



Society of Nuclear Medicine

CENTRAL



CHAPTER IN THE NEWS

November/December 1999

Report from the Chapter President

WOW—What a great meeting! I am sure that those of you who were able to attend the Central Chapter's 1999 Fall Meeting in Oak Brook, Illinois, will agree. The meeting, titled **IMPACT 2000: CANCER, COMPUTERS AND COST/BENEFITS**, was held jointly with the Missouri Valley Chapter. A total of 209 physicians, scientists, and technologists attended. The program began with three talks dealing with the basic and clinical aspects of radioimmunotherapy (RIT). Dr. Richard Fisher, a world-renowned medical oncologist and medical director of the Cardinal Bernardin Cancer Center of the Loyola University Medical

Center, gave a clinician's view on the effectiveness of RIT in lymphoma patients. He stated that results in clinical trials using radiolabeled antibodies as a single agent in therapy-resistant non-Hodgkin's B-cell lymphoma patients were encouraging and represent a real addition to the treatment modalities that can be used in these patients. He predicted that the FDA



Michael J. Blend, PhD, DO
...and represent a real addition to the treatment modalities that can be used in these patients. He predicted that the FDA » **p15**

Report from the Technologist Section President

Once again, welcome to exciting times—exciting times for all of us, Nuclear Medicine, the Central Chapter, and the Technologist Section. The Marriott Oak Brook was a wonderful place to be September 17–19, 1999. Having read Dr. Blend's excellent overview of the meeting, I'm sure you agree. You did read the above...OK. Everybody on the same page. We'll pause here and review Dr. Blend's message. Are you getting the idea how this is going to work? This cooperative, close working relationship with Dr. Blend and the Central Chapter is great! Perhaps those who see it will appreciate what it represents and mimic it. Let's hope.

OK. Everyone is back. Well, what impressed you about the meeting? Probably, some of you are thinking, "It was informative." Others may be responding, "The new stuff." And still others, "The updates." All good, accurate, and understandable answers. But what about the big picture? Considering the big picture, how could we bottom-line an impression of this meeting?



Ridgely G. Conant, CNMT

» **p11**

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Dr. James Conway Feted at Central Chapter Meeting in Oak Brook

Sue Weiss, CNMT, FSNMTS

The Central Chapter surprised one of its own members on Saturday, September 18, 1999, at its Fall Meeting at the Oak Brook Marriott Hotel. For the first time in known history, Dr. James J. Conway was caught completely unaware. He did not know until the beginning of the reception that he was the member to be honored by the Chapter. He was the guest of honor at a reception and dinner, followed by a "gentle roasting" by members and guests of the Chapter. Dr. Conway was honored to mark the occasion of his retirement from the Children's Memorial Medical Center as the Chief of the Division of Nuclear Medicine, a position that he held from 1969 until the end of 1998. Several individuals who know Dr. Conway well provided the after dinner entertainment as they related humorous anecdotes about working and socializing with Dr. Conway over the years of his involvement in the nuclear medicine community.

Mr. Loren McKoveck, a former member of the Chapter, remembered the bus trip to Tijuana, Mexico, at the Society of Nuclear Medicine annual meeting in San Diego. The bus got lost for hours and finally stopped at a gas station that was right next door to a liquor store. Everyone was so thirsty that some people bought anything liquid from the store and shared it with everyone on the bus. Dr. Conway led everyone in song and merriment after they had consumed copious amounts of alcohol. He also led the group

to party on after the bus returned to San Diego in the wee hours of the morning.

Dr. Henry Wellman, who was feted by the Chapter upon his retirement from Indiana University and a close friend of Dr. Conway, recounted stories about his love of good wine and gourmet food, which, to the consternation of those in attendance at dinners with Dr. Conway, could prove to be expensive! He recalled that Dr. Conway was the initiator of the Society of Nuclear Medicine Oenophile Club, which meets every year during the SNM annual meeting. The club dubbed Dr. Conway the SOB (Senior Oenophile Boss) as a result. Dr. Wellman presented Dr. Conway with a gift of wine, but made him choose between a very large bottle (called a Methuselah) and a very small bottle which were both wrapped so that he could not see the labels. As a true oenophile would, Dr. Conway chose the small bottle, which contained a wonderful wine, instead of the large bottle, which did not contain any wine!

Ms. Betty Milakovich recalled the time when Dr. Conway volunteered to be a model for Betty's presentation at a local Chicago meeting. Dr. Conway did not know the subject of her talk when he volunteered. She introduced her topic of testicular imaging and told the audience that he would help her to demonstrate the technique. Dr. Conway blanched for a moment and then listened to her presentation. At the conclusion of

the presentation, he asked Betty if he every needed testicular imaging, could he come to her hospital and have her perform the procedure!

Sue Weiss recounted many stories of working with Dr. Conway during the 24 years of their association at Children's. She showed many slides of Halloween costume parties in the nuclear medicine department at Children's with Dr. Conway always wearing something akin to hair on his head. She speculated that he chose his costume character purposefully to be able to have hair at least one day each year! She also, with the help of Delores Conway, showed slides of Dr. Conway as a boy, as a young man, in the army, and in training as a radiologist.

Dr. Michael Blend recounted some of Dr. Conway's Chapter and SNM activities. He noted that Dr. Conway always remained active in the Chapter, even when he was the President of the SNM. He thanked Dr. Conway on behalf of the Chapter for his devotion to the Chapter and to nuclear medicine. Other speakers included Dr. Robert Henkin, a former trainee of Dr. Conway; Dr. Jack Laude, another trainee; Evelyn Wellman; Mrs. Delores Conway; and Ms. Laurie Conway. They each recalled humorous events or anecdotes about Dr. Conway.

At the end of the roast, Dr. Conway was presented with a commemorative gift of a glass piece that was etched with the Chicago skyline, representing his love of Chicago and its history.

