Society of Nuclear Medicine
CENTRAL CHAPTER IN THE NEWS
September 2001

Report from the Chapter President

After a busy and very successful Spring meeting in Itasca, followed, it seems, almost immediately by the SNM Annual Meeting, I did not have much time until now to reflect on the Chapter and the issues that face us. If you attended the annual meeting and spent any time at all on the exhibit floor, you could not miss all the hype about PET/CT. This clearly was the latest and greatest as far as the vendors were concerned, and at a $2M+ price tag, these systems are going to be the flagship of every company's product line. However, these devices, as well as SPECT/CT systems, raise a number of issues that all of us should think about. Who is going to operate these system? Who is going to read the images? Who is going to pay for these images? The first one is of greatest concern to the technologists: do you know what your state training/licencing requirements are to operate a device containing an x-ray tube? In Minnesota, the state requires that you have an R.T. diploma or pass a state examination. I'm sure the requirements vary between states. If you don't know, you should. Multimodality devices look like they are here to stay. If you are not qualified to operate one, you could be out of a job!


Michael O'Connor, Ph.D.

» p7

Report from the Technologist Section President

To borrow another president's words, I am very excited about beginning my year as the Technologist Section President!

Our annual Spring Meeting was held in Chicago this past March with the committee meetings the day before. The major topics of the day were how to increase membership, upcoming education programs and the SNM restructuring. The SNM restructuring requires all chapters to become incorporated and then be chartered as a recognized chapter of the SNM. The Central Chapter has done this. Along with the restructuring, the CCSNM Technologist Section needs to decide if we are going to incorporate ourselves and seek being chartered with the SNM or come under the CCSNM incorporation and charter. Outgoing CCSNM Technologist Section President Jennifer Bryniarski appointed an ad hoc committee to determine which option is best for the Technologist Section. More on that next time.


Derek Fuerbringer, CNMT

For this meeting we did something different: we invited Diana Dawkins, SNM Director of Membership, to attend our meeting and to have an SNM presence. Twenty-five new members joined. At the business meeting luncheon, the results of the recent election

» p7

Table of Contents

Editors' Desk

Michael K. O'Connor, Ph.D.

The annual Society of Nuclear Medicine meeting in Toronto was a great meeting, despite the fact that getting in and out of Canada was a challenge without a passport or birth certificate!!! There was more excitement in the air than observed in many years. PET has turned everyone to looking forward to a renaissance in nuclear medicine. Advances in the therapeutic application of radionuclides added to the excitement. It was good to be a part of it. Those of us who have been around for more than a few years (guess which one of the editors!) have seen other such occurrences over the years. We have satisfaction in knowing that nuclear medicine is alive and well, contrary to the doom and gloom that habitually reappears when another technology seems to overtake us. We were reminded of the excitement a few years back when SPECT arrived on the scene. It also reminded us that continuing education is of paramount importance in keeping competence. The Society serves a great purpose in that regard. Most of our members do not have the luxury of attending the annual meetings, so other ways of maintaining competence must be provided. The Central Chapter plays a big role in bringing the continuing education to the membership where they live and at a bargain cost. Elsewhere in this issue is information about the Central Chapter road shows. Take a look at the information. The program once again is a great one and should benefit everyone in the Chapter. The spring meeting plans are progressing well and again the opportunity to enhance competence is within everyone's reach. Take advantage of these offerings and if you have influence over others who could benefit, please do what you can to enable them to attend.

Sue Weiss, CNMT, FSNMTS

Other events at the Toronto meeting are of interest as well. The Society is looking at restructuring AGAIN!!! The House of Del-

continued on page 11

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

The Future of Camera-based PET Imaging

Editor's note: This is a condensed version of the full report by CMS on the current and future requirements for camera-based PET imaging (coincidence imaging).

