

RSNA *News*



Bisset Joins RSNA Board of Directors

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- Radiology at Forefront of Therapeutic Drug Development
- Cancer Treatment Better When Radiology, Radiation Oncology Work Together
- CT Colonography May Help Predict Cardiovascular Risk
- Malpractice Study Holds Some Surprises
- RSNA 2004 Meeting Moments

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Hussey New RSNA President

DAVID H. HUSSEY, M.D., a radiation oncologist from San Antonio, is the 2005 RSNA president.

Dr. Hussey's goals for RSNA include increasing the involvement of radiation oncologists, measuring the Society's accomplishments according to its strategic plan, and helping members meet maintenance of certification (MOC) requirements.

"MOC is becoming increasingly important for our members, and I would like to emphasize it during my presidential year," he says. "RSNA will play a major part in the lifelong learning and periodic self-assessment components, and we have already begun to develop a rather sophisticated MOC program."

RSNA has coded the content of all its educational programs to fit with the American Board of Radiology's (ABR) MOC classification system and is developing a series of self-assessment modules that will include self-administered tests to help radiologists and radiation oncologists assess how much they know or have learned from the programs. Another resource involves helping members keep track of their progress in the MOC program.

Dr. Hussey has been an RSNA member since 1971 and has served on a number of committees, including the Scientific Program Committee, the Refresher Course Committee and the Committee for Meeting-related Publications.

He is a past-president of the American Radium Society, the American Society for Therapeutic Radiology and Oncology, and the Gilbert H. Fletcher Society. Dr. Hussey previously headed the ABR Examination Committee for Radiation Oncology, and served on the radiation study section for the National Cancer Institute.

"Over the past five to 10 years, diagnostic radiologists have developed more sophisticated



2004 RSNA President Brian C. Lentle, M.D. (right), hands the president's gavel to 2005 RSNA President David H. Hussey, M.D.

ways to accurately depict tumors, and radiation oncologists have developed more sophisticated ways to deliver treatment," he says. "As a result, radiation oncologists rely much more on diagnostic radiologists, and there is a greater need for diagnostic radiologists to understand what the radiation oncologists need to know. The two specialties are coming closer together, and RSNA is the logical place for the two to interact."

Dr. Hussey graduated from the Washington University School of Medicine in St. Louis. After completing his internship and residency at the University of Iowa Hospitals and Clinics, he was named a fellow in radiotherapy at the University of Texas M.D. Anderson Hospital and Tumor Institute, and was in charge of the fast neutron radiotherapy program using the Texas A&M Variable Energy Cyclotron.

After returning to Iowa, Dr. Hussey served as the director of the Division of Radiation Oncology at the University of Iowa College of Medicine. He is currently a clinical professor in the Department of Radiation Oncology at the University of Texas Health Sciences Center in San Antonio.

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Hattery is RSNA President-Elect

ROBERT R. HATTERY, M.D., is RSNA's 2005 president-elect.

Dr. Hattery, who was elected to the RSNA Board in 1998, is the executive director of the American Board of Radiology (ABR).

"Times are a-changin' and with the changes come many opportunities for radiology and RSNA," Dr. Hattery says.

Those opportunities include:

- Molecular, optical and functional imaging
- New avenues and funding sources for research
- Creation of academic careers for young investigators
- Expanding technologies, such as nanotechnology and minimally invasive therapies
- Integrated and coordinated healthcare through the electronic environment and the Integrating the Healthcare Enterprise (IHE) initiative



Robert R. Hattery, M.D.

- New paradigms related to adult learning and maintenance of certification

"Challenges abound in the future, of course, but RSNA is committed to its mission of education and research

and will meet the challenges and seize the opportunities," Dr. Hattery says.

Before accepting the position at ABR, Dr. Hattery taught, administered and served at the Mayo Clinic, Mayo Medical School and Mayo Graduate School

of Medicine in Rochester, Minn., for more than three decades. He advanced from an instructor in 1973 to professor of diagnostic radiology in 1982. From 1981 to 1986, he was chairman of the Department of Diagnostic Radiology. Dr. Hattery held more than a dozen administrative positions at Mayo,

including serving as a member of the Mayo Foundation Board of Trustees, chairman of the Board of Governors and chief executive officer.

Prior to becoming the RSNA Board Chairman for 2004, Dr. Hattery was the Board Liaison for Publications and Communications, a position that oversees *Radiology*, *RadioGraphics*, *RSNA News*, *RadiologyInfo.org* and a number of committees, including the Public Information Committee.

