One of the common threads in many of the conversations and e-mails between those who serve on the Chapter committees and the Board of Governor, is attendance at meetings—our meetings, meetings run by other Chapters, Road Shows, etc. We are always looking for ways to make meetings more attractive and interesting to Chapter members and to try and convince people to come to meetings—the health of our Chapter depends upon the success of our meetings. We have looked around at the success stories of other Chapters. Many small chapters can boast several hundred attendees at their meetings.

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

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

Well, it is October when I am writing this and it is hard to believe fall is upon us. I am sure many of you share this sentiment for various reasons. Fall is also the time of the Road Shows. There were five Road Shows in various cities around the Central Chapter with just over 200 attendees total. I had the pleasure of attending the Rochester Road Show, where I was a member of a very interactive panel discussion addressing the technologist shortage. I would like to share with you a summary of that discussion.

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Board Adopts 2002 Budget

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

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

Pappas Named Acting Executive Director

Virginia Pappas has been named Acting Executive Director of the Society effective the close of business on October 5 and will serve in that capacity until a new executive director is named by the Board of Directors. Pappas, a twenty-four-year veteran of the SNM staff, is currently Deputy Executive Director. As Acting Executive Director she will have full executive authority to manage the staff, budget, and activities of the Society during the transition and will report directly to the SNM president and the Board of Directors. Bill Bertera, current Executive Director, has resigned to take a similar position with the Water Environment Federation, a 100,000-member Washington-based federation of 73 associations with a budget of $20 million and a staff of 116.

Executive Director Search Begins

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

Future Meeting—2003

Location: COBO Conference Center, Detroit, MI
Hotel: Crowne Plaza, 2 Washington Blvd., Detroit, MI — Room Rates $125.00 single/double, $135.00/triple, $145.00/quad
Dates: May 1-5, 2003

Program Chairs:

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

Basic Nuclear Medicine—A New Way of Doing Old Things

Topics:

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

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

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

- Delbeke et al. (J Nucl Med 38:1196, 1997) studied 52 consecutive patients with suspected recurrent colorectal cancer. PET was more sensitive than CT (91% vs 81%) for detection of hepatic metastases. For detection of extrahepatic metastases, PET was even more sensitive than CT (100% vs 74%).
- Flanagan et al. (Ann Surg 227:319, 1998) selected 22 patients (out of a sample of over 100 patients) where CEA were greater than 5 ng/ml and conventional imaging techniques were normal. In 17 out of 22 with recurrent colon cancer disease (appearing during follow up), PET scans were abnormal in all 17 patients. In 5 of the 22 patients in who no recurrent colon cancer disease was demonstrated, PET scans were negative.
- Flamen et al. (Clin Oncol 17:894, 1999) studied 103 patients who had undergone colonic or rectal surgery and who were suspected of recurrent disease. They found a significant diagnostic value of PET in conjunction with CT in 20% of patients with presumed resectable hepatic pelvic recurrence.

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

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

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

Update on the Proposed Revisions to 10 CFR Part 35

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

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

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

Proposed Reduction for FDG PET in Hospital Outpatient Settings

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

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

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

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

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

M oney ! M oney ! M oney !

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

Innovations in Nuclear Medicine Imaging, Therapy, and Instrumentation

- PET in the Year 2002
- Monoclonal Antibodies and Receptor Imaging
- State-of-the-Art Methods in Nuclear Oncology
- Future of Medical Imaging

April 12–14, 2002

Northwestern Memorial Hospital
3rd Floor Conference Center
251 E. Huron
Chicago, Illinois
DESCRIPTION
This meeting is presented by the Central Chapter of the SNM. Its organizers, Mark W. Groch, PhD, and Monica C. Geyer, CNMT, have designed a program that provides for the educational needs of the practicing nuclear medicine physicians, scientists, and technologists with regard to the latest techniques in imaging, diagnosis, and therapy.

