



The report from the president of the Central Chapter at the moment of the spring meeting is also the time for a farewell. The president typically has had a leadership ladder career within the chapter that slows down with the installation of the new president.

Report from the Chapter President

Last April at Dearborn, MI, I promised to concentrate on three areas.

I am pleased to inform you that I think my term has been positive in two of the three areas.

First of all, with the Henkins and other members of the chapter, we have organized what I think is a great scientific program at Itasca. This meeting is wholly consistent with two of the major purposes of the chapter:

(a) promotion of the advancement and dissemination of the knowledge of radioactive substances and (b) maintenance and advancement of high standards for the practice of clinical nuclear medicine. The 2001 spring program discusses immunotherapy, PET imaging, cardiovascular nuclear medicine, image fusion, SPECT QC, regulatory issues, and newer instrumentation. Our program, which is as good or better than any other program prepared by a chapter or a university in the United States, covers the bulk of the



Jesus A. Bianco, MD

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Another busy year is coming to an end. By now, you have received your ballot for the election of next year's officers. Please take the time to vote. As was obvious in the last presidential election, your individual votes do count! In the Central Chapter, our Fall Road Show

Report from the Technologist Section President

was a huge success! We had over 200 attendees at our five sites! Many thanks for a job well done go to our site coordinators, Rebecca Sajdak, Joe Weiseler,

Jim Jeffery, Bob Schenkenfelder, Dan Mapes, Lisa Hazen, Ridge and Christine Conant, and our executive director, Renae Henkin. I would like to thank the vendors, ADAC, DuPont, Marconi, Nycomed Amersham, Siemens, and Syncor, for their support and sponsorship as well.

Our spring meeting is just around the corner, March 16–18, in Itasca, IL. Committee meetings will take place on March 15. This is when the “business” of the chapter takes place. I encourage all who are interested in becoming more involved to attend these meetings. We will be discussing the program for the next several meetings, topics for future road shows, looking for volunteers to act as site coordinators for the



Jennifer L. Bryniarski, CNMT

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Fear as a Stress Factor

Dave Barry, Miami Herald (this article is copyrighted and reprinted here with the author's permission)

Miami—It's 8:30 a.m., and I'm in a small, brightly lit room with a tube in my arm, and a woman I have never met before named Bette is scrubbing my chest with what feels like sandpaper.

"Some people really scream when I do this," Bette is saying. I'd scream too, but I'm too busy pretending that there's no tube in my arm.

"There's no tube in my arm" is what I am telling myself in a soothing voice. "There's no tube in my arm. There's a TUBE in my arm. There's a tube IN MY ARM. OMIGOD THERE'S A TUBE STUCK RIGHT INTO MY ARM AND I'M GOING TO ..."

I suppose it goes without saying that this is happening in a hospital. Specifically, it's in the Stress Department. That's the real name. When Bette gets on the phone she says, "This is Bette, in Stress."

I'm here to get what is called a Thallium Stress Test on my heart. The reason for this, according to my doctor, is that there is probably nothing wrong with my heart. "Probably nothing wrong" is the leading cause of health care in America today. The Stress Test, like most medical procedures, was originally developed by the ex-Nazi researchers at the Institute of Punitive Medicine as a means of maintaining hospital discipline. If you're a hospital patient and you start to become irritated because the food tastes like Purina Rat Chow and they charge you \$2,316.17 every time you flush the toilet, and you are foolish enough to complain about this, they'll say, "Sounds like we need to RUN SOME TESTS on you." And if you have the common sense that God gave gravel, you will never open your mouth again. Because the way these tests work is, whatever part of your body they claim they want to look at, they insist upon entering you via some OTHER part.

If you have, for example, an ankle problem, they'll say, "What we're going to do is insert this one-inch-diameter exploratory garden hose into your eye socket and run it the length of your body, so you MIGHT EXPERIENCE SOME DISCOMFORT." I won't even TELL you where they insert the hose if you have an eye problem.

So anyway, my doctor—his actual name is Dr. Hamburg, but to avoid a costly lawsuit I will refer to him here as Dr. Frankfurt—made the alarming discovery that there was probably nothing wrong with my heart, which is why Bette stuck a tube in my arm and sandpapered my chest and attached wires all over my skin and strapped a large electronic box to me so that looked like a man being attacked by a crazed mutant home appliance.