An RSNA member for more than 20 years, Dr. Hattery has also served on the *RadioGraphics* editorial board and was a scientific reviewer for *Radiology*.

Dr. Hattery received his bachelor's and medical degrees from Indiana University. He interned at Parkland Memorial Hospital in Dallas and was subsequently a fellow in diagnostic radiology at the Mayo Graduate School of Medicine. In 1970, he was the chief resident in diagnostic radiology at Mayo.

Jost Named RSNA Board Chair

R. GILBERT JOST, M.D., is the new chairman of the RSNA Board of Directors.

"Participation in organized radiology has offered me a chance to give something back to the specialty that has been so generous to me," Dr. Jost says. "RSNA continues to have a profound influence on the specialty of radiology and I am proud to be associated with this great organization."

Dr. Jost, who was elected to the RSNA Board in 1999, is the Elizabeth Mallinckrodt Professor of Radiology and Radiology Department chair for Washington University School of Medicine. He is also the director of the Mallinckrodt Institute of Radiology in St. Louis.

"I feel fortunate to have been associated with Washington University School of Medicine," he says. "It offers

a remarkably rich, collegial environment, and I am blessed with wonderful colleagues at Mallinckrodt."

Dr. Jost earned his bachelor's degree at Harvard University and his medical degree at Yale University Medical School. In 1968, he accepted a fellowship to investigate medical computer applications at Yale. He followed this with an internship in internal medicine at Cleveland Metropolitan General Hospital and later a research associate position at the National Institutes of Health.

Dr. Jost's first published article, "Intrauterine Electroencephalogram of the Sheep Fetus," was based on his medical school thesis and appeared in the *American Journal of Obstetrics and*



R. Gilbert Jost, M.D.

Gynecology in 1972. Since that time he has published more than 120 journal articles, proceedings or book chapters.

An RSNA member for more than 30 years, Dr. Jost served on the RSNA Electronic Communications Committee where he was influential in the

adoption of the DICOM standard and was an early promoter of IHE. He also served on the RSNA Strategic Planning Committee, the RSNA Education Council, the RSNA Publications Council and the RSNA Medical Imaging Resource Center Committee.

On the Board of Directors, Dr. Jost served as Liaison for Annual Meeting and Technology.

Bisset Joins RSNA Board of Directors

THE MAN WHO has been the driving force behind the scientific program at the RSNA annual meeting for the past four years has been elected to the RSNA Board of Directors.

George S. Bisset III, M.D., is the Liaison-designate for Education.

"I look at my role as being a facilitator," says Dr. Bisset. "We have a very talented group of individuals in leadership roles in the RSNA Refresher Course and Education Exhibits committees—they are brimming with ideas. My goal should be to open doors for success. I envision working closely with this team and the highly qualified RSNA staff to design innovative, timely and pertinent educational programs."

Dr. Bisset is a professor of radiology and pediatrics and is vice-chairman of the Department of Radiology at Duke University Medical Center in Durham, N.C. He is certified in radiology, pediatrics and pediatric cardiology, and holds a certificate of added qualification in pediatric radiology.

In 2000, Dr. Bisset became the vice-chairman of the RSNA Scientific Program Committee. In 2001, he became committee chairman. Since then, Dr. Bisset and his volunteer committee have reviewed thousands of scientific paper and poster abstracts,

choosing only the very best for presentation at the RSNA annual meeting.

"I believe my tenure as the Scientific Program Committee chair has allowed me to appreciate the other side of the RSNA mission to 'promote and develop the highest standards of radiology and related sciences through education and research,'" says Dr. Bisset. "My goal is to maintain the high quality of the RSNA instructional courses, while at the same time trying to discover new opportunities for learning."

Dr. Bisset will work under Board Liaison for Education Theresa C. McCloud, M.D., for one year until she assumes the role of RSNA chairman at RSNA 2005. "I still have much to learn about the educational facets of our large Society, but I have a willingness to learn and a great mentor in Theresa McCloud," explains Dr. Bisset. "The opportunity to meet and work with the RSNA staff has been one of the perks of the Scientific Program Committee chair position. Hopefully this experience will serve me well as I pursue this new endeavor."



George S. Bisset III, M.D.