In June, the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA), issued a decision on the use of coincidence imaging for the new indications for FDG-PET reimbursement. You can read a full copy of their decision and the process they went through at www.hcfa.gov/coverage/download/8b3-oo1.rtf, with the critical section on their decision on pages 12 and 13. Below is an abbreviated version of their analysis and decision on this issue. This decision means that the new FDG-PET indications approved last December are only reimbursed if performed on a full-ring PET scanner. Furthermore, by the end of next year (Dec. 31, 2002), reimbursement for all camera-based PET systems (i.e., coincidence systems) will be stopped, unless (1) these systems can demonstrate performance equivalent to or better than the full-ring PET systems for which data were submitted in support of the December 15, 2000, decision memorandum or (2) their clinical utility is demonstrated by adequate clinical studies showing that the gamma camera provides diagnostic information that adds to or replaces information provided by conventional imaging. In the absence of such evidence, CMS will withdraw all coverage for camera-based PET systems.

Briefly, last December, CMS issued a decision memorandum that announced Medicare coverage for several new oncologic indications and one new use in the evaluation of myocardial viability. At that time, CMS considered limiting the new coverage to only full-ring PET systems. However, based upon information provided by nuclear medicine experts, CMS believed the assertion that the newer camera-based systems produced images with quality similar to older full-ring systems. Hence, last December, the decision was therefore made to include for coverage those camera-based systems with at least a 1-inch thick crystal. Medicare would not cover any other scanning systems for performing PET, including gamma cameras modified for either noncoincidence or coincidence imaging.

CMS recognized that the issue of comparative system performance was both important and complex, and, therefore, on January 10, 2001, it opened a new pending coverage decision to specifically investigate camera-based PET scanners and how their performance compares to full-ring PET. The CMS analysis showed that the main limitation of the available published information on camera-based PET systems was that the data did not provide reliable information about how likely these systems are to identify malignant lesions. CMS was concerned about differences between full-ring and camera-based PET systems in terms of lesion detection and the reliability of nondetection, particularly for lesions that are small to medium in size. Their argument was that in the practice of oncology, major therapeutic decisions are made based on the presence or absence of small malignant lesions. Hence, the inadequate lesion-detection capability of camera-based PET systems for smaller lesions may critically impact treatment decisions and lead to the potential (inadvertent) harming of patients. They point out that all the data used to gain approval were based on studies using full-ring systems. The clinical impact of lower-quality images was not considered by CMS in any detail at that time.

» **p8**

Society of Nuclear Medicine—Leadership Report

SNM Granted 501(c)3 Status by IRS

The Society of Nuclear Medicine has been designated a 501(c)3 status by the Treasury Department in response to an SNM application to change its designation from that of a trade organization (501(c)6) to that of an educational and research organization. The application was submitted following House of Delegate authorization and will position the Society to compete for federal education and research grants heretofore not available to it. The Society will immediately make application for something called an "h" designation, which will ensure that the current level of advocacy can be legally sustained without jeopardizing the new IRS designation.

Work on the application began a year ago with changes to the strategic and operational plans of the Society and is intended to better reflect the actual focus and work of the organization.

House Designates Board as Governing Body

The House of Delegates has authorized a bylaw change that would officially designate the Board of Directors as the governing body of the Society of Nuclear Medicine. The House also adopted a resolution calling upon the president to form a special task force to review and identify an appropriate role for the House within the governance structure of the Society, to include a review of the composition of the Board.

Language encompassing the proposed bylaw change will be sent to the Bylaws Committee within a few weeks so that notice of the change can be published in sufficient time for the House to vote on the change at the 2002 SNM Mid-Winter Meeting in Scottsdale, Arizona. Despite the resolution by the House, no actual transfer of responsibility or related changes can occur until amendments to the bylaws have actually been approved by the House.

The move comes in an effort to streamline the governance of the Society while removing ambiguities in the existing bylaws that cloud the distinctions between the House and Board and make responsibility and accountability for governance decisions unclear. Aside from the redesignation of governance authority, other responsibilities of the House, including approval of bylaw amendments, remain unchanged.

Action on the governance issue was precipitated by a report of a Special House Task Force on Governance chaired by former Society President James Fletcher, M.D., following a year-long study of the Society's governance structure that found it disproportionately large and expensive to maintain in comparison to a number of other similar medical societies and associations.

In addition to the proposed changes addressing key governance issues, the Bylaws Committee will also present bylaw amendments to the House in February that clarify the position of chapters within the Society in accordance with resolutions already passed regarding chapter charters and procedures.

