RSNA Visiting Professor Program Thrills Teachers as Well as Students

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McNeil, Pelc Join NIBIB Advisory Board

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

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

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

CAR Awardees Announced

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

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

Pettigrew, Dean Named AIMBE Fellows

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

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

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

AUR/APDR Issue Awards

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

At the same meeting, Charles S. Resnik, M.D., from the University of Maryland Medical Center in Baltimore, received an Achievement Award from the Association of Program Directors in Radiology.
Medicare Expands Coverage for PET Scans, MR Angiography

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

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

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

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

**GOLD MEDALISTS**

- Stanley Baum, M.D.
  Philadelphia
- William G. Bradley Jr., M.D., Ph.D.
  San Diego
- David B. Fraser, M.D.
  Musquodoboit Harbor, Nova Scotia

**HONORARY MEMBERS**

- Nicholas C. Gourtsoyiannis, M.D.
  Heraklion, Crete, Greece
- Lilian F.L.Y. Leong, M.D.
  Hong Kong, China
- Alois Rüttimann, M.D.
  Zurich, Switzerland
- Jacob Valk, M.D., Ph.D.
  Wilnis, Netherlands

**EUGENE P. PENDERGRASS NEW HORIZONS LECTURE**

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

**ANNUAL ORATION IN DIAGNOSTIC RADIOLOGY**

- Donald L. Resnick, M.D.
  San Diego

**ANNUAL ORATION IN RADIATION ONCOLOGY**

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

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

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

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

MONDAY, DECEMBER 1

TUESDAY, DECEMBER 2

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

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

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

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

AMA Reviews Report on Commercialized Medical Screening

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

The report, from the AMA Council on Scientific Affairs (CSA), briefly reviews the use of electron beam CT for determining coronary artery calcification, spiral CT for lung cancer screening and CT colonography for colon cancer screening in the context of generally accepted criteria that comprise a valid screening test. The use of total body scans for screening purposes was not specifically evaluated.

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

More information will be available in a future edition of RSNA News.
Growing public concern over the perceived inaccuracies in mammogram interpretation may lead to new, congressionally imposed requirements for radiologists. Congress is preparing to reauthorize the Mammography Quality Standards Act (MQSA).

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

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

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

Currently, interpreting physicians must read at least 480 mammograms each year. In addition, educational requirements demand that every three years interpreting physicians must obtain 15 hours of category 1 CME credits specific to mammography.

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

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

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

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

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

Continued on next page
mography is what may happen if the practice on radiologists who do mammography. “The purpose of my number of radiologists specializing in malpractice insurance and a decreasing linked those lawsuits to the price of judgments against radiologists. He provided a comprehensive review of the pertinence of some of the current regulations to the practice of mammography in the 21st century and utility of mandating an ACR-type self-assessment. They agreed that all MQSA requirements should be reviewed and that compliance with regulations should be an easier task than it is presently.

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

Sen. Ensign concurred: “The bottom line is that at a time when the medical liability crisis is hitting the industry harder than ever, the last thing the Federal government should be doing is creating more avenues for abusive lawsuits. That is why Congress must balance the need to find ways to improve the quality and delivery of women’s health, while at the same time preserving a positive and equitable medical environment for well-intentioned professionals to practice.”

Reimbursement

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

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

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

More Radiology Residency Slots

In addition to the increase in reimbursement, the bill also provides for additional radiology residency slots. Specifically, the bill allows radiology residency programs to add one resident each year for five years.
Radiology Residents Shy Away from Mammography

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

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

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

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

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

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

Coauthor Barbara S. Monsees, M.D., professor and chief of breast imaging at the Mallinckrodt Institute of Radiology in St. Louis, says that in both academic and private settings, the outlook for access to quality breast imaging is dismal: “Because of the Baby Boomer population, an additional one million women annually enter the pool of those needing screening mammograms. In addition, because breast cancer is more common in older women, we are seeing a rising number of breast cancers as the older population increases.”

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

— Barbara S. Monsees, M.D.

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

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

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

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

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

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

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

Still, the good news on the training front has not translated to good news in clinical centers suffering from rising deficits in breast imaging specialists. The researchers found that fellowships in breast imaging were offered at 53 institutions, but only 46 had filled their positions.