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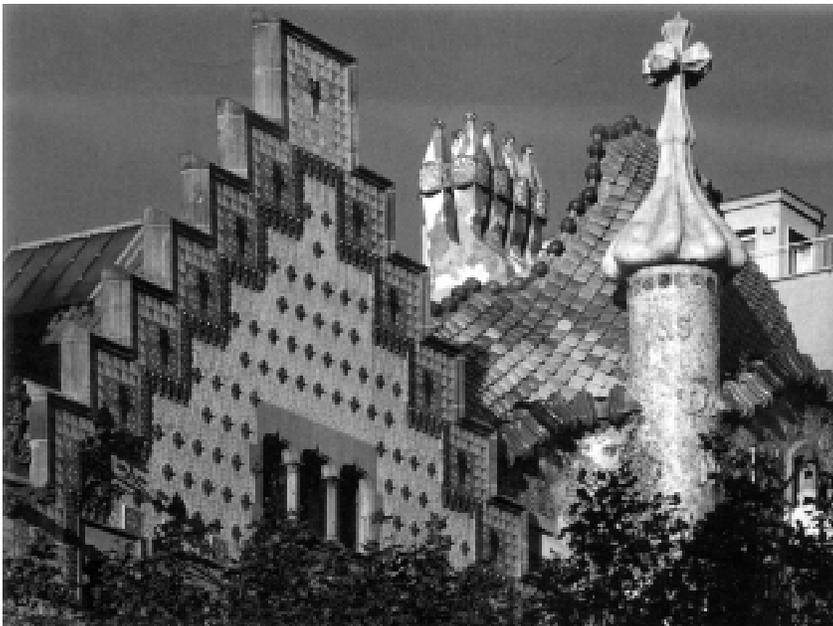
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European Society of Nuclear Medicine, Barcelona, Spain, October 1999

A VIEW FROM THE OTHER SIDE

Michael K. O'Connor, Ph.D., Mayo Clinic

I was fortunate to be able to attend the recent European Society of Nuclear Medicine meeting in Barcelona at the beginning of October. What a great location for a meeting—great weather (75+ °F), great ambiance, and a fascinating city that was easy and safe to move around. This is a city with some of the most unusual architecture you will ever see in Europe. Most of this is the influence of one man, Antoni Gaudi, who has left an indelible imprint on the city. The meeting was held in the main Congress area. I don't know the final number of attendees, but it was probably several thousand, with good technical exhibits from all the companies. There were over a thousand oral and poster presentations, making this meeting almost comparable in size to the SNM. While the majority of papers presented were from the European community, there were papers presented from every continent.



La Casa Amatller and La Casa Batllo are examples of some of the unusual architecture of Antoni Gaudi that can be seen in Barcelona.

Unlike in the U.S., where the largest number of presentations is in the area of nuclear cardiology, this meeting was dominated by oncology. Approximately 190 presentations were focused on oncologic applications and one-third of these were on breast cancer. Of these roughly half reported on the use of Tc-99m sestamibi in breast imaging and generally showed it to be an excellent diagnostic technique, complementary to mammography, particularly in dense breasts, young women, and breasts with severe scarring after surgery or radiation therapy. The remaining presentations were on sentinel node imaging. Several papers showed excellent results when lymphoscintigraphy was combined with blue dye injection. In many studies, the combination of the 2 methods yielded successful localization of the sentinel lymph node in all patients. The remaining papers in oncology reflected the full spectrum from PET to SPECT and lung cancer to thyroid cancer.

Traditionally, the European meeting has never focused as heavily on the heart as has the SNM, and this meeting was no

exception. Nevertheless, there were approximately 150 presentations on this subject covering the range from evaluation of quantitative indices produced by gated SPECT to comparative studies of the diagnostic accuracy of SPECT versus ultrasound. There was considerably less focus on attenuation correction at this meeting than what was presented at the last SNM meeting. This may reflect an uncertainty in the usefulness of this technology, and its lack of maturity.

Somewhere between 70 and 90 presentations were given in each of the areas of neurology, therapy, and physics/instrumentation. Many of the neurology papers were devoted to the diagnosis of epilepsy, dementia, and stroke. There were also several papers on I-123 FB-CIT for Parkinson's disease. This compound has been available in Europe for a number of years, which was reflected in the large number of patients that had been studied with the drug.

While the therapy sessions still contain many papers on I-131 therapy of thyroid disease, there were a growing number of presentations on radioimmuno-therapy with Y-90 and I-131 labeled antibodies for ovarian and colorectal cancer and for malignant gliomas. A large number of papers also looked at the relative efficacy of Sr-89, Sm-153, and Re-188 for pain palliation in cancer patients.

Work on the basic physics of nuclear medicine was focused primarily on various scatter and attenuation correction techniques, better ways of performing dual-isotope studies, and evaluation of the relative merits of various iterative reconstruction algorithms (particularly OSEM). There now seems little doubt that OSEM offers improved image quality by reducing image noise (or more correctly by not enhancing it, as occurs in filtered back-projection) and by eliminating some of the artifacts associated with use of the RAMP filter in filtered back-projection. In several papers, this improvement in image quality with OSEM translated into improved diagnostic accuracy.

Image coregistration techniques for the brain are now becoming more widely available and a number of papers discussed the merits of various techniques, some of which are now commercially available.

As expected, the endocrine sessions were primarily oriented toward thyroid disease. However, about one-third of the papers in this section dealt with parathyroid disease and its localization using either a combination of pertechnetate and sestamibi or I-123 and sestamibi. The latter appeared to give excellent results and was shown in one study to be able to accurately identify patients who could benefit from unilateral surgery of the neck as opposed to the standard bilateral approach.

This was an interesting meeting to attend in that one often sees a different approach to the practice of nuclear medicine compared to the U.S. The opportunity to spend a few days in an interesting city only enhanced the value of this meeting.

Update on Allied Health Leadership Coalition

Report of the Conference held in Washington, DC, September 1999

As promised, I have returned to update everyone on the activities of the Coalition for Allied Health. The group met again in Washington, DC, in mid-September, this time to focus on two items: individual projects and the fine-tuning of leadership skills. We presented our "Allied Health Awareness" project to the coalition, which included a poster that has been presented at both ASAHP's (Association of Schools of Allied Health Professions) annual meeting and NN2's (National Network of Health Career Programs in 2-Year Colleges) annual meetings as well. We designed and provided marketing tools for promotion of allied health week (which are also available on the website), including a marketing "kit" that can be distributed to high school students (eighth grade and up). This kit includes general information about allied health professions and contacts (phone numbers as well as web addresses) to get more information. The kit also includes little promotional items such as a compact mirror, stickers, and pens. My group also has written an article that presents a mentoring model for educators from eighth grade through high school that will be published in the spring or summer issue of the *Journal of Allied Health*.