OBJECTIVES
At the end of this meeting attendees will be able to:
- Discuss the role of monoclonal antibodies and receptor imaging in diagnosis and treatment.
- Evaluate the clinical utility of dedicated PET and of gamma camera coincidence imaging.
- Assess the future of nuclear medicine imaging devices.
- Review current and future clinical applications of nuclear medicine.

CREDIT
Continuing education credits for technologists and physicians have been requested.

HOTEL ACCOMMODATIONS
Reservations can be made directly by calling the Allerton Crowne Plaza–Chicago at (312) 440-500. All reservations must be guaranteed for late arrival with a credit card. Please mention the Central Chapter of the Society of Nuclear Medicine when making your reservation. Check-in time is 3:00 p.m. Check-out time is 12:00 noon.
The room rate is $129.00 single/double (one bed) $159.00 double/twin (two beds) limited availability, and $169.00 suite limited availability. The hotel tax is 14.9%. Please make your reservations by Friday, March 15, 2002, to take advantage of the SNM rate. Hotel rooms are subject to applicable tax. Please contact the Allerton 48 hours prior to arrival if you need to cancel. Should an early departure occur after check-in, a $75.00 fee will be placed on the individual’s guestroom folio.

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

FRIDAY April 12, 2002
7:00-8:00 REGISTRATION
8:00-8:15 WELCOME AND OVERVIEW
   Michael K. O’Connor, PhD, President, CCSNM
   Mark W. Groch, PhD, Scientific Program Chair
   Monica C. Geyer, BA, CNMT, Program Chair
   Ron Santo, Former Third Baseman and Current Color Commentator of the Cubs (Tentative)

SESSION 1 STATE-OF-THE-ART METHODS IN NUCLEAR ONCOLOGY
Moderators: William G. Spies, MD, Monica C. Geyer, CNMT
8:15-9:15 James L. Quinn Memorial Lecture
   Current State of the Art in Positron Computed Tomography
   Stewart M. Spies, MD
9:15-10:00 Nuclear Oncology from the Perspective of a Medical Oncologist
   Steven Rosen, MD
10:00-10:15 Coffee Break
10:15-10:45 Technical Considerations for Imaging Oncologic Agents
   Anne M. Pierini, CNMT
10:45-11:30 Update on Prostate Cancer Imaging
   Anthony M. Passalaqua, MD
11:30-12:00 Skeletal Target Radionuclide Therapy
   Peter Cutera, CNMT
12:00-130 LUNCH

SESSION 2 MONOCLONAL ANTIBODY AND RECEPTOR IMAGING
Moderators: Michael K. O’Connor, PhD, Lynn Melhberg, CNMT
130-2:30 FEATURED KEYNOTE SPEAKER
   Monoclonal Antibody and Receptors: The Complementary Role of Imaging and Therapy
   Gerald L. DeNardo, MD
2:30-3:00 Monoclonal Antibody/Receptor Imaging: An Overview from a Clinical Oncologist
   Leo M. Gordon, MD
3:00-3:15 Coffee/Soda Break
3:15-3:45 Monoclonal Antibody Imaging/Dosimetry
   Technical Imaging Considerations
   Peter Cutera, CNMT
3:45-4:15 GUEST SPEAKER
   Dosimetric Methods in Radionuclide Imaging and Therapy
   William D. Erwin, MS
4:15-4:45 Nuclear/CT/MRI Image Fusion in Oncology
   Dennis Nelson, PhD
4:45-5:15 PROFFERED PAPERS
5:15 TOUR OUR NORTHWESTERN MEMORIAL HOSPITAL AND NUCLEAR MEDICINE/PET FACILITY
SOCIAL EVENT OR EVENING PROGRAM TBA

SATURDAY April 13, 2002
SESSION 3 PET IN THE YEAR 2002
Moderator: Malcolm Cooper, MD, Susan C. Weiss, CNMT
8:00-8:30 PROFFERED PAPERS
8:30-9:30 FEATURED KEYNOTE SPEAKER
   PET Scanning Current and Future: A Practical Review
   R. Edward Coleman, MD
9:30-10:00 Performing PET Studies
   Darla B. Helmer, ARRT
10:00-10:15 Coffee Break
10:15-11:00 The Role of PET to Assess Myocardial Perfusion and Viability
   Jesus A. Bianco, MD
11:00-12:00 PET Imaging of the Brain: Current Status, Future Direction
   Malcolm D. Cooper, MD
12:00-1:30 LUNCHEON