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

**Reading Volume and Accuracy**

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

Lead author, Craig C. Beam, Ph.D., director of the Biostatistics Core at the H. Lee Moffitt Cancer Center and Research Institute of the University of South Florida in Tampa, says, “The main implication of the study is that volume on its own is not a sufficient guarantor of expertise in mammography interpretation.”

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

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

An accompanying editorial by Joann G. Elmore, M.D., from the University of Washington School of Medicine, added, “The whole picture of understanding breast imaging performance is more complex and multifactorial than this particular study might indicate.”

Continued on page 12
Uterine fibroid embolization (UFE) may soon be the first line of treatment for fibroid tumors, which affect as many as 77 percent of women according to government statistics.

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

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

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

New research presented at the American Roentgen Ray Society annual meeting in May found that UFE is effective and may not cause infertility or premature menopause as previously suspected. A similar finding was reported at the Society of Interventional Radiology (SIR) meeting in March.

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

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

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

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

— Mahmood K. Razavi, M.D.

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

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

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

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

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

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

“Although the radiology community knows that embolization works, there has been a problem communicating this knowledge to the gynecology community, which sees these patients first. At this point, most of our patients come directly to us,” he says. “Working with gynecologists may be better for the patient because some of them have additional gynecological problems that need to be attended to and we are not gynecologists. We need to focus our efforts on educating the gynecology community about uterine fibroid embolization and its benefits to their patients.”

**Patient Information about UFE**

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

- What is Uterine Fibroid Embolization?
- What are some common uses of the procedure?
- How should I prepare for the procedure?
- What does the equipment look like?
- How does the procedure work? How is the procedure performed?
- What will I experience during the procedure?
- Who interprets the results and how do I get them?
- What are the benefits vs. risks?
- What are the limitations of Uterine Fibroid Embolization?

RadiologyInfo also provides information on other women’s imaging procedures such as mammography, obstetric ultrasound, ultrasound-guided breast biopsy and x-ray guided breast biopsy.
Ever since privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) went into effect on April 14, all medical researchers, including radiology researchers, must heed new restraints that protect patients’ private health information.

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

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

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

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

Researchers in particular are required to obtain a number of new documents in order to conduct research in the HIPAA era, including a research authorization form, a waiver of authorization, a review preparatory to research and a data use agreement.

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

Research Authorization Form

Healthcare entities must obtain a patient’s written permission before using his or her protected health information (PHI) for most clinical research. This requirement applies to new patients enrolled in studies after April 14, 2003. Patients enrolled prior to April 14 do not have to sign a new authorization.

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

The form must notify the patient that they have the right to refuse to sign the research authorization form and advise them they may revoke the authorization after they have signed it. Additionally, the form must notify the patient of how they may revoke and the exceptions to that right, or refer to the researcher’s notice of privacy practices for that information.

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

Waiver of Authorization

If researchers need to use PHI for some purpose other than treatment, payment, operations or a research protocol, they can apply for a waiver of authorization under these circumstances:

- The research could not practically be conducted without a waiver and without access to and use of PHI.
- The use or disclosure of the PHI presents no more than a minimal risk to the patient’s privacy. Researchers must show how they will protect the Continued on next page
patient’s identifying information, present a plan to destroy the identifiers, and give written assurances that the protected health information will not be reused.

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

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

However, if the researchers need to use some of the patient’s health information with only the obvious identifiers stripped from the dataset, they must file a data use agreement that spells out the limited identifiable data they need for research purposes.

The overall purpose of the HIPAA privacy rule is to protect the rights of individuals to control disclosure of and access to their medical records. Civil penalties for not complying with the privacy rule include a $100 fine for each violation per individual patient. So if the research involves 100 patients, the fine could be a hefty $10,000.

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

In the April 26 issue of *The Lancet*, Laszlo Tabar, M.D., director of the Department of Mammography at Falun Central Hospital in Sweden, and colleagues compared breast cancer deaths among women before screening was introduced (1958-1977) with breast cancer deaths among women after the introduction of screening (1978-1997). They found a “significant 44 percent reduction in breast cancer mortality in women aged 40-69 years who were exposed to screening.”
Strong Start for RSNA’s New Virtual Journal Club

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

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

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

**How Does It Work?**

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

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

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

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

Dr. O’Malley says he had no difficulties navigating the site, “Once you go through the initial steps, it is relatively easy to use.” The only minor drawback is that the authors must be...
Two radiologists participating in the RSNA International Visiting Professor Program say their April visit to Guatemala was an incredibly rewarding adventure. In a telephone call from Antigua, Guatemala, James J. Abrahams, M.D., couldn’t contain his excitement: “This has been a phenomenal experience. This terrific program is a plus to the RSNA.”