Sharon Lafferty, CNMT, RT(N)

Lenna King, CNMT, RT(N), and I will be submitting an article to the *Journal of Nuclear Medicine Technology* on this topic, and we also hope to submit an article to SNM's *Uptake* newsletter as well as ASRT's newsletter, *Advance*. I will also be presenting a summary of my experiences to the SNM's National Council at the annual meeting in June 2000. I am diligently working on the website for the coalition. It should be completely redesigned by the time you read this article. The address is www.alliedhealth.org. I will continue to make changes to the site until the coalition has another person willing to take over the site. You can e-mail any comments or suggestions to me at sharon@mslinternet.com.

Other projects on which the coalition worked over the summer included diversity in allied health (generally, the lack of), core curriculum in colleges with allied health programs, an interest in offering post-graduate education in allied health (Master's and PhD), and clinical outcomes research. A study of institutions offering clinical education was also presented, showing value in such programs as Nuclear Medicine Technology. One of the most interesting projects was on govern-

ment relations and retaining funding for allied health. In fact, there will be a section devoted to this topic on the allied health website, including sample letters that can be used for corresponding with government officials at local, state, and national levels. Some of the projects that the groups developed this year will be implemented, and some will continue to be updated and changed by next year's coalition members.

This "session" we also focused on developing ourselves as leaders in our professions. We studied and used several tools such as the "peer coaching" process and several other self-assessment tools to evaluate ourselves as leaders in both difficult and everyday situations. We used a lot of group simulations to reinforce what we learned through the exercises. One of the most interesting exercises included a simulation of organizational change. This allowed us to focus on the four dynamics of relationships during change: power, perspective, performance, and personality. Virginia Pappas from the SNM gave a section on leadership issues and strategy development related to professional organizations. This was an overview of how professional organizations are constructed and work. I learned a lot about how and why the Society of Nuclear Medicine is set up the way it is! The members of the Health Professions Network (about 15 of us) also did a group exercise regarding organizational changes in a hospital setting. All of the leadership-building activities were useful, and I use them both in my personal and profession life!

I have learned so much from this experience, and I plan to remain very active with the Health Professions Network. There is so much that we as allied health professionals need to do in order to educate the public. It still amazes me that most of the general public has no idea what an allied health professional does! A new group will be meeting in DC next April, and I hope another member of the Central Chapter will be chosen to represent the SNM. In 2001, the coalition hopes to have all three "alumni" groups back together for continuance of these projects and also development of a permanent network of allied health professionals that spans the educational, research, and clinical realms of allied health.

Sharon Lafferty, CNMT, RT(N)
SEMATA, Central Chapter
St. John Hospital, Detroit, Michigan

Business Communications

Business communications concerning advertising should be sent to Renae Henkin, Central Chapter of SNM, Inc., 3651 Red Bud Court, Downers Grove, IL 60515-1352 (e-mail CCSNM@mindspring.com, voice 630-686-6187, and fax 630-971-8103). Advertising rates for the 1999/2000 calendar years are \$250 for half-page and \$500 for full-page advertisements.

“I Don’t Want to Glow”: How Others Perceive Nuclear Medicine

Allyson Robben Dowell, St. Louis University, St. Louis, Missouri

Editor’s Note: This study was presented at the recent conjoint meeting of the Central Chapter and Missouri Valley Chapter in Chicago. We believe that it should make us all aware that our understanding and familiarity with radiation and radioactive materials does not translate over to the patient unless one specifically educates the patient as to what our procedures do and what effects radiation has on them.

This small study was designed to determine the perception of nuclear medicine in terms of its side effects, risks, etc., relative to other diagnostic x-ray procedures in health care workers.

A total of 65 people participated in this study, with 38 of these being health care workers. Of these 38, there were 4 RNs, 5 doctors, 1 physician assistant, and 2 nurse practitioners. The remaining 26 people were office staff, medical assistants, and pharmacists. Each participant was asked to complete a survey containing 22 questions. The survey was structured in such a way that the questions would not lead participants to a certain answer. Participation was voluntary and results were anonymous.

Of the 65 respondents, 93% reporting having previously had an x-ray exam, 27% had a CT scan, and 20% had a nuclear medicine study. When asked how well they thought they understood nuclear medicine,

respondents had an average score of 1.93 on a scale of 1 to 5 (1 = no knowledge and 5 = high degree of knowledge). When asked about their concern regarding the radiation exposure from these 3 types of diagnostic procedures, respondents had an average score of 1.96 for x-ray, 2.33 for CT and 2.89 for nuclear medicine (1 = no concern and 5 = extremely concerned).

When questioned about the expected side effects of nuclear medicine procedures, 62% of respondents indicated that there were none. However, 24% thought that nausea was a possible side effect and 11% thought that it would have a “glowing” effect or could result in hair loss. Another 9% thought that lesions/burns could result from nuclear medicine studies.

When asked if they had ever been exposed to radiation, only 49% said yes, even though 93% reported previously having had an x-ray. Hence, a large number of participants misunderstood the concept of radiation. When asked which procedure gave off the most radiation, 33% thought that x-ray, CT, and nuclear medicine exams were similar; 18% thought x-ray procedures gave the most; 22% selected CT; and 18% selected nuclear medicine. Subjects’ comfort level in asking questions was high, with an average score of 4.09 (1 = never ask questions, 5 = always ask questions). These results indicate that misconceptions

about radiation and nuclear medicine not only apply to patients but also to many of our colleagues in health care. When asked what would be the first question they would ask if scheduled by their doctor for a nuclear medicine study, almost 60% responded with “What are the negative side effects?”

As a follow-up to this survey, a small study was conducted on patients scheduled for nuclear medicine studies. Patients were divided into two groups. The first group was given a lot of information prior to the procedure, while the second group was given no information unless they specifically asked a question. Not surprisingly, the first group reported lower anxiety levels and higher overall satisfaction with the exam. They also felt better treated and more comfortable with the nuclear medicine staff. In a second study, patients were again divided into two groups and one group was sent letters and information a few weeks and a few days prior to the exam, while the second group received no such information. Again, the better-informed group reported higher overall satisfaction. In particular, women reported a greater understanding and appreciation of pregnancy and nursing precautions.

