



Society of Nuclear Medicine

CENTRAL



HAPTER IN THE NEWS

December 2001

One of the common threads in many of the conversations and e-mails between those who serve on the Chapter committees and the Board of Governor, is attendance at meetings—our meetings, meetings run by other Chapters, Road Shows, etc. We

Report from the Chapter President

are always looking for ways to make meetings more attractive and interesting to Chapter members and to try an convince people to come to meetings—the health of our Chapter depends upon the success of our meetings. We have looked around at the success stories of other Chapters. Many small chapters can boast several hundred attendees at their meetings.

Admittedly some are in nice locations (Florida in springtime is very nice !), but meetings in such locations are financially out of reach of many of the technologists. However, other chapters, such as the Pittsburgh Chapter, often get 100–200 at their meetings. How do they do it? Are they more interested in Nuclear Medicine than we are? Do they have more time? What is it that makes a Chapter meeting attractive so that the members will come. The Central Chapter is the largest one in Society and yet we attract only 10% of our members to the annual Spring meeting. » p4



Michael O'Connor, Ph.D.

Well, it is October when I am writing this and it is hard to believe fall is upon us. I am sure many of you share this sentiment for various reasons. Fall is

Report from the Technologist Section President

also the time of the Road Shows. There were five Road Shows in various cities around the Central Chapter with just over 200 attendees total. I had the pleasure of attending the Rochester Road Show, where I was a member of a very interactive panel discussion addressing the technologist shortage. I would like to share with you a summary of that discussion.

There was much discussion on how to fill this void with temporary services and ancillary staff or aides. The use of aides is definitely a new concept that many of us are trying to get a handle on. We have been accustomed to being directly responsible for patient care in our labs and now we are looking at reducing that direct care. What will these aides do? Do they answer phones and do the paper work or do we train them to do the patient dosing? » p4



Derek Fuerbringer, CNMT

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Society of Nuclear Medicine—Leadership Report: Oct 2001

Board Adopts 2002 Budget

The SNM Board of Directors has adopted a \$7.4 million budget for the fiscal year beginning October 1, 2001. The budget, despite an already growing downturn in the economy, now exacerbated by the events of September 11th, anticipates modest but solid revenues for the coming year and anticipates strong financial control over expenses. In addition to the services and products normally included in the Society budget, the Board also has allocated (partly from reserves) \$200,000 to support advocacy activities on behalf of PET reimbursement, coding and reimbursement generally, and Part 35 NRC advocacy.

The financial integrity of the Society remains strong, though the Board intentionally reduced reserves this past year to finance advocacy activities, building renovation at the SNM headquarters, enhancements to the Annual Meeting, and support of the ICANL accrediting organization. In addition, there was some unintentional draw-down as the result of a diminished investment portfolio that, along with all other portfolios, was buffeted by an erratic stock market for most of the year. Even with all of this, the Society is expected to finish 2001 in the black, which even under normal circumstances this year is an accomplishment in and of itself.

Pappas Named Acting Executive Director

Virginia Pappas has been named Acting Executive Director of the Society effective the close of business on October 5 and will serve in that capacity until a new executive director is named by the Board of Directors. Pappas, a twenty-four-year veteran of the SNM staff, is currently Deputy Executive Director. As Acting Executive Director she will have full executive authority to manage the staff, budget, and activities of the Society during the

transition and will report directly to the SNM president and the Board of Directors. Bill Bertera, current Executive Director, has resigned to take a similar position with the Water Environment Federation, a 100,000-member Washington-based federation of 73 associations with a budget of \$20 million and a staff of 116.

Executive Director Search Begins

Alan Maurer, MD, SNM President, has named a search committee consisting of himself as chair, Mike Gelfand, MD; Mickey Clarke, CNMT; Frances Keech, CNMT; and Henry Royal, PhD. The committee has met several times in person and by conference call and developed a job description and list of qualifications for a new executive director. The committee will interview professional search firm to assist in the search. Their goal is to have final candidates to refer to the full Board of Directors at its Mid-winter Meeting in February.

BUSINESS COMMUNICATIONS

Business communications concerning advertising should be sent to Renae Henkin, Central Chapter of SNM, Inc., 875 E. 22nd Street, #202, Lombard, IL 60148-5025. E-mail ccsnm@mindspring.com, Voice 630-686-6187, and Fax 630-268-0612. Advertising rates for the 2001/2002 calendar year are \$250 for half-page and \$500 for full-page advertisements.