SNM House of Delegates Elects Two to Board

Robert Henkin, M.D., of Loyola University Medical Center, and Peter Conti, M.D., Ph.D., of the University of Southern California, were each elected to the Board for three-year terms as At-Large Members by the House of Delegates. They were chosen from a field of five candidates named by a House Nominating Committee. This is Dr. Henkin's first term on the Board. Dr. Henkin takes office immediately. The SNM Board is composed of seventeen members, five of whom are nonvoting.

Dr. Robert Henkin, M.D.

Central Chapter—News

First, a big congratulations to Bob Henkin on his election to the SNM Board of Governors. This election takes on added significance in light of the recent decision by the House of Delegates to essentially transfer power to the Board of Governors. This allows the Society to respond more rapidly to the ever-changing healthcare environment, but also limits the input of the House in the decision-making process.

The change of status for the society from a 501(c)6 to a 501(c)3 will also affect the Central Chapter, as we will inherit the tax status of the parent organization. We will be reviewing the implications of this change in status for the Central Chapter over the next few months.

Second - congratulations to Bill Erwin on his new position in M.D. Anderson Cancer Center in Houston, TX. Their gain is our loss, and we wish Bill all the best in his new position.

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 2000/2001 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.

Issues of the Heart

Central Chapter SNM—Road Show 2001

Objectives:

- **Understand the use of proper billing codes for reimbursement issues in nuclear cardiac studies**
- **Recognize the values and pitfalls of using attenuation correction filters and QGS**
- **Understand the proper techniques and the usefulness of MUGAs and first pass studies in today's nuclear medicine departments**
- **Suggestions on how to multi-task, stress management techniques, and recruitment issues with the technologist shortage**

Program:

8:00–9:00 am	**APCs and Reimbursement**
9:00–10:00 am	**Attenuation Correction Filters and QGS**
10:00–10:15 am	**Coffee Break**
10:15–11:15 am	**MUGA amd First Pass**
11:15–12:15 pm	**Technologist Shortage Issues**

RETURN COMPLETED FORM AND PAYMENT TO:
CCSNM, 875 E. 22nd St., #202,
Lombard, IL 60148-5025, *or*
Fax form to (630) 268-0612 *or*
Register online at www.ccsnm.org

September 22, 2001
Maywood, IL (Chicago)
Loyola University Medical Center
Coordinator: Nancy McDonald, CNMT–
Northwestern Memorial Hospital

September 29, 2001
Rochester, MN
Mayo Clinic, Judd Hall
Coordinators: Joe Wieseler, CNMT–Mayo Clinic
Anne Marie Fix, CNMT–Cambridge Medical Center

October 6, 2001
Akron, OH
Children's Medical Center
Coordinator: Michael Misseldine, CNMT–
The Imaging Center

October 13, 2001
Traverse City, MI
Munson Medical Center
Coordinator: Karen Martin, CNMT–
North Michigan Hospital

4.0 hours of VOICE and IDNS CEHs applied for

October 20, 2001
Indianapolis, IN
St. Vincent's Hospital
Coordinator: Edward Wroblewski, MA, ABSNM

❑ Chicago, IL, September 22, 2001
❑ Rochester, MN, September 29, 2001
❑ Akron, OH, October 6, 2001
❑ Traverse City, MI, October 13, 2001
❑ Indianapolis, IN, October 20, 2001

REGISTRATION	Pre-Registration	On-Site
❑ Technologist, SNM Member	$ 35.00	$ 40.00
❑ Technologist, Non-Member	$ 40.00	$ 45.00
❑ Technologist/Medical Student*	$ 5.00	$ 10.00
❑ Scientist Trainee*, SNM Member	$ 35.00	$ 40.00
❑ MD/Scientist, SNM Member	$ 50.00	$ 55.00
❑ MD/Scientist, Non-Member	$ 55.00	$ 60.00

SNM Membership # _____ Name_____

Institution _____ Address_____

City_____ State ____Zip_____-_____

Telephone ( )_____Fax ( ) _____

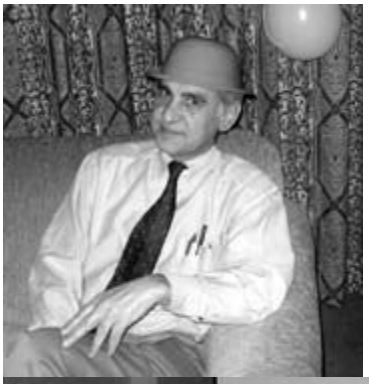
E-mail address_____

❑ Check/MO ❑Discover ❑ MasterCard ❑Visa **Card #**_____Exp. Date____

Name on Card_____ Mailing Address_____

City_____State ____Zip_____ Signature_____

St. Patrick's Day Celebrations
Spring Meeting, Itasca



National Council Delegate Report

Over the past year things on the national level have been rather quiet. Toronto changed that though!! It seems that everything that has been talked about over the past few years has now moved forward and we need YOUR help now more than ever.