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

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

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

In the United States, patients are accustomed to the relative ease of access to medical care. In Guatemala City, patients line up at 5 a.m. for a chance to get a radiographic study. Dr. Gollub says these are patients with serious injuries and advanced forms of cancer standing for hours in the warm hallways of Roosevelt Hospital. Government financial assistance for patients in Guatemala is limited. As part of the visit, Dr. Gollub had the opportunity to review unusual patient studies that, until now, he has only seen in textbooks, such as patients suffering from parasites.

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

The physicians say there are some differences in medical training for radiologists in Guatemala. There, students spend eight years in a combined college/medical school/internship curriculum instead of the nine total years need
for this in the United States. In Guatemala, the chief radiology resident remains in the hospital where he or she has trained. The rest of the fourth-year residents must continue training that year in rural hospitals. Most will eventually go into private practice. Just like in the United States, there is a severe shortage of radiologists in Guatemala.

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

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

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

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

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

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

“We had incredible hosts, who have made this experience easy and wonderful,” says Dr. Abrahams. Francisco A. Arredondo, M.D., incoming president of the Guatemala Congress of Radiology and a member of the RSNA Committee on International Relations and Education (CIRE) who is based in Guatemala, and Reuben Alvarez, M.D., outgoing president of the Guatemala Congress of Radiology, picked them up each day and showed them around.

“Dr. Arredondo invited us to his home during Easter week. This has been such a nice experience for us,” Dr. Abrahams adds.

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

Drs. Abrahams and Gollub took a break from teaching during Easter week to tour the ancient ruins at Tikal. They also spent time in Antigua, the former capital of Guatemala and its second oldest city. Antigua is famous for Semana Santa, or the Holy Week. Thousands of people, including Drs. Abrahams and Gollub, watched as residents carried heavy religious statues and altars made with flowers and walked through the streets of Antigua over elaborately constructed alfombras (colored sawdust carpets also made with flowers).

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

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

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

As part of the Visiting Professor Program, CIRE provided a $1,500 budget for educational materials from the RSNA Education Resources Catalog to be donated to the host institutions. Dr. Abrahams says the residents enthusiastically reviewed the catalog for educational materials to be sent to them at a later date.

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

Two other teams of visiting professors will travel to South Africa and Kenya in August and El Salvador in November.

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

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

Continued from previous page

Strong Start for RSNA’s New Virtual Journal Club

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

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

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

In the March-April issue, the featured article was “Clinical Role of FDG PET in Evaluation of Cancer Patients” by Lale Kostakoglu, M.D., and colleagues.

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

Access to the site and to the online RSNA journals is free for RSNA members. If you haven’t activated your subscription yet, go to radiographics.rsna-jnl.org/subscriptions/.
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The product descriptions have been submitted by the publishers.

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By Judith Korek Amorosa, M.D.

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Continued on next page
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Peter E. Valk, Dale L. Bailey, David Townsend, Michael N. Malley
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Continued on next page
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DSK
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Sarbjit S. Gargarlik, 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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Working For You

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

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

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

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

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

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

Working For You Profile

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

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

It is important to me to provide our exhibiting companies with the best opportunity to meet and visit with as many customers and buyers as possible. At the same time, these companies give RSNA members a chance to learn about the newest technology and to see the most comprehensive selection of radiology products and services available.

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

NAME:  
Tom Shimala

POSITION:  
Managing Director, Technical Exhibit Services

WITH RSNA SINCE:  
May, 1991
Philips Medical Systems is affirming its leadership in medical imaging and its commitment to the future of radiology by contributing $100,000 to the RSNA Research & Education Foundation earmarked for radiation oncology research.