SESSION 4 PET IN THE YEAR 2002 II
Moderator: Jesus A. Bianco, MD, Nancy McDonald, CNMT
130-2:00 PET Oncology I: Hybrid PET Systems
   Robert E. Henkin, MD
2:00-2:30 PET Oncology II: Full Ring PET Systems
   James K. O'Donnell, MD
2:30 - 3:15 PET Oncology III: Correlation with CT
   William G. Spies, MD
3:15-3:30 Coffee/Soda Break
3:30-4:15 PET Oncology IV: Correlation with MRI
   David A. Turner, MD
4:15-4:45 Quality Control for PET
   Brad J. Kemp, PhD
4:45-5:15 The Economics of a PET Center
   Monica C. Geyer, CNMT
5:15 SOCIAL EVENT OR EVENING PROGRAM TBA

SUNDAY April 14, 2002
SESSION 5 THE FUTURE OF MEDICAL IMAGING INSTRUMENTATION
Moderators: Mark W. Groch, PhD, James R. Halama, PhD
8:00-8:30 New Imaging Devices for Dedicated PET: LSO/GSO—Overview
   Ron Nutt, PhD
8:30-9:00 Clinical Imaging Considerations
   James R. Halama, PhD
9:00-9:30 New Hybrid Imaging Systems for PET, SPECT, and CT—Overview
   Mark W. Groch, PhD
9:30-10:00 Clinical Imaging Considerations
   Paul Moesbach, ARRT
10:00-10:15 Coffee Break
10:15-10:45 New Single Photon Imaging Systems CZT, Cd—Overview
   John C. Engdahl, PhD
10:45-11:15 Clinical Imaging Considerations
   Michael K. O’Connor, PhD
11:15-12:15 Structured Panel Discussion
   Future of Tomographic Imaging
   Wei Chang, PhD
   James Colsher, PhD
   John C. Engdahl, PhD
   William D. Erwin, MS
   Mark W. Groch, PhD
   James R. Halama, PhD
   Horace Hines, PhD
   Brad J. Kemp, PhD
   Ron Nutt, PhD
   Michael K. O’Connor, PhD
12:15 ADJOURN

GUEST FACULTY
R. Edward Coleman, MD
Professor and Chair, Nuclear Medicine, Duke University, Chapel Hill, NC
Gerald L. DeNardo, MD
Professor of Medicine, University of California—Davis, Sacramento, CA
John C. Engdahl, PhD
Director of Research, Siemens Medical Systems, Hoffman Estates, IL
William D. Erwin, MS
Physicist, MD Anderson Cancer Hospital, Houston, TX
Leo M. Gordon, MD
Chief, Division of Hematology & Oncology, Northwestern University, Chicago, IL
Ron Nutt, PhD
President, CPS, Knoxville, TN
Steven Rosen, MD
Chair, Medical Oncology, Northwestern University, Chicago, IL