The hottest discussion topic was once again licensure. However, it wasn't the same old thing. We now have several sponsors for the CARE bill, but we need more. That's where you, the general membership, come into play. In Toronto, we had twenty-odd supporters of the CARE bill in Congress. That number continues to grow daily because every day technologists take the time to write their representative in Congress and urge them to support licensure. If you don't know what to say or how to say it, there are sample letters available on the Central Chapter and SNM websites. You also can contact any of the Central Chapter or SNM officers for literature. This is where participation counts and will benefit our profession as a whole.

The next item that was discussed pertaining to chapters was the tax status application. I know, this doesn't seem all that important, but it is. Just after the close of the 2001 SNM meeting, word was received that 501(c)3 status (nonprofit organization) had been granted by the IRS. So, what does this mean for you, the SNM and the Central Chapter? In a nutshell, it comes down to money. Being granted this status would help in postage costs, taxes, and several other areas.

Other topics that were thrown out on the table for discussion included changing the name of the SNM to somehow include the words "Molecular Imaging." Several different wordings were tossed back and forth, but we may need you to put on your thinking cap and help us with this one too. At this point, I think all suggestions would be appreciated.

The allocation formula also was discussed. (For those of you who may not be aware, this is how profits/losses are calculated between SNM, Inc. and SNM-TS.) It was brought to the attention of the National Council that this formula would be looked at once again and perhaps tweaked among the leadership of SNM and SNM-TS. In fact, the SNM-TS leadership already had a preliminary proposal ready to present.

SNM, Inc. and SNM-TS would like to continue to work more closely and build their relationship. In order to promote this, some committees already have been combined in order to pool resources and become more functional in obtaining end goals.

Which brings me to the topic that everyone is so tired of hearing about—we need more volunteers!! Yes, it's time already to start thinking about filling another ballot and finding willing and working souls to serve in this wonderful professional organization. As part of the 2001–02 Nominating Committee, I will gladly discuss openings and duties associated with those openings with anyone who thinks they are ready to become active in their professional organization. There are plenty of ways to serve without even leaving your own home. Please do not hesitate to contact me.

Respectfully submitted,

Lisa M. Hazen, BS, CNMT
NCD SNMCC-TS

Corporate Corner

Who to contact? The following exhibitors were on hand to discuss their products during the recent Central Chapter meeting in Itasca, IL.

ADAC Laboratories
George Case [gcase@adaclabs.com]

Berlex
Cindy Powers [cindy_powers@berlex.com]

Bracco Diagnostics
Elizabeth Antos [eantos@diag.bracco.com]

Capintec
Tom Shields [getinfo@capintec.com]
Steve Oettinger [oetinger@capintec.com]

Custom Care Pharmacy
Bob McKenzie [liz@eurohealth.com]

Digirad
Tracy Casbon [tcasbon@digirad.com]
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DuPont Life Pharmaceuticals Company
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[craig.carlson@dupontpharm.com]

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Mary Yeomans [maryy@medinuc.com]
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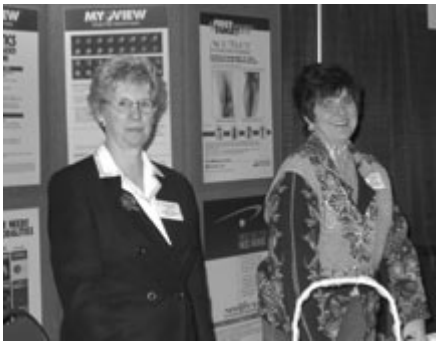
Doug Hausenbauer [dhausenbauer@medx-inc.com]