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

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

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

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

As a powerhouse in the healthcare industry, Philips Medical Systems has been expanding its portfolio of medical equipment since the manufacture of its first x-ray tube in 1896. The initial business of x-ray equipment production has mushroomed into vast offerings in general radiology, ultrasound, MR imaging, CT, nuclear medicine, PET and radiation therapy equipment and supplies. With representation in over 100 countries, Philips is a world leader in the healthcare arena.

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

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

Research currently being conducted by Philips Medical Systems/RSNA Research Seed Grant recipients includes:

- “Treatment of Breast Cancer in Mouse Model with 188-Rhenium Based Compounds” Ekaterina Dadachova, Ph.D., Albert Einstein College of Medicine, Bronx, N.Y.
- “Imaging of the Femorotibial Articular Cartilage in Cadaveric Specimens: Qualitative and Quantitative Assessment with Diffusion-Weighted Imaging” Christine B. Chung, M.D., University of California, San Diego and Veteran’s Administration Healthcare System, La Jolla, Calif.
- “Imaging of the Femorotibial Articular Cartilage in Cadaveric Specimens: Qualitative and Quantitative Assessment with Diffusion-Weighted Imaging” Gang Zheng, Ph.D., University of Pennsylvania, Philadelphia

- “Receptor-Targeted Near-Infrared Fluorescence (NIRF) Imaging of Tumors with Naphthalocyanine-reconstituted Low-density Lipoprotein (LDL)”
“Human Cerebral Cortex Plasticity in Response to Lower Limb Immobilization”
Donna R. Roberts, M.D., Medical University of South Carolina, Charleston

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

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

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

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

**Radiology in Public Focus**

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

"Survey of Radiology Residents: Breast Imaging Training and Attitudes"

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

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

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

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

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

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

Spinal cord injuries affect 10,000 people in the United States each year, according to information cited in the study. Treatment for acute spinal cord injury is estimated to cost $2 billion annually. (*Radiology* 2003; 227:681-689)
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 between March 28, 2003 and April 30, 2003.

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Course Enrollment Opens June 23

The Course Enrollment, Scientific Program and Advance Registration and Housing brochure for RSNA 2003 will be mailed to all RSNA members in mid-June. Course enrollment begins June 23. An electronic version of the brochure will be available at www.rsna.org or by fax-on-demand by calling (847) 940-2146. Enter your fax number and a document number—1300 for the entire brochure, 1350 for refresher courses only or 1375 for the registration forms only.

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

Important Dates for RSNA 2003

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

There are four easy ways to complete the registration process:

- **Online (24 hours a day)**
  www.rsna.org/register/
  Enter your membership identification number found on the mailing label of your brochure or on the cover of *RSNA News*. The entire process takes only a few minutes. If you request hotel reservations, a hotel room deposit will be charged to your credit card.

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

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

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

- **Mail**
  ExpoExchange/RSNA 2003
  108 Wilmot Rd., Ste. 400
  Deerfield, IL 60015-0823
  Keep a copy of your completed registration form for your records.

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

RSNA’03
Communication for Better Patient Care

November 30 – December 5
McCormick Place, Chicago
Onsite Registration Moves to Lakeside Center

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

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

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

RSNA 2003 Exhibitor News

Chicago, McCormick Place Tops in Trade Show Service

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

What makes McCormick Place stand out? “Their event and sales staff are quite knowledgeable and will explore options presented by show management and attempt to find a solution that works best for all,” says Jacqueline Wolfe of the Graphic Arts Show Co. Inc.

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

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

For more information about technical exhibits at RSNA 2003, go to www.rsna.org/rsna/te/index.html.
RSNA 2003 Exhibitor News

**June Exhibitor Planning Meeting**

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

**Exhibitor Service Kit Online Only**

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

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

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

**Important Exhibitor Dates for RSNA 2003**

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

**North Shore – Long Island Jewish Health System**

As one of America’s largest health care systems, we are a network of 18 hospitals, long term care facilities, trauma centers, and home health and hospice agencies, located throughout Long Island, Queens and Staten Island. And this means more options. More opportunities. For you. For your career.

**Breast Imaging/Women’s Imaging Radiologist**

The Department of Radiology is recruiting an additional faculty member to join its breast imaging section. The combined breast imaging centers have eight mammography units, three ultrasound units and two stereotactic biopsy devices. Three full field digital mammography units will be installed. A high volume of breast imaging studies is performed including mammography, breast ultrasound and breast interventional procedures. You must be a board-certified radiologist preferably with fellowship training or significant experience in breast/women’s imaging. The department offers an extremely competitive compensation package based on experience.