Please note that the Central Chapter Office has moved. The new address is 875 E. 22nd Street, #202, Lombard, IL 60148-5025.

Future Meeting—2003

Location: COBO Conference Center, Detroit, MI

Hotel: Crowne Plaza, 2 Washington Blvd., Detroit, MI — Room Rates \$125.00 single/double, \$135.00/triple, \$145.00/quad

Dates: May 1–5, 2003

Program Chairs: John Freitas, MD (313) 926-4506, johnfreitas@sprintmail.com
Mary Yeomans, CNMT (248) 926-9500, maryy@medinuc.com
Sharon Lafferty, CNMT, (810) 573-5125, sharon@provideamerica.com

Basic Nuclear Medicine—A New Way of Doing Old Things

Topics:

- Before You Begin—Camera QC, New NRC Regulations, Radiopharmaceutical Update
- Cardiology—What Type of Stress and How to Do It, 3D SPECT, Understanding Cardiac Processing: From Filters to Attenuation Correction
- Inflammatory and Disease Detection—Ga-67 Scanning for PCP, In-111 WBC vs. Ceretec, Lymphoscintigraphy
- Clinical Appropriateness: A Better Way?— I-123 vs. I-131 or Tc-99m for Thyroid Imaging, Hepatobiliary Imaging, VQ Perfusion Imaging

THE CLINICAL ROLE OF PET IMAGING IN PATIENTS WITH COLORECTAL CANCER—PRACTICUM

JA Bianco, MD, Professor of Radiology, University of Wisconsin, Madison

In 1995, there were 138,000 new cases of colon cancer in the U.S., and there also were 55,000 deaths. In principle, 70% of colon cancers are potentially curable. After surgery for colon cancer, 40% of these cancers recur. The most common sites of recurrence of colon cancer are the liver, lung, lymph nodes, and bones. Carcinoembryonic antigen (CEA) levels have been used for the postoperative surveillance of colon cancer for years. A level of 10 ng/ml or more is associated with colon cancer metastases or biliary obstruction. CEA levels between 2.5 and 10 are associated with colon cancer metastases, breast/lung/kidney or pancreatic cancers, cirrhosis, gastritis, emphysema, diverticulitis, diabetes, collagen disease, cigarette smoking, and chemotherapy. The overall sensitivity for CEA to indicate colon cancer metastases is between 60% and 70%. CT is best for diagnosis of colon cancer metastases when lesions are greater than 2 cm. CT is less sensitive than PET for hepatic, extrahepatic, lung, or perirectal metastases. The robustness of PET scans to assess suspected recurrent colorectal cancer was shown in three clinical series:

-Delbeke et al. (J Nucl Med 38:1196, 1997) studied 52 consecutive patients with suspected recurrent colorectal cancer. PET was more sensitive than CT (91% vs 81%) for detection of hepatic metastases. For detection of extrahepatic metastases, PET was even more sensitive than CT (100% vs 74%).

-Flanagan et al. (Ann Surg 227:319, 1998) selected 22 patients (out of a sample of over 100 patients) where CEA were greater than 5 ng/ml and conventional imaging techniques were normal. In 17 out of 22 with recurrent colon cancer disease (appearing during follow up), PET scans were abnormal in all 17 patients. In 5 of the 22 patients in who no recurrent colon cancer disease was demonstrated, PET scans were negative.

-Flamen et al. (J Clin Oncol 17:894, 1999) studied 103 patients who had undergone colonic or rectal surgery and who were suspected of recurrent disease. They found a significant diagnostic value of PET in conjunction with CT in 20% of patients with presumed resectable hepatic or pelvic recurrence.

It is thought that the additional value of PET in patients with recurrent colorectal cancer in relation to conventional imaging is due to (1) mild diffuse hepatic abnormalities, (2) disease in rectal or parirectal spaces, (3) abdominal and thoracic lymph nodes, and (4) unsuspected extrahepatic metastases. In all these situations PET is more sensitive than conventional imaging methods.

Caveats: (1) PET may not detect mucin-related colon cancer—these are <10% of colon cancer, (2) inflammatory bowel disease, hepatic adenomata—those >1.3 cm, diverticular disease, granulomata and the like are all, associated with false positive PET scans, and (3) adjuvant chemotherapy may delay diagnosis of recurrence.

One important change leading to a false positive PET result is the inflammatory reaction in perirectal spaces after radiation therapy.