MIE—Medical Imaging Electronics
Franz Formella [mieamerica@msn.com]

Mobile PET Systems, Inc.
Michael Spohn [spohn@mobilepet.com]

Numed, Inc.
Judy Neu [judyneu@aol.com]

Nycomed Amersham
Marilyn Colby [marilyn.colby@us.nycomed-amersham.com]



P.E.T. Net
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PerkinElmer Life Sciences
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Radiology Corporation of America
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Segami
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Siemens Medical Systems
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Rob Shelley
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Isabel Alvarez [alvarezm@syncor.com]
Laura Vivas [vivasl@syncor.com]
Kim Swinghamer
[swinghamerk@syncor.com]

Tech Section President's Report (cont.)

«p1 were announced. Your new officers are Sharon Lafferty as President-Elect and Ann Pieruni as Secretary. Finishing out their two-year terms are Tanya Spillum as Treasurer and Lisa Hazen as National Council Delegate. Of course, this leads perfectly into the recruitment statement. Anyone interested in serving as an officer or committee member, please contact me or the CCSNM office.

On the national level there is much talk about the C.A.R.E. Act (or National Licensure). There is sponsorship in the House and the Senate now, so there is strong belief it will pass this year. For more information go to the SNM website, www.snm.org.

Like last year, the road show is in place of the fall CCSNM meeting since there is no fall CCSNM meeting. This year's topics include APCs, Attenuation Correction, MUGA and First Pass, and Dealing with the Technologist Shortage. Look for your registration information in the mail soon.

In closing, once you have finished with the newsletter, please recycle it by sharing it with colleagues.

Proposed Revisions to 10 CRF Part 35

In July, the Senate Appropriations Committee approved the NRC budget for FY 2002. It included the following language in the committee report:

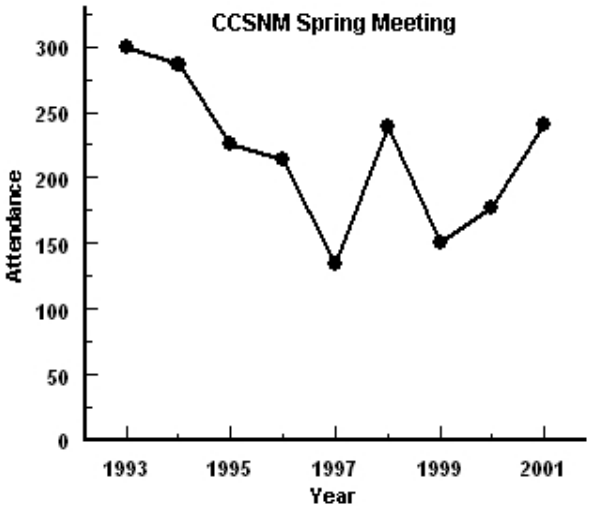
The Committee directs the Nuclear Regulatory Commission not to expend any funds to implement or enforce the revisions to 10 CFR Part 35 which contains regulations concerning the medical use of isotopes that were adopted by the Commission on October 28, 2000. The Committee has taken this action because it believes that the Commission has failed to adequately consider, as it has repeatedly promised, adopting regulations which properly reflect the very low risk posed by the use of diagnostic nuclear medicine procedures. The bill is scheduled for action on the Senate floor next week. Presuming the bill passes the Senate it will be submitted to conference with the House.

This is an important step in reducing some of the unnecessary regulations imposed on the practice of Nuclear Medicine by the NRC. The Society of Nuclear Medicine will now be shifting their efforts to the House of Representatives to persuade the representatives to support the Senate report. At present this means that the NRC will have to revert to the existing Part 35 until they amend it to recognize the low risk of diagnostic nuclear medicine.

President's Report (cont.)

«p1 Should the Chapter organize an educational meeting focussed on the basics of CT and x-rays? The value of such a meeting may vary significantly from state to state; however, it could be run like our road shows. This would permit the organizers in each state to tailor the meeting to their needs. Food for thought! While PET and PET/CT has become the technology focus, you should carefully read the report from the CMS (HCFA) on reimbursement for coincidence imaging. Many labs that do not possess a full-ring PET scanner are using coincidence imaging for FDG-PET. The CMS document basically says that unless it can be convinced that gamma camera– based PET is of equal quality to conventional full-ring PET, it will cease reimbursement for all camera-based studies at the end of 2002. The writing is on the wall! I suspect it will be difficult over the next 18 months to convince them otherwise.