Interested candidates should contact and send CV to: Lawrence P. Davis, MD, FACR, Vice Chair, Department of Radiology, Long Island Jewish Medical Center, 270-05 76th Ave., New Hyde Park, NY 11040 Ph: 718-470-7235. Fax: 718-343-3893. E-mail: ldavis@lij.edu
NEW!
Request Your Copy of the RSNA 2003 Scientific Program

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

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

To request a copy of the program, go to www.rsna.org/program, then choose either to:
• have the printed program mailed to you before the meeting
• pick up a copy of the program at the annual meeting

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

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

New Acrobat Reader

Adobe Systems Incorporated is releasing a new version of its free Acrobat Reader (www.adobe.com/products/acrobat/readerstep2.html). Acrobat Reader is the downloadable software necessary to view and print documents in Portable Document Format (PDF). Like many Web sites, RSNA Link uses PDFs for archival materials, such as annual reports and RSNA News, and for distribution of documents with precise formatting requirements, including brochures, the service kit for technical exhibitors and some application forms.

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

OTHER WEB NEWS

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

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

RSNA Strategic Plan

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

JULY 11-13
Strategies for Running a Successful Radiology Practice,
RSNA Headquarters, Oak Brook, Ill. • (630) 368-3747 or
www.rsna.org/education/shortcourses

JULY 16-19
Asian Oceanian Congress of Radiology (AOCR), Raffles City
Convention Centre, Singapore • www.aocr2003.org

JULY 27-31
Society of Computed Body Tomography and Magnetic Resonance
(SCBT/MR), Summer Practicum, Grove Park Inn Resort,
Asheville, N.C. • www.scbtmr.org

AUGUST 10-14
International Symposium of Radiopharmaceutical Chemistry
(ISRC), Sheraton on the Park, Sydney, Australia

AUGUST 10-14
American Association of Physicists in Medicine (AAPM),
45th Annual Meeting, San Diego Convention Center, San Diego
• www.aapm.org

AUGUST 10-14
American Healthcare Radiology Administrators (AHRA),
31st Annual Meeting and Exposition, Anaheim Convention
Center, Anaheim, Calif. • www.ahra.com

AUGUST 15-18
Society of Molecular Imaging, Second Annual Meeting,
Hyatt Regency San Francisco • www.molecularimaging.org

AUGUST 17-22
Radiation Research Society (RRS), 50th Annual Meeting, in
conjunction with 12th International Congress of Radiation
Research (ICRR), Brisbane, Australia • www.icrr2003.org

AUGUST 24-29
World Congress on Medical Physics and Biomedical Engineering,
WC 2003, Sydney Convention & Exhibition Centre,
Sydney, Australia • www.wc2003.org

SEPTEMBER 13-16
North American Society for Cardiac Imaging, 31st Annual
Meeting and Scientific Session, Hotel Adolphus, Dallas
• www.nasci.org

SEPTEMBER 13-17
Society of Chairman of Academic Radiology Departments
(SCARD), Fairmont Waterfront, Vancouver, British Columbia,
Canada • www.scardonline.org

SEPTEMBER 17-20
International Skeletal Society, ISS San Francisco 2003,
The Fairmont Hotel, San Francisco
• www.internalskeletalsociety.com

SEPTEMBER 18-21
Royal Australia New Zealand Congress of Radiology
(RANZCR), 54th Annual Scientific Meeting, Brisbane,
Australia • www.ranzcr.edu.au/open/asm2003/index.htm

SEPTEMBER 19-21
American College of Radiology Imaging Network (ACRIN),
Semi-Annual Meeting, Ritz Carlton Pentagon City, Arlington,
Va. • www.acrin.org

SEPTEMBER 20-24
Cardiovascular & Interventional Radiological Society of Europe
(CIRSE), Annual Meeting, Antalya, Turkey • www.cirse.org

SEPTEMBER 22-26
American Osteopathic College of Radiology (AOCR),
Annual Convention, Loews Miami Beach Hotel South Beach,
Miami Beach, Fla. • www.aocr.org

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

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