Update on the Proposed Revisions to 10 CFR Part 35

As we mentioned in the last newsletter, last July the Senate Appropriations Committee directed the Nuclear Regulatory Commission not to expend any funds to implement or enforce the revisions to 10 CFR Part 35, which contains regulations concerning the medical use of isotopes that were adopted by the Commission on October 28, 2000. Following the success of the SNM and ACNP in the Senate committee, the bill then went to the House. Late last month the House-Senate Conference adopted the compromise language suggested by the SNM and ACNP on 10 CFR Part 35. This bill, which is part of the FY 2002 energy and water appropriations bill, has now been passed by Congress and sent to the president for signature. The language reads as follows:

“Provided further, That, notwithstanding any other provision of law, no funds made available under this or any other Act may be expended by the Commission to implement or enforce any part of 10 CFR Part 35, as adopted by the Commission on October 23, 2000, with respect to diagnostic nuclear medicine, except those parts which establish training and experience requirements for persons seeking licensing as authorized users, until such time as the Commission has reexamined 10 CFR Part 35 and provided a report to Congress which explains why the burden imposed by 10 CFR Part 35 could not be further reduced.”

In short the ACNP/SNM have accomplished the goal of limiting the impact of the new 10 C.F.R. Part 35 on diagnostic nuclear medicine. This is a major victory for the Society and the College and for all of the members who supported the effort with letters to their Congressmen and Senators. For the first time, Congress has told the NRC that it has gone too far. The task ahead is now to engage the NRC in a dialogue so that the nuclear medicine community has a meaningful say in what happens next.

Proposed Reduction for FDG PET in Hospital Outpatient Settings

On August 24, 2001, CMS published its proposed reimbursement rates for APCs for 2002. Among the many proposed changes is a draconian cut in reimbursement for FDG PET imaging in the Hospital Outpatient setting. Currently FDG PET is reimbursed at \$2,331.18; the proposed rate is \$841.94—both of these rates include the cost of the FDG.

The proposed reductions are based on hospital cost data that CMS gathered from July 1999 through June 2000. The SNM is of the opinion that while the data they gathered may be correct for what it is, it does not accurately reflect the cost of this new technology. SNM is working with the other members of the Nuclear Medicine APC Task Force to correct this situation.

Tech Section President's Report (cont.)

¶1 Once we answer these questions, what regulatory concerns need to be addressed? Another concern raised was the awareness or rather the lack of awareness, of Nuclear Medicine. How many of you have had a patient say "I didn't know Nuclear Medicine existed until I needed a scan?" This same lack of awareness exists in the career education process. Think back to when you discovered Nuclear Medicine. How did you discover Nuclear Medicine? I found Nuclear Medicine while on a hospital tour and the Nuclear Medicine technologist happened to have been called in and talked to us. How do we raise the awareness of Nuclear Medicine at the time students are deciding their career path?

The final question raised was, How do we train the new students who are coming through? Demands for Nuclear Medicine services are on the rise and we, the technologists, are on the decline. Yet, we need to find ways to train students to be new technologists and we need to find ways to continue that training from entry level to experienced Nuclear Medicine technologists.

So, what does this all mean? I am not sure I have the answers but a current buzz phrase comes to mind: We will need to think out of the box to keep Nuclear Medicine a viable service to our patients and to ourselves. If you have an idea or have a working solution, let me know. I would be happy to share it. Remember to share this newsletter with your peers.

National Council Delegate Report

It's time to start thinking about ballots again. Not only will we have our elections for the Central Chapter taking place, but you also will be receiving your national ballot in the near future. I just would like to remind you to support your fellow Chapter members. Participating at the national level is a wonderful experience, but also takes a tremendous amount of dedication and time. Help the technologists of the Central Chapter continue to have a voice by supporting our candidates.

As far as national business, it has been rather quiet. Committees have been hard at work promoting licensure, brainstorming for future Nuclear Medicine Week themes, reviewing VOICE applications, digging up articles for the JMNT and UPTAKE, and recruiting members to get involved—these are just a few activities taking place behind the scenes. The finance committee did meet as scheduled and submitted a budget to the National Council members. Votes to pass this proposed budget, which did not cut nor reject any committee projects or funds, should be tabulated by mid November.

In February, the National Council will convene at the Mid-Winter meeting in Phoenix, Arizona. I will anticipate having more information to share with you at that time—perhaps answers to questions regarding IRS tax status and procedure, Executive Director appointments for SNM, Inc., and an updated report on advanced practice and licensure.