On a totally different subject, the Central Chapter program committee and local program chairs have worked hard over the last few years to reverse the trend of smaller and smaller attendances at the Spring meetings (see graph below). We have kept the meetings to the Chicago or Detroit areas. Renae Henkin and the local program chairs have put a lot of work into trying to pick affordable locations and attractive topics and speakers. Dr. Bianco and Lisa Hazen put on an excellent meeting in Itasca and for the first time in 4 years, our attendance has topped 200. I believe that the next meeting at Northwestern University will continue this trend. However, with ever-tightening budgets, advance planning is more important—please review the program for the 2002 meeting. Mark Groch and Monica Geyer have organized an excellent program that covers many of the current hot topics in downtown Chicago. We hope that the combination of excellent topics and an excellent location will make this a very attractive program. Now is the time to plan for next Spring—don't delay — make plans now to attend what I believe will be one of our best Spring meetings for many years.



Attendance at CCSNM Spring meetings over the last 8 years—the low attendance in 1997 was weather related.

The Future of Camera-Based PET Imaging (continued from page 2)

CMS found it difficult to evaluate the clinical utility of camera-based PET since they did not have accurate information on the false positive and false negative rates for these systems when used for the different, covered, oncologic indications. Available literature and other information related to comparative performance of different PET systems are quite limited. There are no clear, comparative, broad indication studies, and only very small, indication-specific studies to compare camera-based PET to full-ring PET. Further, these studies are designed to focus mainly on the intrinsic performance of the scanners, not the evaluation of reconstruction and processing algorithms on the sensitivity and specificity of different systems under conditions of actual clinical use. Hence, the CMS concluded that there is no body of evidence that attests to the medical benefit associated with use of camera-based PET that is comparable to the literature used to arrive at the December 15, 2000, decision memorandum for full-ring PET. The extension of that decision memorandum to camera-based systems, while anecdotally supported by nuclear medicine experts, was not clearly justified based on existing clinical and scientific data.

The CMS review of the existing literature on camera-based PET leads to the conclusion, present in several articles, that these systems miss a significant number of small and medium-sized malignant lesions. Because of the limited size of the studies and other methodologic weaknesses, it is not possible to make confident estimates of the frequency with which these different systems produce false positive or false negative results. Furthermore, it is not possible to determine the clinical significance of diagnostic errors that might result from use of these PET technologies. However, given the intended diagnostic role for oncologic uses of PET, it is likely that inaccurate results provided by these imaging systems could lead to errors in treatment, such as early termination of chemotherapy or unnecessary surgical intervention. Without better studies that provide more confident estimates of the sensitivity and specificity from camera-based PET systems, it may not be possible for clinicians to properly interpret the findings from these imaging studies.

The CMS concluded that given knowledge now available, it is likely that the system specifications in the December 15, 2000, decision memorandum were made with insufficient technical information. They concluded that the 1-inch crystal thickness threshold is not a meaningful basis for distinguishing between PET systems. It was asserted to CMS that new, camera-based systems could outperform the full-ring systems for which data were provided to CMS. However, no studies have been provided to CMS since that time that demonstrate either equal or superior clinical performance of these new systems.

CMS Conclusion on Camera-Based PET Systems

CMS concluded that camera-based systems miss a nontrivial number of small but potentially clinically significant malignant lesions compared with full-ring PET scanners. The clinical implications of the potentially missed lesions have not been systematically evaluated. In order to determine whether these systems offer net medical benefit or might inadvertently cause harm, further studies of the technical and/or clinical performance of these systems will be necessary. CMS has decided to draw conclusions about the clinical utility of partial-ring scanners based on the evidence for full-ring systems, due to the fundamental design similarities for these two types of systems. These design characteristics are significantly different than the major design elements and applied science behind gamma cameras modified to perform PET.

CMS Decision

CMS's December 15, 2000, decision memorandum was based on clinical data collected on patients using the full-ring systems with BGO crystals that were in service in the late 1990s. CMS's conclusion that FDG-PET is a reasonable and necessary service for the indications reviewed in the December 15, 2000, memorandum was therefore based on the imaging performance of full-ring systems compared to conventional imaging.