CCSNM FACULTY
Jesus A. Bianco, MD
Professor of Radiology, University of Wisconsin, Madison, WI
Wei Chang, PhD
Professor of Medical Physics, Rush University, Chicago, IL
Malcolm D. Cooper, MD
Professor of Radiology, Chief, PET Center, University of Chicago, IL
Peter Cutera, BA, CNMT
Technologist, Northwestern Memorial Hospital, Chicago, IL
Monica C. Geyer, BA, CNMT
Manager, Nuclear Medicine, Northwestern Memorial Hospital, Chicago, IL
Mark W. Groch, PhD
Associate Professor of Radiology, Northwestern University, Chicago, IL
James R. Halama, PhD
Associate Professor of Radiology, Loyola University, Maywood, IL
Darla B. Helmer, ARRT
Technologist, Northwestern Memorial Hospital, Chicago, IL
Robert E. Henkin, MD
Professor, Acting Chair, Radiology, Loyola University, Maywood, IL
Brad J. Kemp, PhD
Associate Professor of Radiologic Physics, Mayo Clinic, Rochester, MN
Paul Moesbach, BA, ARRT
Manager, CT, Northwestern Memorial Hospital, Chicago, IL
Dennis Nelson, PhD
Physicist, University Hospitals, Cleveland, OH
Michael K. O’Connor, PhD
Professor of Radiologic Physics, Mayo Clinic, Rochester, MN
James K. O’Donnell, MD
Professor, Director of Nuclear Medicine, University Hospitals, Cleveland, OH
Anthony M. Passalaqua, MD
Associate Professor of Radiology, Northeastern Ohio Universities College of Medicine, Cleveland, OH
Anne M. Pierini, CNMT
Technologist, William Beaumont Hospital, Royal Oak, MI
Stewart M. Spies, MD
Clinical Professor of Radiology, Northwestern University, Chicago, IL
William G. Spies, MD
Associate Clinical Professor of Radiology, Northwestern University, Chicago, IL
David A. Turner, MD
Professor of Radiology, Director, Section of MRI, Rush University, Chicago, IL
**PHOTOCOPY AND PASS ON TO A FRIEND**

**SNM Membership #_____________________________**

**Name________________________________________________________________________**  
**BS  CNMT  MD  MS  PhD**

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**Pre-Registration**  
**MD, PhD, etc., SNM Member** $ 125.00  
**MD, PhD, etc., Nonmember** $ 150.00  
**Technologist, SNM Member** $ 75.00  
**Technologist, Nonmember** $ 85.00  
**Resident, SNM Member** $ 40.00  
**Resident, Nonmember** $ 55.00  
**Technologist Trainees** $ 10.00  
**Technologist, SNM Member Saturday/Sunday Rate** $ 40.00  
**Technologist, Nonmember Saturday/Sunday Rate** $ 55.00  
**Business/Award Lunch, Saturday** $ 10.00

**On-Site**  
**MD, PhD, etc., SNM Member** $ 140.00  
**MD, PhD, etc., Nonmember** $ 165.00  
**Technologist, SNM Member** $ 90.00  
**Technologist, Nonmember** $ 100.00  
**Resident, SNM Member** $ 50.00  
**Resident, Nonmember** $ 65.00  
**Technologist Trainees** $ 15.00  
**Technologist, SNM Member Saturday/Sunday Rate** $ 40.00  
**Technologist, Nonmember Saturday/Sunday Rate** $ 55.00  
**Business/Award Lunch, Saturday** $ 10.00

**Costs**  

**TOTAL COSTS**

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Central Chapter, SNM
Abstract Instructions

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

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

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

Organization of Abstract
The body of the abstract should include a statement of the purpose of the study, a statement of the methods used, a summary of the results presented in sufficient detail to support the conclusions, and a statement of the conclusions reached. It is not satisfactory to use phrases such as “the results will be discussed” or “other data will be presented.” Use the following headlines to clearly identify each element of content: Objectives, Methods, Results, and Discussion.

Example
BONE IMAGING WITH Tc-99m
R.A. Berger, D.K. Grahm, and N.A. Lucas. Methodist Hospital, Indianapolis, IN.
The various factors contributing to the proper diagnosis of...
Policies and Instructions
Please review this form thoroughly before preparing your abstract. Because of time constraints, abstracts that do not comply with these policies and instructions must be rejected.

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

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

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

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

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

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

Awards
Abstracts can be considered for 3 awards. The CCSNM-TS Best Technologist Paper (oral presentation only) $250, Senior author must be an SNM member.

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

Consider this abstract for:
__CCSNM-TS Best Technologist Paper
__CCSNM Best Technologist or Scientist
__W.H. Beierwaltes Award

Please Print or Type
Name:__________________________
Position/title:____________________
Credentials:___(CNMT, M S, M D, PhD)
SNM Member yes no

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

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

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

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

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

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

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

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