Lisa Hazen, CNMT

President's Report (cont.)

¶1 We are in a bind to know what you the member really wants. The only members we talk to are those who come to the meetings—but there we are preaching to the converted! If we try surveys, questionnaires, we know we will only get about 10% response (you guessed it—probably the same 10% who come to the meetings!). Many Societies and Chapters hold small mid-week evening meetings with 1–2 hours of talks. Should the Chapter consider these types of meetings as a way to help build the grassroots support that can then percolate up to enhance the larger annual Chapter meeting? However, evening meetings are only practical in large metropolitan areas and many physicians and technologists in rural areas may not be able to attend. Once again we are asking for feedback from the silent majority—e-mail anyone on the Board of Governors and let them know what you think and what would meet your needs.

We are hoping that for our next meeting in Chicago, we have all the ingredients for one of our biggest meetings in many years: a downtown Chicago location, a university setting, and a superb scientific meeting and faculty. All the details are in this newsletter. If people do not find this an attractive meeting, then I for one am lost as to what we can do to entice people to our meetings.

On a totally different note, Derek Fuerbringer has mentioned the problems associated with the current shortage in technologists. The American Society of Nuclear Cardiology recently did a small survey of technologists to see what things were important to them in the workplace. The top four issues that emerged in that survey were, in order, (4th) the work environment, meaning the general work conditions; (3rd) the benefit package; (2nd) salaries; and (1st) THE most important thing to technologists—respect from the physicians and administration. This was the primary reason why technologists moved jobs. While these issues will not help physicians or administrators recruit additional technologists, understanding what is important to the technologists may help them retain the staff they have. Food for thought !!!

Money ! Money ! Money !

Finally, please note the abstract form for submission of oral or poster presentations at the next Spring meeting. If you have not done much in the way of presenting before, this is an ideal opportunity to get some experience in presenting a small research project or clinical technique that may be of interest to members. You can do so in an environment that is more supportive than a major meeting. Not many people submit abstracts, so in addition you have excellent odds of picking up one of the many cash prizes (2 prizes for technologist presentations and 1 for scientist/physician presentations). It's just money waiting to be won at significantly better odds than you will ever see in any casino or with any lotto ticket!



Central Chapter of the
Society of Nuclear Medicine
and
Northwestern Memorial Hospital
Department of Nuclear Medicine

present

Innovations in Nuclear Medicine
Imaging, Therapy, and Instrumentation

PET in the Year 2002

Monoclonal Antibodies and Receptor Imaging

State-of-the-Art Methods in Nuclear Oncology

Future of Medical Imaging

April 12–14, 2002

Northwestern Memorial Hospital

3rd Floor Conference Center

251 E. Huron

Chicago, Illinois

DESCRIPTION

This meeting is presented by the Central Chapter of the SNM. Its organizers, Mark W. Groch, PhD, and Monica C. Geyer, CNMT, have designed a program that provides for the educational needs of the practicing nuclear medicine physicians, scientists, and technologists with regard to the latest techniques in imaging, diagnosis, and therapy.

OBJECTIVES

At the end of this meeting attendees will be able to

- Discuss the role of monoclonal antibodies and receptor imaging in diagnosis and treatment.
- Evaluate the clinical utility of dedicated PET and of gamma camera coincidence imaging.
- Assess the future of nuclear medicine imaging devices.
- Review current and future clinical applications of nuclear medicine.

CREDIT

Continuing education credits for technologists and physicians have been requested.

HOTEL ACCOMMODATIONS

Reservations can be made directly by calling the Allerton Crowne Plaza—Chicago at (312) 440-1500. All reservations must be guaranteed for late arrival with a credit card. Please mention the Central Chapter of the Society of Nuclear Medicine when making your reservation. Check-in time is 3:00 p.m. Checkout time is 12:00 noon. The room rate is \$129.00 single/double (one bed) \$159.00 double/double (two beds)—limited availability, and \$169.00 suite—limited availability. The hotel tax is 14.9%. Please make your reservations by Friday, March 15, 2002, to take advantage of the SNM rate. Hotel rooms are subject to applicable tax. Please contact the Allerton 48 hours prior to arrival date if you need to cancel. Should an early departure occur after check-in, a \$75.00 fee will be placed on the individual's guestroom folio.