CMS concluded that gamma camera PET systems perform as well as full-ring PET scanners for moderate and large lesions, but may not detect a significant percentage of smaller lesions (approximately 2 cm or less). Newer gamma camera systems may have improved performance, but no clinical data are available on these most recently released systems. Hence, gamma camera PET, even those systems with crystals at least one inch in thickness, will not be covered for the clinical indications that are newly covered, based upon the December 15, 2000, decision memorandum.

In addition, for those indications already covered prior to the December 15, 2000, decision memorandum, CMS requires that PET imaging be performed on either full- or partial-ring scanners, or coincidence systems with the following features:

- Crystal at least 5/8-inch thick
- Techniques to minimize or correct for scatter and/or randoms
- Digital detectors and iterative reconstruction

Scans performed with gamma camera PET systems with crystals thinner than 5/8 inch will NOT be covered. In addition, scans performed with systems with crystals greater than or equal to 5/8 inch in thickness that do not meet the other listed design characteristics are NOT covered.

Future Considerations

CMS will formally reconsider these limitations on coverage for gamma cameras after December 31, 2002. Coverage would be provided for gamma cameras (1) if these systems can demonstrate performance equivalent to or better than the full-ring PET systems for which data were submitted in support of the December 15, 2000, decision memorandum; or, (2) if their clinical utility is demonstrated by adequate clinical studies showing that the gamma camera provides diagnostic information that adds to or replaces information provided by conventional imaging. In the absence of such evidence, CMS will withdraw all coverage for gamma camera systems.

Business Meeting — Itasca 2001

Top—Outgoing Chapter president (Dr. Bianco) congratulates the new incoming president (Dr. O'Connor). Bottom—Outgoing president of the Technologist Section (Jennifer Bryniarski) with the new incoming president (David Fuerbringer).

Dr. Bianco and Renae Henkin at the business meeting.

The local program chairs (Dr. Bianco and Ms. Lisa Hazen) being presented with small gifts of appreciation for all their work in organizing a very successful Spring meeting.

Dr. Bianco congratulates Bill Erwin for the best submitted oral presentation at the Spring meeting.

You would not believe how far some people come to attend our business meeting! Dr. David Collier (center picture) came from the University of Kuwait.

Innovations in Nuclear Medicine Imaging, Therapy, and Instrumentation
Northwestern University, Chicago, Illinois
April 12th–14th, 2002

*** Indicates Confirmed**

Friday April 12, 2002

7:00 – 8:00 REGISTRATION

8:00 – 8:15 WELCOME AND OVERVIEW
Michael O'Connor, Ph.D., President, CCSNM
Mark W. Groch, Ph.D., Scientific Program Chair
Monica Geyer, BA, CNMT, Program Chair
Celebrity Speaker

SESSION 1
STATE-OF-THE-ART METHODS IN NUCLEAR ONCOLOGY
Moderators: William G. Spies, M.D.*, Monica Geyer, CNMT*

8:15 **James Quinn Memorial Lecture**
Current State-of-the-Art in Positron Computed Tomography
Stewart M. Spies, M.D.*

9:15 Nuclear Oncology from the Perspective of a Medical Oncologist
Steve Rosen, M.D., Chair Medical Oncology, Northwestern University*

10:00 Coffee Break

10:15 Technical Considerations for Imaging Oncologic Agents
TBA

10:30 Imaging of Colorectal and Prostate Cancer
Anthony Passalaqua, M.D.

11:00 Lymphoma and Lung Cancer: Conventional Imaging Strategies
Jane Wynter, M.D.

11:30 Skeletal Target Radionuclide Therapy
TBA

12:00 Pediatric Nuclear Oncology
TBA

12:30 LUNCH

SESSION 2
MONOCLONAL ANTIBODY AND RECEPTOR IMAGING
Moderators: Rebecca A. Sajdak, CNMT*, William D. Erwin, M.S.*

1:45 Monoclonal I: From an Oncologist's Perspective
Leo Gordon, M.D.

FEATURED GUEST SPEAKER

2:00 Monoclonal/Receptor Imaging: An Overview
Gerald DeNardo, M.D.

