercholesterolemia, diabetes, current smoking and a family history of premature coronary disease.

"Our results show that survival at five years worsens substantially as the screening calcium scores increase from levels of 10 to >1,000. Therefore, it appears justified to utilize coronary calcium screening to identify intermediate risk patients with traditional risk factors for whom aggressive risk-reducing strategies for the treatment of atherosclerotic disease should be indi-

cated," the researchers write. (*Radiology* 2003; 228:826-833)

"Contrast Digital Mammography: Initial Clinical Experience"

Contrast digital mammography (CDM) potentially may be useful in identifying lesions in the mammographically dense breast.

Roberta A. Jong, M.D., and colleagues from the Department of Medical Imaging at the University of Toronto and the Women's College Health Sciences Centre in Toronto, examined the CDM images from 22 women who were scheduled for biopsy due to suspicious abnormalities on breast imaging.

They found that CDM

showed enhancement in eight of the 10 patients with biopsy-proven cancers. One case of ductal carcinoma-in-situ and one invasive ductal carcinoma did not enhance. No enhancement was seen in seven of 12 lesions considered suspicious on initial imaging but with benign results.

"With the increasing availability of digital mammography, CDM will become accessible and relatively inexpensive compared to current MR imaging technology. These results encourage further investigation of CDM as a diagnostic tool for breast cancer," the researchers write. (*Radiology* 2003; 228:842-850)



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

MEETINGWATCH:RSNA2003

News about RSNA 2003

Registration Deadline Nears for Non-North American Attendees

International registration forms must be received by October 10, 2003, for non-North American attendees to receive a badge wallet by mail. Badge wallets contain a name badge, tickets and attendance vouchers. International registration forms received October 11 – October 31 require badge wallets to be picked up at McCormick Place in the new registration area in the Lakeside Center, Hall E, Level 2.

North American attendees who register by October 31, 2003, will have their badge wallet mailed to them in advance of RSNA 2003.

Free Metra Pass

The meeting badge wallet includes a free pass to use the Metra train system to and from McCormick Place during the seven days of RSNA 2003.

In addition to the free Metra pass, Chicago has a new dedicated bus lane. RSNA shuttle buses will use this new bus lane, dramatically reducing the travel time from Randolph Street to the McCormick Place South Building to only nine minutes—even during rush hour.

On Saturday, November 30, and Friday, December 5, shuttle bus service will be available to and from the Lakeside Center only.

Registration Made Easy

Four easy ways to register:

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

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

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

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

RSNA 2003 Exhibitor News

NEW!

Costs Down, Service Up for Network Connections

The deadline is October 15, 2003, to take advantage of the new Early Bird rates for Internet connections at RSNA 2003.

The new rate structure, combined with a choice of Internet bandwidth, means technical exhibitors can tailor their booth requirements in a more cost-effective manner. Exhibitors may also choose the location of the Internet connection if they return their application by October 15, 2003.



RSNA'03

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McCormick Place, Chicago

Applications are available in the Technical Exhibitor Service Kit (www.rsna.org/rsna/te/servicekit.html) in Section 3: McCormick Place and Utility Guide.

For general information about contracts and services, contact John Jaworski at (630) 571-7855 or jaworski@rsna.org. For technical information about network connections at the meeting, contact Dave Pede at (630) 571-7858 or dpede@rsna.org.

- For more information, contact RSNA Technical Exhibits at (630) 571-7851 or e-mail: exhibits@rsna.org.
- For up-to-date information about technical exhibits at RSNA 2003, go to www.rsna.org/rsna/te/index.html.

RSNA: PROGRAM & GRANT ANNOUNCEMENTS

Continued from page 21

Strategies for Running a Successful Radiology Practice



More than 70 people from private radiology practices and from academic radiology departments attended RSNA's course, *Strategies for Running a Successful Radiology Practice*, held in July in Oak Brook, Ill. An updated course will be held next summer.

Handouts from the course will be available for a limited time at www.rsna.org/education/shortcourses/handouts.

Continued on next page

New Products Submission Deadline October 15

All exhibitors can take advantage of a free promotional outlet for the new products they will be displaying at RSNA 2003.

The *RSNA Daily Bulletin*, the official newspaper of the annual meeting, features a daily New Products section.

The deadline to submit materials for the New Products section is October 15, 2003. For specific details and submission forms, see the Technical Exhibitor Service Kit (www.rsna.org/rsna/te/servicekit.html) in Section 7: Marketing and Promotions.