In conclusion, there are obvious misconceptions of nuclear medicine and its side effects even among our health care colleagues. It is equally clear that informing the patient prior to the study goes a long way to eliminating many of their fears and misconceptions.

Corporate Corner

Who to contact? The following exhibitors were on hand at the recent conjoint meeting of the Central Chapter and the Missouri Valley Chapter in Oak Brook, IL.

ADAC Laboratories

Greg Neukirch, 800-729-2322 x4047

Bracco Diagnostics

Pat McDonald, 800-447-6883 x7631

Berlex

Jennifer Munn, 888-237-5394 x7633

Biodex

Tim Gartzke, 608-873-0206

Coulter

Michael Fryman, 314-386-2701

Cytogen Corporation

Shane Brugler, 800-833-3533

Digirad

Rick Linder, 858-578-5300 x301

DuPont Life Sciences Enterprise

Liz McQuillin, 800-599-5744 x7966

Eastern Isotopes

Bethany Ban, 815-372-1066

Fujisawa USA, Inc.

Terri Dombrowski, 800-695-4321 x3331

GE Medical Systems

Jim VonFeldt, 888-202-5424 x201749

Mallinkrodt Inc.

Mark McDonald, 800-634-1515 x34339

Newman Hospital

Lyle Knuppel, 316-341-7893

Numed Diagnostic Imaging

Randy Littleton, 940-365-9777

Nycomed Amersham

Chris Herzberger, 800-394-6926 x8080

P.E.T.Net Pharmaceutical Services, LLC

Joan Washburn, 800-738-0488 x582

Picker International, Inc.

David Riddle, 800-866-8507 x8759

SH Seiko Instruments, Inc.

Larry Ridgeway, 513-697-9225

Siemens

Terry Crawfords, 800-765-1304 x 205

SMV

Jim Smyth, 800-664-0848 x2008

Toshiba

Jim Bova, 800-669-9826

Editors' Desk

With this third edition of *Central Chapter in the News*, we think we are on a roll. This newsletter should reach you with plenty of time to plan ahead for the next meeting in Dearborn, MI. All the necessary information, registration forms, etc., are included in the newsletter. We have also included a brief write-up of an interesting submitted presentation from the last meeting in Oak Brook. Allyson Dowell, a student technologist at St. Louis University, reminded us just how important patient education is in making a patient's experience in our departments a pleasant and fear-free one. One of us (MKOC) was fortunate to be able to attend the European meeting in Barcelona and thoroughly enjoyed the experience. It's always nice to go to foreign meetings where the emphasis and orientation can be different from what we are accustomed to in the U.S. Remember to check the Central Chapter web site at www.ccsnm.org. Information on upcoming events and meetings is generally posted there first, often 3–4 weeks before it makes its way out to the members via mail. Once again, we are pleading for your input. We have not received any feedback from you, the members (Is it a question of no news is good news?). Feedback on any aspect of either the newsletter, your views of recent Central Chapter meetings, or roadshows is what we need to make our meetings the best, and this Chapter the most useful to you.



Sue Weiss, CNMT, FSNMITS

Editors: Michael O'Connor (mkocconnor@mayo.edu) and Susan Weiss (sweiss@nwu.edu)

National Council Delegate Report—October 1999

Lyn Mehlberg, BS, CNMT

While preparing this report for the newsletter, I spent a considerable amount of time pondering the big issues within our profession. It is funny that the issues of today have been around my entire career. They only seem to be more obvious to me now.

I am a staff technologist from a true state-of-the-art department who has recently been thrust into the role of reviving the severely underutilized, inner-city nuclear medicine department at one of the sister hospitals in the organization at which I am employed. This department has been neglected by administration and the radiology group for so long that I wondered if there was any hope for a rebirth of this department. I have faced many of the same challenges that other technologists have faced for decades. After spending more than three long, hard months there, I am proud to say that it has been worth it. Don't get me wrong there are still many more battles to face, but this department is finally on its way. What an experience!

This past weekend I had the opportunity to discuss these very issues with other leaders of the Society of Nuclear Medicine. We are in the process of formalizing these ideas and solutions so that the SNM-TS leadership can formulate an action plan at the strategic planning session this February. We spent a considerable amount of time ad-

ressing apathy of technologists and physicians, sinking moral, increasing job expectations, fragmentation of the field, staff shortages, the need for marketing to referring physicians, continuing education, and alternative means of communicating and educating our colleagues. The upcoming projects will have a dramatic impact on the field. Look for updates on the progress of these projects in future SNM-TS and CC newsletters.

Another topic that will directly affect each and every one of us is national licensure. I will give you the highlights of that effort to date.

National Licensure Effort

- The SNM-TS continues to work with the American Society of Radiologic Technologists (ASRT) and other allied health professions to push forward a national licensure initiative that would require states to develop licensure requirements, if they are not currently in place. "The Medical Imaging Quality Standards Act," which would mandate minimum standards for all imaging technologists (national licensure through certification), is gaining momentum.
- We have found two congressional sponsors—New York Representative Rick Lazio and Connecticut Representative Nancy Johnson—to introduce the bill in the House of Representatives. Several other legislators have expressed interest in this cause.

- During mid-March, a lobbying effort took place to educate all senators and representatives about the need for minimum standards for all imaging technologists.

- On June 18, several SNM-TS leaders represented the SNM-TS at the Alliance for Quality Imaging and Radiation Therapy, a consortium of Allied Health partners, which is the primary group responsible for drafting the licensure bill. During the National Council Meeting in June, the SNM-TS made some fine-tuning changes to the current draft which was fine-tuned even further by the Alliance on June 18. There were several minor changes to the draft, which include that sonography was excluded from the draft bill at the request of several ultrasound professional organizations, and other changes were made to clarify which occupations and practices will require licensure and the time states have to come into compliance.