CHICAGO

Chicago has attractions and activities for a family on vacation, someone visiting for business, or a couple searching for romance. Museums, shopping, fine dining, and educational attractions including the Hancock Observatory, the Shedd Aquarium, and the Chicago Academy of Science are here to entertain. That is just the beginning. Bring the family and join us.

FRIDAY April 12, 2002

7:00-8:00 REGISTRATION

8:00-8:15 WELCOME AND OVERVIEW

Michael K. O'Connor, PhD, President, CCSNM
Mark W. Groch, PhD, Scientific Program Chair
Monica C. Geyer, BA, CNMT, Program Chair
Ron Santo, Former Third Baseman and Current
Color Commentator of the Cubs (Tentative)

SESSION 1 STATE-OF-THE ART METHODS IN NUCLEAR ONCOLOGY

Moderators: William G. Spies, MD, Monica C. Geyer, CNMT

8:15-9:15 James L. Quinn Memorial Lecture
Current State of the Art in Positron Computed
Tomography

Stewart M. Spies, MD

9:15-10:00 Nuclear Oncology from the Prospective of a
Medical Oncologist

Steven Rosen, MD

10:00-10:15 Coffee Break

10:15-10:45 Technical Considerations for Imaging Oncologic
Agents

Anne M. Pierini, CNMT

10:45-11:30 Update on Prostate Cancer Imaging

Anthony M. Passalacqua, MD

11:30-12:00 Skeletal Target Radionuclide Therapy

Peter Cutera, CNMT

12:00-1:30 LUNCH

SESSION 2 MONOCLONAL ANTIBODY AND RECEPTOR
IMAGING

Moderators: Michael K. O'Connor, PhD, Lynn Melhberg, CNMT

1:30-2:30 FEATURED KEYNOTE SPEAKER

Monoclonal Antibody and Receptors: The
Complementary Role of Imaging and Therapy

Gerald L. DeNardo, MD

2:30-3:00 Monoclonal Antibody/Receptor Imaging:
An Overview from a Clinical Oncologist