For more information, contact John Jaworski at (630) 571-7855 or jaworski@rsna.org. For submission format requirements, contact Natalie Boden at (630) 590-7734 or boden@rsna.org.

Important Exhibitor Dates for RSNA 2003

- Sept. 22** Target Floor Plan assignments released
Block housing deposits and rooming lists due
- Oct. 13** RSNA Block Housing Attrition Clause is applied
- Oct. 15** Early Bird deadline for RSNAnet Network Service
Submission deadline to *Daily Bulletin's* New Products Section
- Oct. 17** Deadline for EAC request form
- Oct. 31** Exhibitor badge deadline
Individual Exhibitor housing deadline date
Suite Request deadline date
Exhibitor Registration closes
RSNA housing system closes
- Nov. 24** Technical Exhibit Target move-in begins
- Nov. 26** Hands-on Computer Workshop move-in begins
- Nov. 28** General Technical Exhibit move-in begins
- Nov. 30 – Dec. 5** RSNA 89th Scientific Assembly and Annual Meeting

NEW!

Technical Exhibit Hours

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

www.rsna.org

Become an RSNA Volunteer

RSNA members now have an easy way to volunteer their expertise to the Society. The new "Volunteer to Serve on an RSNA Committee" pages on *RSNA Link* (www.rsna.org/about/volunteer) include a Web submission form as well as committee descriptions, time commitments and qualifications.

On the home page, mouse over the About RSNA button and click on Volunteer in the dropdown menu. Twenty-two RSNA committees welcome your participation. Questions about volunteering or about the online call for volunteers itself should be addressed to volunteer@rsna.org.

International Travelers

If you plan to travel from outside the United States to Chicago for RSNA 2003, the Chicago Convention and Tourism Bureau (CCTB) has a Web resource at www.meetinchicago.com/international_travelers.htm. This International Travelers section of the CCTB site has pages on currency exchange, tipping, translators and interpreters, what to pack, average flight times to Chicago, weather in the Windy City and other background information.

News about RSNA 2003

The Annual Meeting menu of *RSNA Link* points to RSNA 2003 Preview, a collection of news items and *RSNA News* articles that highlight aspects of this year's scientific assembly in Chicago. Among the features here are two *RSNA News* articles, "Education Innovations

Drive New Course Series at RSNA 2003" and "Two Radiologists Set to Attend Their 50th RSNA Meeting."

RSNA Link

Links are added to this section when relevant news and articles appear in *Radiology*, *RadioGraphics* or *RSNA News*.

Materials for RSNA 2003 Presenters

Important information is posted at www.rsna.org/rsna/documents in the Annual Meeting section for participants or presenters of Education Exhibits, *infoRAD* Exhibits, Refresher Courses, Scientific Papers, Scientific Posters, Plenary Sessions or Focus Sessions.

The information includes rules and regulations, guidelines, instructions, diagrams, and audiovisual information. Questions about these materials or inquiries about the scientific program should be addressed to programs@rsna.org or (800) 381-6660 x7874.

Annual Meeting Index

Can't find what you're looking for in the Annual Meeting section of *RSNA Link*? Try the Meeting Index A to Z at www.rsna.org/rsna/meeting_index.html. It's an alphabetical directory of topics, subsections and individual pages related to the scientific assembly and annual meeting.

From the home page (www.rsna.org), mouse over the Annual Meeting button in the left-hand navigation column and then select Meeting Index A to Z in the dropdown menu.

Continued from page 21

Effective Investment Strategies

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

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

Due to last year's enthusiastic

response, the course has been expanded to six hours.

Topics to be discussed will include:

- Online Trading: Appreciate Its Benefits but Watch for the Pitfalls
- Why Money Managers Don't Want You to Know About Index Funds
- Strategies to Protect Profits and Lower Risk in Volatile Markets
- Selecting Mutual Funds Suited to Your Needs – Not Wall Street's
- Day Trading: If It's Investing, Why Isn't It Called Day Investing
- Exchange Traded Funds: Are They

Really Superior to Stock Index Funds?

- Funding the High Cost of Your Children's College Education

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

Registration is \$169 for RSNA members, \$99 for members-in-training and \$189 for non-members. For more information, contact the RSNA Education Center at (800) 381-6660 x3747 or ed-ctr@rsna.org.