- One of the major problems with past attempts at licensure was enforcement. At the suggestion of a potential sponsor, the penalty for a state's failure to require licensure was set as a prohibition on granting the offending state Medicaid waivers. This provision will satisfy the need to enforce the bill and will not interfere with Medicaid payments to individual providers.



Central Chapter of the
Society of Nuclear Medicine

EN2K

EN2K

April 14–16, 2000
Hyatt Regency Dearborn
Dearborn, Michigan

Endocrinology in 2000

OBJECTIVES

At the conclusion of the meeting, attendees should be able to:

- Explain new diagnostic and radionuclide therapeutic approaches to well-differentiated thyroid cancer and other malignancies.
- Understand the revised NRC regulations for release of patients into the general public and various approaches to complying with these regulations.
- Recognize the current controversies regarding diagnosis and therapy of hyperthyroidism and hypothyroidism.
- Describe a methodology to localize parathyroid adenomas intraoperatively.
- Review and update of the latest clinical research in nuclear medicine.
- Understand the effects of Chernobyl radiation in children.
- Explain the various approaches to imaging neuroendocrine tumors in adults and children.
- Understand the principles of DEXA studies and how they are utilized in the management of osteoporosis.
- Understand the issues involved in properly acquiring and processing Octreoscan images.
- Review the unique aspects of PET and gamma camera coincidence imaging studies.
- Give an overview of currently available diagnostic and therapeutic radiopharmaceuticals in the U.S.
- Relate to professional development.
- Recognize reimbursement issues.

DESCRIPTION

This meeting is presented by the Central Chapter of the SNM; its organizers, K. C. Karvelis, MD, and Jeanne Mocerri, CNMT, have designed a program that provides for the educational needs of the practicing nuclear medicine physician, technologist, scientist, and endocrinologist. These specialists should have an understanding of the disease states and treatments. The meeting will provide these groups with information on the current state of the art in all facets of nuclear endocrinology. The program will highlight the current issues regarding diagnosis and therapy of various thyroid diseases, adrenal disorders, hyperparathyroidism, and the role of peptides in nuclear endocrinology. A special discussion on the effects of radiation in children will be conducted. The program will also present updates on the diagnosis and treatment of osteoporosis. In addition, the program will explain the unique requirements of coincidence detection and the special considerations required to incorporate it into daily nuclear medicine practice. Up-to-date information on the currently available radiopharmaceuticals will be discussed.

CREDIT

The activity has been planned and implemented in accordance with Essentials and Standards of the Accreditation Council for Continuing Medical Education through a joint sponsorship of the Society of Nuclear Medicine (SNM) and the Central Chapter. The SNM is accredited by the ACCME to sponsor continuing medical education for physicians and takes responsibility for the content, quality and scientific integrity of this CME activity.

The Society of Nuclear Medicine Designates this educational activity for a maximum of 16.25 hours of category I credit towards the AMA Physician's Recognition award. Each physician should claim only those hours of credit in the educational activity. VOICE and IDNS Technologist credit are in application.

THURSDAY—APRIL 13, 2000

COMMITTEE MEETINGS

8:00—8:30 a.m.

TS Nominating Committee
Stearns-Knight Room

8:30—9:30 a.m.

TS Bylaws Committee
Stearns-Knight Room

8:30—9:30 a.m.

Nominating Committee
Pierce-Arrow Room

9:30—10:00 a.m.

Chapter/TS Leadership Forum
Stearns-Knight Room

10:00—11:00 a.m.

Chapter/TS Membership Committee
Stearns-Knight Room

11:00—12:30 p.m.

Program Committee
Stearns-Knight Room

12:30—1:00 p.m.

Committee Members Luncheon
Reserved Seating in the Restaurant

1:00—2:30 p.m.

Publications Committee
Pierce-Arrow Room

1:00—2:00 p.m.

TS Finance Committee
Stearns-Knight Room

2:00—3:00 p.m.

Continuing Education
Stearns-Knight Room

2:30—3:00 p.m.

Constitution & Bylaws
Pierce-Arrow Room

3:00—4:30 p.m.

Finance Committee
Pierce-Arrow Room

3:00—5:00 p.m.

TS Executive Committee
Stearns-Knight Room

5:30—8:30 p.m.

Board of Governors Dinner
Stanley-Steamer Room

FACULTY

Helena Balon, MD

William Beaumont Hospital, Royal Oak, MI

Falguni P. Bhavsar, CNMT

Henry Ford Hospital, Detroit, MI

Joseph G. Craig, MD

Henry Ford Hospital, Detroit, MI

Howard J. Dworkin, MD

William Beaumont Hospital, Royal Oak, MI

John C. Engdahl, PhD

Siemens Medical Systems, Hoffman Estates, IL

James Fagin, MD

University of Cincinnati, Cincinnati, OH

Bing Fang, MS

Henry Ford Hospital, Detroit, MI

John E. Freitas, MD

St. Joseph Mercy, Ann Arbor, MI

Jane P. Fry, CNMT

Wendt-Bristol, Inc. Cleveland, OH

Milton D. Gross, MD

VAMC, Ann Arbor, MI

Robert E. Henkin, MD

Loyola University Medical Center, Maywood, IL

Paul V. Kison, CNMT

University of Michigan, Ann Arbor, MI

Ralph P. Lieto, MS

Henry Ford Hospital, Detroit, MI

Lyn M. Mehlberg, BS, CNMT

St. Luke's Medical Center, Milwaukee, WI

James Norman, MD

James A. Haley, VAMC, Tampa, FL

Milan V. Pantelic, MD

Henry Ford Hospital, Detroit, MI

Dhanwada S. Rao, MD

Henry Ford Hospital, Detroit, MI

Barry L. Shulkin, MD

University of Michigan, Ann Arbor, MI

James C. Sisson, MD

University of Michigan, Ann Arbor, MI

Richard J. Wahl, MD

University of Michigan, Ann Arbor, MI

Max Wisgerhof, MD

Henry Ford Hospital, Detroit, MI

FRIDAY—APRIL 14, 2000

- 8:00 **Welcome and Overview**
Michael J. Blend, PhD, DO
K. C. Karvelis, MD
Jeanne Mocerri, CNMT

SESSION I

Moderator: Michael J. Blend, PhD, DO

- 8:15 **James Quinn Memorial Lecture**
Advances in Radionuclide Therapy of
Cancer
Richard J. Wahl, MD