Dr. Bisset earned his medical degree at the University of South Florida College of Medicine. He completed an internship in pediatrics and a research fellowship in pediatric cardiology at Children's Hospital Medical Center in Cincinnati. He then entered the world of radiology through a radiology residency and a fellowship in pediatric radiology at the University of Cincinnati Medical Center.

Dr. Bisset is the author of nearly 200 scientific papers, abstracts and book chapters. He is a former associate editor and current reviewer for *Pediatric Radiology*. He is also a reviewer for *Radiology*, *Chest*, *American Journal of Roentgenology*, *Journal of Pediatrics* and several other medical journals.

A popular speaker, Dr. Bisset has been invited to lecture and teach at medical schools and medical meetings throughout North America. He has also lectured and taught in Japan.

He is a member of the board of trustees for the American Board of Radiology. He has also been on the board of directors for the Society for Pediatric Radiology.

RSNA Board of Directors Biographies

BIOGRAPHIES of all members of the RSNA Board of Directors are available online at www.rsna.org/about/whoswho/index.html. You can click on a Board member's name or mouse over and click on their photo to see the biography.

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- David H. Wessner, MD**
President, San Antonio, TX
- Robert R. Hattery, MD**
President-elect, Tucson, AZ

(Front row from left) R. Gilbert Just, MD, Chairman, St. Louis, MO; David H. Wessner, MD, President, San Antonio, TX; Robert R. Hattery, MD, President-elect, Tucson, AZ; Theresa C. McCloud, MD, Liaison for Education, Boston, MA.

RANZCR Honorary Fellow

Keith R. Thulborn, M.D., Ph.D., has been named an honorary fellow of the Royal Australian and New Zealand College of Radiologists (RANZCR). The honor was bestowed on him during the RANZCR annual meeting in October in Perth, Australia.

Dr. Thulborn is a professor of radiology, physiology and biophysics, and the director of the Center for MR Research at the University of Illinois at Chicago.



Keith R. Thulborn, M.D., Ph.D.

Otto New Director of CBER Office

The Food and Drug Administration (FDA) has selected Edward Otto, Ph.D., as the director of the Office of Cellular, Tissue and Gene Therapies within the agency's Center for Biologic Evaluation and Research (CBER). The office plays a crucial role in FDA's regulation of emerging biologic medical technologies.

"Dr. Otto was selected from a large and talented pool of applicants because of his outstanding management skills and his scientific accomplishments, including gene therapy product research and development. He is uniquely qualified to lead FDA's efforts to help develop the full potential of these highly promising medical technologies," said Acting FDA Commissioner Lester M. Crawford Jr., D.V.M., Ph.D.

McKesson Appoints New VP

Joseph D. Biegel has been named vice-president of product management for McKesson's Medical Imaging Group. Biegel, formerly of Mitra/Agfa Healthcare Informatics, will manage McKesson's expansion into new medical imaging business markets.

ANNOUNCEMENTS

Physicians, Scientists Most Respected Professionals

A new Harris Interactive poll finds physicians and scientists are the most revered professions.

More than 1,000 American adults were asked to rate 22 different professions as having very high prestige, considerable prestige, some

prestige or hardly any prestige. Physicians and scientists received the highest marks from a majority of those polled.

For more information, go to www.harrisinteractive.com/harris_poll/index.asp?PID=494.

Professions Ranked as Having Very High Prestige

	2004	2003	1977
1 Doctor	52%	52%	61%
Scientist	52%	57%	66%
3 Firefighter	48%	55%	not asked
Teacher	48%	49%	29%
5 Military officer	47%	46%	not asked
6 Nurse	44%	38%	not asked
7 Police officer	40%	47%	not asked
8 Priest/clergy	32%	42%	41%
9 Member of Congress	31%	30%	not asked
10 Engineer	29%	28%	34%
11 Athlete	21%	17%	26%
12 Architect	20%	24%	not asked
13 Business Executive	19%	18%	18%
14 Lawyer	17%	17%	36%
15 Entertainer	16%	17%	18%
Union Leader	16%	15%	not asked
Actor	16%	13%	not asked
18 Banker	15%	14%	17%
19 Journalist	14%	15%	17%
20 Accountant	10%	15%	not asked
Stockbroker	10%	8%	not asked
22 Real estate broker/agent	5%	6%	not asked

NIH Funds Seven Science Education Partnership Awards

The National Center for Research Resources at the National Institutes of Health (NIH) is providing \$8.1 million to fund seven fiscal year 2004 Science Education Partnership Awards (SEPA). The programs are designed to improve the country's life science literacy by bringing together biomedical and clinical researchers, educators, community groups and others to create and disseminate programs that provide a better understanding of science research.