3:00 Coffee Break

3:15 Monoclonal Antibody Imaging—Technical Imaging Considerations
Peter Cutera, CNMT*

3:30 Dosimetric Considerations in Radionuclide Therapy
William D. Erwin, MS*

4:00 Nuclear/CT/MRI Image Fusion in Oncology
TBA

4:30 PROFFERRED PAPERS

5:15 TOUR OUR NORTHWESTERN MEMORIAL HOSPITAL AND NUCLEAR MEDICINE DEPARTMENT

6:30 EVENING PROGRAM
SOCIAL EVENT and/or Scientific Evening Program
(Details to be announced later)

Saturday April 13, 2002

SESSION 3
PET IN THE YEAR 2002 Part I
Moderators: Malcolm Cooper, M.D.*, Sue Weiss, CNMT

FEATURED GUEST SPEAKER

8:30 PET Scanning Current and Future: A Practical Review
TBA

9:30 Performing PET Studies
Greg LaMonica, CNMT*

10:00 Coffee Break

10:15 The Role of PET to Assess Myocardial Perfusion and Viability
Jesus Bianco, M.D.*

11:30 PET Imaging of the Brain: Current Status
Malcolm Cooper, M.D.*

12:15 BUSINESS LUNCH

SESSION 4
PET IN THE YEAR 2002 Part II
Moderators: Michael K. O'Connor, Ph.D., Lynn Melhberg, CNMT

1:45 PET Oncology I: Hybrid PET Systems
Robert E. Henkin, M.D.

2:15 PET Oncology II: Full-Ring PET Systems
James O'Donnell, M.D.

2:45 PET Oncology III: Correlation with CT
William G. Spies, M.D.*

3:15 Coffee Break

3:30 PET Oncology IV: Correlation with MRI
David A. Turner, M.D.*

4:00 Quality Control for PET
Brad Kemp, Ph.D.*

4:30 The Economics of a PET Center
Monica Geyer, B.A.*
Social Event or Evening Program

Sunday April 14, 2002

SESSION 5

THE FUTURE OF MEDICAL IMAGING INSTRUMENTATION

Moderators: Mark W. Groch, Ph.D., James Halama, Ph.D.

8:00 New Imaging Devices for Dedicated PET Overview
TBA

Clinical Imaging Considerations
TBA

9:00 New Hybrid Imaging Systems for PET, SPECT, and CT Overview
Mark W. Groch, Ph.D.*

Clinical Imaging Considerations
James Halama, Ph.D.

10:00 Coffee Break

10:15 New Single Photon Imaging Systems—CZT and CsI Overview
John Engdahl, Ph.D.*

Clinical Imaging Considerations
Michael K. O'Connor, Ph.D.

11:15 Panel Discussion: Future of Tomographic Imaging
Mark K. Groch, Ph.D., James Halama, Ph.D., John Engdahl, Ph.D., Michael K. O'Connor, Ph.D., William Erwin, M.S., Ron Nutt, Ph.D.

Future Meeting—2003

Look for a complete program and more details on the website and in our next newsletter.

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
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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

Editors' Desk–continued

egates discussed this at length and essentially gave direction to the Board of Directors to begin the process. The last time the Society restructured, Dr. Conway spearheaded the efforts and it took several years! The impact upon the Central Chapter should be small. Our leadership wisely decided to incorporate as a separate entity several years ago. We are ahead of many other chapters.

A Chapter member was elected to the Board of Directors of the Society. Dr. Robert Henkin, Acting Chair of Radiology at Loyola and a past president of the Chapter, will serve a term on the Board as an elected representative of the House of Delegates. We know that he will keep the best interests of the membership in mind during his term on the Board. Congratulations, Bob.

The technologists decided to set up their own fund for special projects during the National Council meeting. The Technologist Section also conferred Fellowship upon one of our own. Lynn Mehlberg was elevated to Fellow status at the business meeting. Lynn has been a very active member of the Chapter. Congratulations to Lynn.

The Central Chapter is one of the strongest in the Society, as evidenced by the activities of Lynn and Bob. If the Chapter is to remain strong, we need to develop new leaders and to encourage involvement. There are several opportunities for individuals to serve on committees within the Chapter. If you are interested or know someone who is, please let the leadership know.

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