In walked Dr. Frankfurt, who ordered me to RUN ON A TREADMILL. With a TUBE in me arm. While I was running, a small man who had been lurking in the shadows rushed in without warning and put thallium into my arm tube. This made me feel VERY stressful because thallium is basically atomic radiation, and I distinctly remember a horror movie from the 1950s when a man—it might have been James Arness—became radioactive and started glowing like a gambling casino and acting antisocial to the point where he had to be subdued by several branches of the armed forces.

The next thing I knew, I was in a wheelchair being rushed through the hospital halls with a terrified look on my face and a tube in my arm and radiation in my body, and I was thinking how only an hour earlier I felt fine, and now, thanks to Modern Medicine, people were looking at me in the same pitying way that they'd look at a recently run-over cat. And then I was wheeled into a department called "Nuclear Medicine," which are two words that do NOT go together at all, and they put me on a slab, and all the humans sprinted from the room, probably because of the radiation. Then a medical robot swooped down and examined my body very closely. It did not have a good bedside manner. It would peer at one spot for a while, and then go: "Whir." "Is that BAD?" would ask it. "Whir," it would say.

It turned out that there was nothing wrong with my heart. Just as we had suspected all along. But I'm actually glad that I went through the Thallium Stress Test. For one thing, I know I'm O.K. For another thing, I no longer need a bedside lamp. I just read by the glow from my body.

MEMBER NEWS

Robert Henkin nominated to APC advisory panel

Dr. Robert Henkin was nominated to the 15-person APC advisory panel to HCFA. Bob will represent all of Diagnostic Radiology and Nuclear Medicine. His nomination was supported by the ACR, SNM, ACNP, and other scientific and trade groups. He also received support from Rep. Henry Hyde for this appointment.

Lyn Mehlberg to become a Fellow of the Technologist Section

During the recent Midwinter Meeting of the Technologist Section, it was announced at National Council that Lyn Mehlberg will receive her Fellowship during the Annual Meeting of the Society of Nuclear Medicine. This prestigious award represents Lyn's achievements and service to the Technologist Section. Lyn is one of only two technologists to win this honor this year. Lyn is also a candidate for Secretary/History of the Technologist Section.

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Nuclear Medicine UPDATE

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Editors' Desk



Michael K. O'Connor, Ph.D.

It seems that every year, it gets harder and harder to keep up-to-date and find the time to educate oneself on all the advances that occur in our field. There is more pressure on all of us to be more productive and to squeeze more out of the work day. As a consequence, there is little energy or enthusiasm for anything that is not absolutely crucial and vital to our day-to-day work. Our free time becomes more precious and we are less willing to

give it up without a very good reason. Keeping up-to-date in our chosen field is VERY important. Deep down we all know that. However, it's very easy to convince ourselves that we don't have time to do it right now, but we definitely will soon !!! All of us who give our time and energy into making the Central Chapter what it is, go through the same issues. To

make matters worse, we continue to see a decline in all aspects of membership participation in the Central Chapter. We think we know why. Like us, people are just too busy and too hassled. So what to do. We have asked for feedback from members in the past, but we never get any (another symptom of too little time). One thing that does make it easier to communicate with the Chapter is e-mail. Right now, we do not have a directory of e-mail addresses for all our members. If you do nothing else with this newsletter, PLEASE complete the e-mail form on the back page. In the future it will allow us to keep you better informed and make it easier and less time consuming for you to contact us.

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



Sue Weiss, CNMT, FSNMTS

New Nuclear Cardiology Specialty Exam

The NMTCB is proud to announce the offering of a specialty exam in Nuclear Cardiology Technology! The exam will be offered in June 2001 during the Annual Society of Nuclear Medicine Meeting in Toronto.

Eligibility Requirements:

A candidate for examination must show documented evidence of the following:

1. Active NMTCB, ARRT(N), and/or CAMRT nuclear medicine membership
2. Clinical Experience in Nuclear Medicine Technology for a minimum of two years full-time (4,000 hours)

Cost \$150.00

For more information, refer to the NMTCB web page: www.nmtcb.org

For an application, please contact:

Jennifer Gaffey at the NMTCB Office
2970 Clairmont Road, Suite #935
Atlanta, GA 30329
Phone : (404) 315-1739
Fax : (404) 315-6502
E-mail : jgaffey@nmtcb.org



President's Report (cont.)