- 9:00 Thyroid Cancer: Newer Aspects of
Imaging and Therapy
John E. Freitas, MD

- 9:30 The Revised NRC Regulations: What Are
They and How Do We Deal with Them?
Ralph P. Lieto, MS

10:15 **COFFEE BREAK
IN THE EXHIBIT HALL**

- 10:30 ICAALC: Dosimetry-Based Approach to
Revised NRC Regulations
Bing Fang, MS

- 11:00 Current Controversies in Thyroid Disease
Max Wisgerhof, MD

12:00 **LUNCH ON YOUR OWN**

SESSION II

Moderator: Jack Juni, MD

- 1:30 Minimally Invasive Parathyroid Surgery:
Gamma Probe Use in the O.R.
James Norman, MD

- 2:15 Proffered Papers

2:45 **COFFEE/SODA BREAK
IN THE EXHIBIT HALL**

- 3:00 Radiopharmaceuticals: Current Applications
TBA
TBA
TBA
TBA

- 3:45 Chernobyl: Radiation-Induced Thyroid
Cancer in Children: Fact and Fiction
James Fagin, MD

4:45 **ADJOURN**

5:30 **RECEPTION IN THE EXHIBIT HALL**

SATURDAY—APRIL 15, 2000

SESSION III

Moderator: James K. O'Donnell, MD

- 8:30 MIBG Imaging and Therapy: Advances
James C. Sisson, MD

- 9:15 Osteoporosis Diagnosis: DEXA and Other
Diagnostic Modalities
Joseph G. Craig, MD

- 10:00 Osteoporosis: Therapeutic Advances
Dhanwada S. Rao, MD

10:30 **COFFEE BREAK
IN THE EXHIBIT HALL**

- 10:45 Adrenal Imaging: Current Status
of Non-Nuclear Imaging Approaches
Milan V. Pantelic, MD

11:45 **AWARDS/BUSINESS LUNCHEON**

SESSION IV

Moderator: Milan V. Pantelic, MD

- 1:30 Octreoscan: Current and Future Uses
Helena Balon, MD

- 2:15 Octreoscan: How to Optimally Acquire and
Process Images
Falguni P. Bhavsar, CNMT

- 2:45 NP-59 Imaging: Clinical Utility Today
Milton D. Gross, MD

3:20 **COFFEE/SODA BREAK
IN THE EXHIBIT HALL**

- 3:35 Basic Principles and Practical Consider-
ations in Gamma Camera Coincidence
Imaging
John C. Engdahl, PhD

- 4:15 Coincidence Imaging:
Practical Pharmaceutical Considerations
Jane P. Fry, CNMT

- 4:45 Acquisition and Processing Issues in
Gamma Camera Coincidence Imaging
Paul V. Kison, CNMT

5:15 **ADJOURN**

Spend St. Patrick's Day 2001 with the Central Chapter
March 16-18, 2001—Itasca, Illinois
 **New Vistas in Nuclear Medicine** 

SUNDAY—APRIL 16, 2000

SESSION V

Moderator: Nick Friedman, MD

- 8:30 SNM and the SNM-Technologist Section:
An Organizational Overview
Lyn M. Mehlberg, BS, CNMT

- 9:15 Reimbursement Update
Robert E. Henkin, MD

9:45 **COFFEE BREAK**

- 10:00 Pediatric Endocrine Imaging and Therapy
Barry L. Shulkin, MD

- 10:45 Endocrine Applications of PET and Gamma
Camera Coincidence Imaging
Howard J. Dworkin, MD

11:45 **ADJOURN**

This program is sponsored in part by educational grants from MDS Nordion and DuPont Pharmaceutical Company.

HOTEL ACCOMMODATIONS

Reservations can be made directly by calling the Hyatt Regency Dearborn at (313) 593-1234, or you can call their nationwide reservation number (800) 233-1234.

Check-in time is 4:00 p.m. Check out time is 11:00 a.m.

The special hotel rate for attendees of this Central Chapter meeting is **\$115.00** single/double. You can upgrade to the Business Plan accommodations for an additional \$20.00. This price includes breakfast.

March 13, 2000 is the final date to take advantage of this special rate. Reservations made after this date are subject to availability. Hotel rooms are subject to applicable tax. Please contact the Hyatt Dearborn 48 hours prior to your arrival date if you need to cancel. Rooms will be held until 6:00 p.m. on your day of arrival.

Please use a credit card to guarantee your hotel room, especially if you anticipate a late arrival. Please indicate you are with the SOCIETY OF NUCLEAR MEDICINE when making your hotel reservations to take advantage of the **\$115.00** single/double special rate.

TRANSPORTATION

COMMUTER EXPRESS leaves every half-hour from 7:00 a.m. to 11:30 p.m. daily from the Detroit Airport to the Hyatt Dearborn. The cost is \$14.00/person one-way. Their service desks are located at each baggage claim area. If you need to contact them, please call **888-854-6700**. For groups of two or more, taxi service is less expensive.

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Technologist, Nonmember	\$ 85.00	\$100.00		\$ _____
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Resident, SNM Nonmember	\$ 55.00	\$ 65.00		\$ _____
Technologist Trainees	\$ 10.00	\$ 15.00		\$ _____
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Technologist, Nonmember, Saturday/Sunday Rate		\$ 55.00		\$ _____
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Technologist Section President's Report

«p1 Guys (nongender term as used here), what about seeing the developments and the **changing paradigms**? To clarify, where are all the brain scans we used to do? Where are all the liver/spleen scans we used to do? How long has it been since you have done a placental localization study or a pericardial effusion study? Can we ignore the lessons of the past? Man! We better not! We should be constantly aware of at least three lessons from the past 20 years, clearly evidenced at this meeting.

1. Modalities, methodologies, and technologies will come along that can do some things better or safer than we (nuclear medicine) can.
2. If we don't provide the service, someone will.
3. And, if we do provide the service, others might anyway, and if they do it better, more efficiently, more happily, with better attitudes, or whatever, then...

Most of us with this newsletter in our hands would like to be employed in 2005. Right? Well, are you sure we'll be doing lung scans in 2005? What was that meeting topic Dr. Blend mentioned, CT and V/Q something... What about bone scans in 2005?