Leo M. Gordon, MD

3:00-3:15 Coffee/Soda Break

3:15-3:45 Monoclonal Antibody Imaging/Dosimetry
Technical Imaging Considerations

Peter Cutera, CNMT

3:45-4:15 GUEST SPEAKER

Dosimetric Methods in Radionuclide Imaging
and Therapy

William D. Erwin, MS

4:15-4:45 Nuclear/CT/MRI Image Fusion in Oncology

Dennis Nelson, PhD

4:45-5:15 PROFFERED PAPERS

5:15 TOUR OUR NORTHWESTERN MEMORIAL
HOSPITAL AND NUCLEAR MEDICINE/PET
FACILITY

SOCIAL EVENT OR EVENING PROGRAM TBA

SATURDAY April 13, 2002

SESSION 3 PET IN THE YEAR 2002

Moderator: Malcolm Cooper, MD, Susan C. Weiss, CNMT

8:00-8:30 PROFFERED PAPERS

8:30-9:30 FEATURED KEYNOTE SPEAKER

PET Scanning Current and Future: A Practical
Review

R. Edward Coleman, MD

9:30-10:00 Performing PET Studies

Darla B. Helmer, ARRT

10:00-10:15 Coffee Break

10:15-11:00 The Role of PET to Assess Myocardial
Perfusion and Viability

Jesus A. Bianco, MD

11:00-12:00 PET Imaging of the Brain: Current Status,
Future Direction

Malcolm D. Cooper, MD

12:00-1:30	LUNCHEON		GUEST FACULTY
SESSION 4	PET IN THE YEAR 2002 II		R. Edward Coleman, MD Professor and Chair, Nuclear Medicine, Duke University, Chapel Hill, NC
Moderator:	Jesus A. Bianco, MD, Nancy McDonald, CNMT		Gerald L. DeNardo, MD Professor of Medicine, University of California–Davis, Sacramento, CA
1:30-2:00	PET Oncology I: Hybrid PET Systems	Robert E. Henkin, MD	John C. Engdahl, PhD Director of Research, Siemens Medical Systems, Hoffman Estates, IL
2:00-2:30	PET Oncology II: Full Ring PET Systems	James K. O'Donnell, MD	William D. Erwin, MS Physicist, MD Anderson Cancer Hospital, Houston, TX
2:30-3:15	PET Oncology III: Correlation with CT	William G. Spies, MD	Leo M. Gordon, MD Chief, Division of Hematology & Oncology, Northwestern University, Chicago, IL
3:15-3:30	Coffee/Soda Break		Ron Nutt, PhD President, CPS, Knoxville, TN
3:30-4:15	PET Oncology IV: Correlation with MRI	David A. Turner, MD	Steven Rosen, MD Chair, Medical Oncology, Northwestern University, Chicago, IL
4:15-4:45	Quality Control for PET	Brad J. Kemp, PhD	CCSNM FACULTY
4:45-5:15	The Economics of a PET Center	Monica C. Geyer, CNMT	Jesus A. Bianco, MD Professor of Radiology, University of Wisconsin, Madison, WI
5:15	SOCIAL EVENT OR EVENING PROGRAM TBA		Wei Chang, PhD Professor of Medical Physics, Rush University, Chicago, IL
SUNDAY	April 14, 2002		Malcolm D. Cooper, MD Professor of Radiology, Chief, PET Center, University of Chicago, IL
SESSION 5	THE FUTURE OF MEDICAL IMAGING INSTRUMENTATION		Peter Cutera, BA, CNMT Technologist, Northwestern Memorial Hospital, Chicago, IL
Moderators:	Mark W. Groch, PhD, James R. Halama, PhD		Monica C. Geyer, BA, CNMT Manager, Nuclear Medicine, Northwestern Memorial Hospital, Chicago, IL
8:00-8:30	New Imaging Devices for Dedicated PET: LSO/GSO—Overview	Ron Nutt, PhD	Mark W. Groch, PhD Associate Professor of Radiology, Northwestern University, Chicago, IL
8:30-9:00	Clinical Imaging Considerations	James R. Halama, PhD	James R. Halama, PhD Assistant Professor of Radiology, Loyola University, Maywood, IL
9:00-9:30	New Hybrid Imaging Systems for PET, SPECT, and CT—Overview	Mark W. Groch, PhD	Darla B. Helmer, ARRT Technologist, Northwestern Memorial Hospital, Chicago, IL
9:30-10:00	Clinical Imaging Considerations	Paul Moesbach, ARRT	Robert E. Henkin, MD Professor, Acting Chair, Radiology, Loyola University, Maywood, IL
10:00-10:15	Coffee Break		Brad J. Kemp, PhD Associate Professor of Radiologic Physics, Mayo Clinic, Rochester, MN
10:15-10:45	New Single Photon Imaging Systems CZT, CsI—Overview	John C. Engdahl, PhD	Paul Moesbach, BA, ARRT Manager, CT, Northwestern Memorial Hospital, Chicago, IL
10:45-11:15	Clinical Imaging Considerations	Michael K. O'Connor, PhD	Dennis Nelson, PhD Physicist, University Hospitals, Cleveland, OH
11:15-12:15	Structured Panel Discussion Future of Tomographic Imaging		Michael K. O'Connor, PhD Professor of Radiologic Physics, Mayo Clinic, Rochester, MN
	Wei Chang, PhD		James K. O'Donnell, MD Professor, Director of Nuclear Medicine, University Hospitals, Cleveland, OH
	James Colsher, PhD		Anthony M. Passalacqua, MD Associate Professor of Radiology, Northeastern Ohio Universities College of Medicine, Cleveland, OH
	John C. Engdahl, PhD		Anne M. Pierini, CNMT Technologist, William Beaumont Hospital, Royal Oak, MI
	William D. Erwin, MS		Stewart M. Spies, MD Clinical Professor of Radiology, Northwestern University, Chicago, IL
	Mark W. Groch, PhD		William G. Spies, MD Associate Clinical Professor of Radiology, Northwestern University, Chicago, IL
	James R. Halama, PhD		David A. Turner, MD Professor of Radiology, Director, Section of MRI, Rush University, Chicago, IL
	Horace Hines, PhD		
	Brad J. Kemp, PhD		
	Ron Nutt, PhD		
	Michael K. O'Connor, PhD		
12:15	ADJOURN		

CCSNM

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	Pre-Registration	On-Site	Costs
MD, PhD, etc., SNM Member	\$ 125.00	\$ 140.00	\$ _____
MD, PhD, etc., Nonmember	\$ 150.00	\$ 165.00	\$ _____
Technologist, SNM Member	\$ 75.00	\$ 90.00	\$ _____
Technologist, Nonmember	\$ 85.00	\$ 100.00	\$ _____
Resident, SNM Member	\$ 40.00	\$ 50.00	\$ _____
Resident, Nonmember	\$ 55.00	\$ 65.00	\$ _____
Technologist Trainees	\$ 10.00	\$ 15.00	\$ _____
Technologist, SNM Member Saturday/Sunday Rate		\$ 40.00	\$ _____
Technologist, Nonmember Saturday/Sunday Rate		\$ 55.00	\$ _____
Business/Award Lunch, Saturday		\$ 10.00	\$ _____