¶1 practice of nuclear medicine in 2001. In addition there were four road shows during the fall of 2000 that addressed nonplanar nuclear medicine studies.

A second area of accomplishment of the chapter during my tenure was the revisit of the SNM-Chapter relationship. This arose out of renewed management at the SNM. An initial trigger for this revisit was the fear from liability to the SNM in lawsuits brought against one of the chapters. A Special Task Force on Chapters met and discussed the issues, as did the Commission on Chapters. The chapters decided that they wanted to remain independent of the SNM and, further, technologists were allowed to apply for separate charters for independent technologist chapters. At the 2001 midwinter meeting at Tampa, the contract between the SNM and the chapters stipulating the legal relationship between the two, will be discussed. One related issue that also arose during my tenure was the attempt of the SNM to establish an educational venture with a major commercial vendor. This, however, was not supported by the chapters and failed.

As a frame of reference, it must be remembered that the yearly budget to run the Central Chapter of the SNM (CCSNM) is \$50,000, after paying for the meeting, versus \$7.4 million for the SNM! The typical attendee to the spring CCSNM

meeting is a technologist not particularly interested in entertainment and willing to have the Sunday morning session. Most people want the meeting to provide useful, state-of-the-art clinical information (and a few aspects of cutting-edge knowledge), preferably in the neighborhoods around Chicago. The chapter used to have a fall meeting but that has been abolished. This decision has had clear financial and administrative consequences that likely will be discussed at Itasca. The chapter has not been able to attract more attendees to its meetings; an interesting suggestion discussed by Dr. Blend was that of conjoint meetings with other chapters of the SNM or with Cardiology and Oncology organizations.

I have defended the argument that similar to journals such as the *New England Journal of Medicine* or the *SNM*, the chapter should increase its efforts to procure vendor dollars to sustain its primarily educational purpose, a seemingly obvious contradiction that in my mind now is a lost opportunity.

The one area where my term fell short was to use the chapter's website for multiple functions. Wise people advised me against promoting this idea and I, as president, discarded it. Finally, my best recommendation for the future is the incorporation of more young blood into the chapter as an insurance policy for success and growth.

Technologist Section President's Report (cont.)

¶1 road show, and a variety of other "housekeeping" issues. A likely topic of much discussion at the meeting will be how to reach more of our members. With the staff shortages we are experiencing, many technologists are working more and more and time away from work is precious. It is hard to get away to attend meetings—there is no funding from institutions, manpower is at bare bones, there is too much work to be done for anyone to leave the department for a day. What ideas can we come up with, within the chapter, to meet the needs of its nuclear medicine community? What do the members feel is important and valuable? Continuing education is certainly high on the list. For many of us, it is a requirement of licensure. What about interaction between fellow nuclear professionals? Networking? These are important issues. If you have ideas, please pass them along. The e-mail addresses, for myself and the chapter, are listed on the chapter's website, www.ccsnm.org.

On the SNM national level, efforts are being made to urge the cosponsors of CARE Act, which was introduced into the House last September by Rep. Rick Lazio, to reintroduce the bill to the 107th congress. Supporters of the Act also are working to identify a sponsor in the Senate for a companion bill. The bill requires that states that do not currently have licensure will have to develop and enforce standards that ensure the competency of technologists working in medical imaging who use ionizing radiation and radiation therapy.

A while back, the SNM-TS and the Nuclear Cardiology Committee requested that the NMTCB board consider offering a specialty exam in Nuclear Cardiology. The reasoning behind offering this exam is to offer recognition to technologists with expertise in this specialized field. As a result, the NMTCB has created the specialty exam and the first test will take place in June 2001 in conjunction with the SNM annual meeting in Toronto. If you are interested in learning more about this exam, check out the NMTCB website, www.nmtcb.org.

SNM national ballots will be in your mail soon. We are well represented this year! Lyn Mehlberg is running for SNM-TS Secretary, Ridge Conant is running for Executive Board, and Lisa Hazen is running for Nominating Committee. Again, please take the time to vote! It has been a long time since this many of our members have been on the national ballot.

