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

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?
Dr. James Conway Feted at Central Chapter Meeting in Oak Brook
Sue Weiss, CNMT, FSNMT

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 McVokeck, 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 she had to perform the procedure! Ms. Betty Milakovich then had no idea if she could prove to be expensive! She recalled 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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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.

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.

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 Update 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@msllinet.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 government 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 of 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. Even though 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

CytoGen Corporation
Shane Brugler, 800-833-3533

Digirad
Rick Linder, 858-578-5300 x301

DuPont Life Sciences Enterprise
Liz McQuillen, 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

Nycemed 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

SII Seiko Instruments, Inc.
Larry Ridgeway, 513-697-9225

Siemens
Terry Crawfords, 800-765-1304 x205

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.

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

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**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 addressing 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.
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 Maceri, 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 neuroendocrine tumors in adults and children.

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 the CME activity.

The Society of Nuclear Medicine Designates this educational activity for a maximum of 16.25 hours of category 1 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

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<td>8:30–9:30 a.m.</td>
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<td>5:30–8:30 p.m.</td>
<td>Board of Governors Dinner</td>
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FACULTY

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Henry Ford Hospital, Detroit, MI

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William Beaumont Hospital, Royal Oak, MI

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Dhanwada S. Rao, MD
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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 Moceri, 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 ICALC: 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

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

3:30 Basic Principles and Practical Considerations 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

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 Regency 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 Section President’s Report

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? Hmm.

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 photograph.” 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, our 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
jabiano@facstaff.wisc.edu

Lisa Hazen, CNMT
(231) 487-4070
lmh@freeway.net

Topics:
• PET in Oncology
• Cardiac Nuclear Medicine
• Radioimmunotherapy
• Reconstruction Algorithms
Attendees catch up on the latest developments in radiopharmaceuticals and instrumentation.

CORPORATE SPONSORS
1999 Fall Meeting, Oak Brook, IL

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**Technology Imaging Services**
Deadline for submission is Tuesday, February 1, 2000

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 satisfactory to use phrases such as “the results will be discussed” or “other data will be presented.” Use the following headlines to clearly identify each element of content: Objectives, Methods, Results and Discussion.

Example
BONE IMAGING WITH Tc-99m
R.A. Berger, D.K. Grahm, and N.A. Lucas. Methodist Hospital, Indianapolis, IN.
The various factors contributing to the proper diagnosis of...

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

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

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

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

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
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.

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

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President’s Report

The Central Chapter under the leadership of Drs. K. C. Karvelis, David Wang, and Jeanne Moceri, 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 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 run for SNM–Technologist Section 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 role 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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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.