So what can we bring to the table? What can we offer? Where are we the best? What can we give to patients that best benefits them? That answer **remains unchanged** and is "physiologically based biological interactions/reactions at the molecular/cellular level!" Lines right up with antibody reactions and therapeutic cell targeting, doesn't it? Hmmm.

As I look back at the meetings collectively over the years, it is really exciting and thought provoking. We watched the new things—the future. We heard about somebody's idea. We watched the research results, tracked the clinical trials, and applauded the development and introduction. Yes, it is impressive and encouraging to watch our professional community cohesively and collectively study, evaluate, analyze, and address our field's progress. Why, then, have there been these impressive innovations in the past decade that have not been as successful as expected or as successful as they should have been? Perhaps there are two primary reasons.

One reason is that these contemporary, innovative studies require mastery of the most intricate imaging methods and operations, are based on very complex scientific principles and skills, are detail dependent, are technically demanding, and are extremely challenging to interpret. We technologists no longer perform the simplistic, bread-and-butter, planar studies that are the foundation of what we could be today. One seemingly minor technical mis-

take, oversight, or compromise and we're hanging garbage in front of our physician. To complete the bad news, to many observers, there seems to be undeniable evidence that there have been significant contributions by nuclear medicine practitioners to the limited successes of many of these prior-decade innovations. More on this later!

Perhaps another reason is that in today's medicoeconomic world, anything innovative that may be **reimbursed** is attractive to a number of health care segments or specialties. How much has been lost or will be lost politically in the absence of standing together and a unified voice? There is strength in numbers. If you want to be employed in 2005, can you afford to not be aware of the changing paradigms shaping nuclear medicine?

If you agree that these two reasons may play a role, why then, do you think there would be so many who reject helping themselves and their profession by not learning, by not pursuing professional organization membership, by not attending meetings, or by not contributing in a large political scale? There are so many advantages to gathering, sitting, talking, learning, and planning that are intangible and impossible to accurately describe. But aren't they obvious? Shouldn't they be obvious?

And, to close out the above, "More on this later!" reference, let's get serious. I know this message parallels the theme of that in the previous edition. But the facts are as presented and stated. This is apparently felt to be true. Several comments were received about the last Technologist Section President's message, from both technologists and physicians, and not one of them even hinted that it was inaccurate. The one predominate point in nearly all the comments went, "What about the doc(s) that is/are not good at 'Nucs' or don't want to do 'Nucs' and just don't care?"

Well, maybe Dr. Blend or he and I can further address this later, but let me say this for now. If the "doc" isn't leading her/his technologists' professional development, this is no excuse for the technologists to not attempt or assume that leadership position. Each individual, technologist or physician, sets an example by his/her actions. What kind of examples are you setting? This "example scenario" is one reason why the relationship between the Central Chapter and the Technologist Section is so great!

I remind you, our physician(s) can't be

any better than the images that are put in front of them. I am fortunate enough to be able to often observe various Nuclear Medicine Departments in operation. It greatly disturbs me to report that the most frequent technical error I see is "aerial photography." This is a great thing for land mapping and surveying, but it does nothing to help physicians identify deep-seated, small, metastatic lymph nodes in oncology patients. C'mon people. This is basic Imaging Instrumentation 101!!

C'mon you technologists—and you physicians, too. Why would you refuse to be a member of our team? Your presence and contributions benefit the future. Let's get with the program and, collectively, we can take better care of our patients than 'Nuc' wannabes can!

On the Section business front, in addition to Dr. Blend's data, financially the Section is improving as projected and doing so at a rate that currently exceeds projections. Lisa reported that the ballot is nearly "full," but "nearly full" **isn't "full"**. Get those nominations in! Also, the revised bylaws should be on your next ballot for membership approval. As I'm sure you have noted, out Section committees have been doing copious quantities of very fine work. Thanks, guys! (Remember, nongender!)

Your input and comments are welcome.

Future Meeting—2001

New Vistas in Nuclear Medicine

Significant plans have already been made for our Spring meeting in year 2001 and will be given in the next newsletter.

Location: Wyndham Hotel, Itasca, IL

Dates: March 16–18, 2001

Program Chairs:

Jesus A. Bianco, MD

(608)263-5306

jabianco@facstaff.wisc.edu

Lisa Hazen, CNMT

(231)487-4070

lmh@freeway.net

Topics:

- PET in Oncology
- Cardiac Nuclear Medicine
- Radioimmunotherapy
- Reconstruction Algorithms

Fall Meeting—Oak Brook, IL, September 1999



Attendees catch up on the latest developments in radiopharmaceuticals and instrumentation

CORPORATE SPONSORS

1999 Fall Meeting, Oak Brook, IL

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PETNet

Siemens Medical Systems

Technology Imaging Services



Members and guests of the Central Chapter socialize during the Business Luncheon.

**Deadline for submission is
Tuesday, February 1, 2000**

Central Chapter, SNM Abstract Instructions

**For the April 14–16, 2000
Spring Meeting
Dearborn, MI**

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 line 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 sat-

isfactory 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. Graham, 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:

**K. C. Karvelis, MD
Henry Ford Hospital
Dept. of Diagnostic Radiology
2799 West Grand Boulevard
Detroit, Michigan 48202
(313) 916-3493 (office)
(313) 916-1106 (fax)
karvelis@rad.hfh.edu**

**Deadline for submission is
Tuesday, February 1, 2000**

Central Chapter, SNM Abstract Form

**For the April 14–16, 2000
Spring Meeting
Dearborn, MI**

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 2 awards. **The Best Technologist Paper** (oral presentation only) \$250, \$150, \$100. 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 SNM-TS for presentation at the SNM June meeting.

W. H. Beierwaltes Award (oral presentation only) \$250. Senior author must be a resident or basic scientist trainee.

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TYPE ABSTRACT HERE — STAY WITHIN BORDERS

President's Report

up1 would approve at least one of these therapeutic radiolabeled antibodies for treatment in the near future.