I would like to thank you for allowing me the opportunity to serve as the president of the Central Chapter, TS. I am very lucky to have had the opportunity to work with some wonderful people! The experience has been very rewarding. To the members of the TS committees, Executive Council, Ridge Conant, and Derek Fuerbringer, thank you for your efforts and dedication. I especially want to thank our executive director, Renae Henkin. Renae's gift for communication, and tireless effort in coordinating a million things all at once, inspire us all.

See you in a few weeks!

Future Meetings

2002

Planning is underway for our spring meeting in the year 2002 and more details will be given on the website and in the next newsletter.

Location: Northwestern Memorial Hospital, Chicago, Illinois

Dates: April 12–14, 2002

Program Chairs: *Mark Groch, PhD* (312) 926-4506, mgroch@northwestern.edu
Monica Geyer, CNMT (312) 926-0422, mgeyer@nmh.org

Innovations in Nuclear Medicine Imaging, Therapy, and Instrumentation

- Topics:**
- Current Methods in Nuclear Medicine
 - Monoclonal Antibodies and Receptor Imaging
 - PET in the Year 2002
 - Current Methods in Nuclear Oncology
 - Future of Medical Imaging

2003

Planning is underway for our spring meeting in the year 2003 and more details will be given on the website and in the next newsletter.

Proposed Location: Detroit, MI

Dates: Spring 2003

Program Chairs: *John Freitas, MD* (313) 926-4506, johnfreitas@sprintmail.com
Mary Yeomans, CNMT (248) 926-9500, maryy@medinuc.com
Sharon Lafferty, CNMT, 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
 - Let's Not Forget—Nuclear Medicine and Pregnancy, Radiation Safety, Reimbursement, Instrumentation Update

National Licensure for Imaging Technologists

The SNM Technologist Section and the rest of the Alliance for Quality Medical Imaging have been working on enacting legislation to ensure that basic educational and training requirements are required for all technologists performing imaging procedures. We drafted a bill and Representative Rick Lazio introduced the Consumer Assurance of Radiologic Excellence (CARE) Act into the House of Representatives on September 25, 2000. He has since left office and the CARE Act was left without a sponsor.

Recently, we have had some good news. Congresswoman Heather Wilson (R-NM) has agreed to reintroduce the legislation, but we need your help in notifying the rest of Congress on the importance of the CARE Act. At the bottom of this e-mail is a sample letter for you to send to your Representative. Since this letter should be personalized, the sample letter only contains the rough basics. To personalize the letter, we suggest that you tell them about your profession and offer to discuss the issue with a member of their staff. Please e-mail a copy of your letter and any responses you may receive to me at asulliva@snm.org

If you would like to learn more about the CARE Act, go to http://www.snm.org/policy/nat_licensure.html.

IF YOU DO NOT KNOW WHO YOUR REPRESENTATIVE IS OR HOW TO CONTACT HIM/HER, SEND ME YOUR 9 DIGIT ZIP CODE AND I WILL BE HAPPY TO E-MAIL YOU THE NAME AND CONTACT INFORMATION FOR YOUR REPRESENTATIVE.

Thanks for your help!

Sincerely,

Amanda Sullivan
Society of Nuclear Medicine
1850 Samuel Morse Drive
Reston, VA 20190
asulliva@snm.org
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fax: 703-708-9777
Website: <http://www.snm.org>

Sample Letter

Dear XXXXX:

I am writing to you concerning a very important matter — helping to assure quality radiologic imaging for patients through national licensure standards. You may recall that Congressman Rick Lazio introduced the CARE Act last fall, it is my understanding that Congresswoman Heather Wilson has now agreed to introduce the bill into this session of Congress.

As your constituent and a health care professional who will be subject to the provisions of the CARE Act, I urge you to contact Congresswoman Wilson and sign on as a sponsor.

Sincerely,
Your Name
Contact information

Central Chapter of SNM, Inc.
3651 Red Bud Court
Downers Grove, IL 60515-1352

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Do you currently have an E-mail address? YES NO

If you answered NO above,
do you plan to obtain one within the next year? YES NO

E-mail address : _____

Can you receive attachments with your e-mail ? YES NO UNSURE

Can you read Adobe Acrobat files (pdf) ? YES NO UNSURE