MAKE CHECKS PAYABLE TO: CCSNM TOTAL COSTS \$ _____

Mail order form and payment to: CCSNM, 875 E. 22nd Street, #202, Lombard, IL 60148-5025

Deadline for submission is
Friday, February 15, 2002

Central Chapter, SNM Abstract Instructions

For the April 12–14, 2002,
Spring Meeting
Chicago, IL

Printer or Typewriter

The abstract must be typed inside the rectangle on the reverse side of this page staying absolutely within the borders. The abstract will be directly photo-reproduced as submitted. Use a 12-pitch standard font (no italic or script fonts). Printing must be in black.

Erasures, Corrections, etc.

Abstracts with smudges, errors, erasures, misspellings, poor grammar, incorrect abbreviations, or too-faint typing may be rejected.

Format

Use all capitals for the title, followed by

the author's initials, last name, and institutional affiliation. Underline the name of the presenting author. Single space all typing. Leave one space between the title/author section and the body of the abstract. Indent each paragraph three spaces. Do not include author's degrees, titles, institutional appointments, street addresses, or zip codes.

Organization of Abstract

The body of the abstract should include a statement of the purpose of the study, a statement of the methods used, a summary of the results presented in sufficient detail to support the conclusions, and a

statement of the conclusions reached. It is not satisfactory to use phrases such as "the results will be discussed" or "other data will be presented." Use the following headlines to clearly identify each element of content: Objectives, Methods, Results and Discussion.

Example

BONE IMAGING WITH Tc-99m
R.A. Berger, D.K. Grahm, and
N.A. Lucas. Methodist Hospital,
Indianapolis, IN.

The various factors contributing to
the proper diagnosis of. . .

Abbreviations

Abbreviations and style should follow the Style Manual for the Journal of Nuclear Medicine. The chemical identity of radiopharmaceuticals must be specified as accurately and completely as possible.

Superscripts and Subscripts

The mass number of an element should follow the elemental abbreviation on the same line and be separated by a hyphen, e.g., Tc-99m. Do not use superscripts or subscripts to identify radionuclides.

Acknowledgement Card

If you wish to receive an acknowledgement of receipt of your abstract, send a stamped self-addressed postcard with your submission.

Where to Send Abstract

Do not fold the abstract form. Mail the original abstract form and two photocopies to:

Mark W. Groch, PhD
Northwestern Memorial Hospital
Department of Nuclear Medicine
201 E. Huron, Galter 8-110
Chicago, IL 60611
(312) 926-4506

**Deadline for submission is
Friday, February 15, 2002**

Central Chapter, SNM Abstract Form

For the April 12-14, 2002,
Spring Meeting
Chicago, IL

Policies and Instructions

Please review this form thoroughly before preparing your abstract. Because of time constraints, abstracts that do not comply with these policies and instructions must be rejected.

Who May Submit Abstracts

The Program Committee invites original contributions in nuclear medicine from both members and nonmembers of the Society of Nuclear Medicine.

Supporting Data

Supporting data are not required, but may be submitted (one page only) if the reviewer's understanding will be enhanced.

Abstracts with Similar Topics

Whenever possible, multiple contributions on the same subject from the same institution should be merged into a single abstract.

Abstract Publication

Abstracts accepted for oral presentation will be published in Clinical Nuclear Medicine.

Projection Requirements

Only dual 35-mm projection will be available for presenting scientific papers.

Changes after Submission

Abstracts are submitted in final format. No changes will be made to the form at any time after receipt by the Central Chapter.

Awards

Abstracts can be considered for 3 awards. The CCSNM-TS Best Technologist Paper (oral presentation only) \$250, Senior author must be a technologist SNM member. A \$500 educational grant may be awarded to the top scoring author if this abstract was also submitted to the SNMETS for presentation at the SNM June meeting.

The CCSNM Best Technologist/Scientist Paper (oral presentation only) \$250, Senior author must be an SNM member.