This should change the relationship between nuclear medicine and medical oncology specialists in a positive way. Nuclear medicine physicians and technologists should become more familiar with treating seriously ill cancer patients and medical oncologists should learn more about nuclear imaging and the principles of radiation safety. Dr. Fisher stated that this new relationship can and would develop in unique ways in each institution depending on issues of hospital credentialing and radiation safety committees and the willingness of nuclear medicine physicians and technologists to become involved in therapy of cancer patients. Medical oncologists will also have to develop open minds about the effectiveness of RIT. We should all prepare for the day when these radiolabeled therapeutic antibodies are approved and available for use in our cancer patients.

The program continued with a presentation given by Dr. David Piwnica-Worm, on the biology of the multi-drug resistant (MDR) gene and how nuclear medicine imaging techniques may be used in the future to measure its presence/absence in certain cancer patients. This was followed by an excellent session by Dr. Carter Young on the clinical and basic aspects of PET imaging. Dr. Michael O'Connor presented a talk on nuclear medicine computing on the PC followed by a talk on 3D display in nuclear medicine by Dr. Jerold Wallis. Dr. James Halama and Ronald Szilagy, CNMT, presented talks on coincidence imaging.

The following day the scientific program went to a two-track system. The first track dealt with issues of spiral CT and V/Q imaging in patients with suspected pulmonary emboli and cost/benefit issues in

nuclear medicine departments. The second track consisted of a conference on emerging leadership designed and conducted by the Technologist Section. Both sessions were well attended. Special note of thanks to Drs. Charles C. Chen, Bennett S. Greenspan, and Carol J. Schutz-Ferino, CNMT, for serving as local program chairpersons. The tremendous efforts of Renae Henkin and Nanci Burchell in putting this program together are also greatly appreciated.

At the Board of Directors meeting, members were brought up-to-date on the following chapter issues: (1) Financially, we are "on-track" with the possibility of realizing a slight profit by the end of the fiscal year. (2) The Central Chapter Office under the direction of Ms. Renae Henkin is running smoothly. The use of e-mail for communications between officers and members has greatly increased the efficiency of the office. (3) The Chapter website is up and running and more than 20 members registered for the meeting via the Web. (4) Portions of the Policy Manual were sent to committee chairpersons and are being updated and resubmitted to the Executive Director. The Chapter now has a small Local Program Director Guide to help direct members who are planning meetings in the future. (5) The Central Chapter is working with the national SNM office in an effort to convert their (and our) tax status from a trade association [IRS 501(c)6] to an educational organization [IRS 501(c)3]. The new designation would be more in keeping with our mission and could potentially represent a cost saving to the Chapter.

The officers of the Central Chapter hosted a breakfast buffet for 22 company representatives who attended and exhibited at the meeting. The purpose of the gathering was to discuss various ways to improve working relations between the Central Chapter

and its corporate sponsors. Many suggestions were enthusiastically brought forth. Representatives expressed a strong desire to not exhibit on Sunday mornings and were not particularly interested in sponsoring users' meetings. One suggestion that was supported by most, if not all, representatives was to have a "What's New" session during the general education sessions at future meetings. The purpose of such a session would be to introduce products that were being displayed in the exhibit hall. This could be educational and could motivate attendees to visit the exhibits with specific questions in mind. The Program Committee, Local Program Chairs, Officers, and Executive Director are busy discussing possible formats for this type of vendor session. We will keep you posted.

On Saturday evening, friends of Dr. Jim Conway held a special recognition dinner to honor and celebrate his many years of dedicated service in the field of nuclear medicine. Although this was not a Chapter function, it was attended by many of Jim's friends and colleagues. Special thanks are extended to Dr. Bob Henkin and Ms. Sue Weiss for their efforts in putting together this wonderful function.

The Central Chapter under the leadership of Drs. K. C. Karvelis, David Wang, and Jeanne Mocer, CNMT, have planned and will host what appears to be an "outstanding" scientific meeting for the spring of 2000. The title of the conference is "E2K" [Endocrinology in 2000] and will feature some of the leading experts in the field. The business and scientific sessions will be at the Hyatt Regency Hotel in Dearborn, Michigan, on April 14-16, 2000. Mark your calendars now and plan to attend. The James Quinn Memorial lecture will be given by Dr. Richard Wahl on the *Advances in Radionuclide Therapy of Cancer*. Check the program listing in this issue of the newsletter for more details. Looking forward to seeing you there.

Lyn Mehlberg to Run for SNM-Technologist Section Executive Board Member at Large

Your role as a CCSNM-TS and SNM-TS member will be to elect new officers this spring. You will have an opportunity to vote for leaders from across the U.S. Certain Chapters have always had very high voter returns, and thus elect candidates from their own Chapter to ensure strong representation in the SNM and the SNM-TS. As a Chapter, we do have this type of representation, but not from the CCSNM-TS.

While we have a strong Technologist Section within the Chapter, few have gone

to have a strong national voice, such as our venerable Sue Weiss.

After a little persuasion, Lyn Mehlberg has decided to put her name in for SNM-TS Executive Board Member at Large, a very important position for the CCSNM-TS, since the Board makes day-to-day operating decisions for the SNM-TS.

Lyn, a past president of the CCSNM-TS, has held numerous positions within the CCSNM-TS and is currently our very effective National Council Delegate.

Nationally, Lyn has been named chair of the Leadership and Mentoring Committee. Her course at this fall's meeting was so successful, that she was asked to make a presentation at the next spring meeting.

Lyn Mehlberg has a strong sense of what it takes to be a staff technologist who offers quality, high-tech nuclear medicine. At the same time, her leadership abilities make her an ideal candidate for this Board position. When the ballots are mailed, please support all of the CCSNM and CCSNM-TS candidates.

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**A joint publication of the Central Chapter of the
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Seeing-Eye Drugs: Nuclear Medicine Sharpens Disease Detection

Congratulations are in order for the wonderful feature on the nuclear medicine department of St. Joseph Hospital of Mishawaka, Indiana. On Tuesday, October 5, 1999, the *South Bend Tribune* ran a feature on myocardial perfusion imaging, performed at St. Joseph's, as the lead article.

This in-depth report detailed the entire procedure hour by hour from the tagging at the radiopharmacy through the actual test and its results.

This positive, well-written article clearly demonstrates the important role of nuclear medicine in patient care.