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Letter from Kuwait

B. David Collier, MD, Professor Nuclear Medicine, Kuwait University

With the Middle East often featured in the news these days, I thought that my fellow members of the Central Chapter might be interested in learning more about the day-to-day practice of nuclear medicine in Kuwait. Since December of 2000, I have had the opportunity to serve as a Professor of Nuclear Medicine at Kuwait University. I work at Mubarak Al-Kabeer Hospital, which is in Jabriya. Even at 8:00AM, traffic on the expressway is heavy and it takes over 20 minutes to drive just one mile from my home in Salmiya. Our Nuclear Medicine department is equipped with six dual-head gamma cameras. About one-third our volume is SPECT myocardial perfusion exams with renal, thyroid, and bone also common studies. As part of a QC monitor, we recently reviewed our myocardial perfusion experience: 64% of the studies are abnormal. The biggest complaint is the waiting list for patients needing this cardiac study. Thanks to special efforts from our technicians, resident physicians, and medical staff, we now have the waiting list for a myocardial perfusion study down to just two months. However, there are unique challenges here in Kuwait that make it hard for us to eliminate the waiting list. We practice at the end of a long supply line, and about once a month the Tc-99m generators do not arrive on time.

There are six nuclear medicine residents in our program. We offer both a four-year residency through the Kuwait Institute for Medical Specialization and an MSc in Nuclear Medicine Sciences through Kuwait University. On a typical day, two of the residents will be on duty in the nuclear medicine unit at Mubarak Hospital with the other four at other hospitals or serving clinical electives. There are six nuclear medicine physicians on staff at Mubarak Hospital. Dr. Abdelhamid Elgazzar, chairman of our department, trained at the University of Cincinnati. In addition, I share an office with Dr. Issa Loutfi—Issa and I both trained at the Harvard Joint Program in Nuclear Medicine. If this letter is of interest, I will send you another describing our full staff in more detail. Morning report begins at 8:00AM and runs for one hour. The residents also have one or two hours of formal teaching in clinical nuclear medicine along with up to two hours of physics, radiopharmacy, or biostatistics. The residency program in Kuwait has more formal teaching than I was exposed to at Harvard. Cases are read throughout the day. Patients expect to leave the department with a report and a set of films. In Kuwait, most patients keep copies of their imaging studies. This comes in handy when I want to compare a bone scan with the x-rays. I just ask the patient for the films. You probably are wondering if I have learned Arabic and can chat with the patients. No, I am very slow and a great disappointment in this respect to my Arabic-speaking friends. However, many patients and all Kuwaiti medical professionals are clever at languages and speak English. We write our reports in English. And I am encountering patterns of disease that are

new to me. For example, Dr. Muna and I are researching the appearance of brucellosis on bone scan.

In addition to talking about families, friends, vacation time, and interesting restaurants, small talk often turns to politics. Readers in the Central Chapter may be interested in how their colleagues in the Middle East view the September terrorist attacks. People are shocked by what happened and concerned for family and friends. We were most worried for Issa Loutfi's cousin who worked in the World Financial Center just across the street from the World Trade Center. The Moslems to whom I have talked say that such terrorism has no place in their religion.

I have a few projects going that could use a little help. I am in charge of revising our procedure manual. Does anyone have a procedure manual that we could use as a model? In addition, we hope to start a newsletter for clinicians. Once again, I am looking for examples or models. I can be reached by e-mail at bertdavidcollier@hotmail.com.

Central Chapter Road Shows An Important CE Program for Technologists

The Central Chapter Road Show was created to reach staff technologists who may not be able to attend either the spring Central Chapter meeting or the National SNM meeting. It was designed in essence to be a continuing education program for the technologist, by the technologist.

This year's program, "Issues of the Heart," was presented at five locations—Chicago, Rochester, Akron, Traverse City, and Indianapolis. Over 200 technologists took advantage of the four-credit program. Reimbursement, QGS and Filtering, MUGAs, and The Technologist Shortage were each discussed with those who attended the morning meeting.

I would like to thank each of the coordinators who spent their own time volunteering to put together the local programs: Nancy McDonald, Anne Marie Fix, Joe Wieseler, Mike Misseldine, Karen Martin, and Ed Wroblewski. All did a great job—a big THANK YOU.

What suggestions do you have for next year's topic? Do you have a particular subject you would like to know more about? Are you interested in being a guest lecturer? Would you like to be a local program coordinator? I would like to hear from you. Please e-mail me with your thoughts, suggestions, or comments. maryy@medinuc.com

Mary Yeomans, CNMT
Continuing Education Chair

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