The recipients are:

- Boston University School of Medicine in Massachusetts
- Children's Hospital Oakland Research Institute in California
- Colorado State University in Fort Collins
- Rice University in Houston
- Science Museum of Minnesota in St. Paul
- Teachers College at Columbia University in New York City
- University of Texas Health Science Center in Houston

New Report for Radiography Facilities

The National Council on Radiation Protection and Measurements (NCRP) is offering a new report, "Structural Shielding Design for Medical X-Ray Imaging Facilities." The report presents recommendations and technical information related to the design and installation of structural shielding for facilities that use x-rays for medical imaging. The information supersedes recommendations that were issued in 1976.

The report will be available for purchase by the end of this month at NCRPpublications.org.

Radiology is at Forefront of Therapeutic Drug Development

THERAPEUTIC INNOVATION and imaging technology are converging to create new professional opportunities for radiologists, provide health advances for patients and give early immediate feedback to pharmaceutical companies, according to experts participating in a focus session at RSNA 2004.

The high cost of drug discovery and the need to find newer drugs in a more cost-effective and timely manner have necessitated the use of imaging to identify image-based biomarkers and surrogate endpoints.

“Imaging can separate the winners from the losers in therapeutic drug development and assessment,” said A. Gregory Sorensen, M.D., associate professor of radiology at Harvard Medical School in Boston. “There is tremendous opportunity for radiologists to help with drug development.”

Sanjay Saini, M.D., the William P. Timmie Professor and chair of the Department of Radiology at Emory University School of Medicine and radiologist-in-chief at Emory Healthcare in Atlanta, moderated the session, “The Role of Imaging in Development of Therapeutic Drugs.”

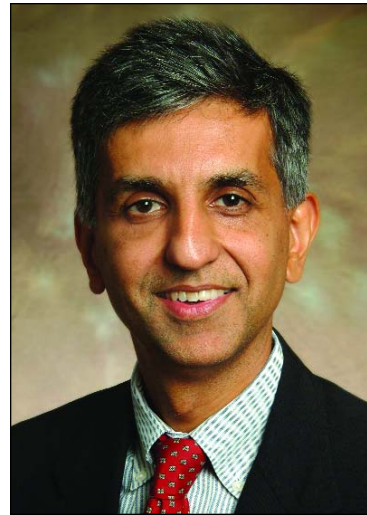
“It costs approximately \$700 million to bring a drug to market and it can take up to 10 years,” said Dr. Saini. “So there is a new commitment to do things differently both from a commercial point of view as well as from a medical point of view.”

Notes for Radiologists

Three things are vitally important to radiologists working in drug development and assessment, according to Dr. Saini. They are:



A. Gregory Sorensen, M.D.
Harvard Medical School



Sanjay Saini, M.D.
Emory University School of Medicine

- **Standardization of image acquisition techniques for clinical trials** —

“It is essential for practices to be flexible and allow protocols that are standardized across clinical trials, which may be slightly different from what is normally done.”

- **Defect-free processes for collection/ reporting of image data** —

“Follow established Response Evaluation Criteria such as RECIST for image analysis.”

- **High-quality image analysis** —

“Follow established Response Evaluation Criteria such as RECIST for image analysis.”

Dr. Saini also noted that it is imperative for investigators in radiology to develop new image-based biomarkers to evaluate drug efficacy where traditional endpoints are ineffective.

“Our goal is not necessarily to

prove the drug is working. For a drug company, a negative outcome is just as valuable as a positive outcome during

Imaging can separate the winners from the losers in therapeutic drug development and assessment.

A. Gregory Sorensen, M.D.

approval of Betaserone® for multiple sclerosis and Xeloda® for cancer.

Oncologic Applications

Imaging’s role in therapeutic development opens up new horizons for radiology, specifically in oncology. “This is a chance to help our clinical colleagues and cancer patients as well as to assess new therapeutics,” said Lawrence H. Schwartz, M.D., an associate professor of radiology at Weill

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Medical College of Cornell University and director of MR imaging at Memorial Sloan-Kettering Cancer Center in New York City.

Dr. Schwartz discussed the use of imaging in early phase clinical trials for drug discovery and addressed how different imaging modalities may be used for judging drug efficacy, drug delivery and therapeutic response.

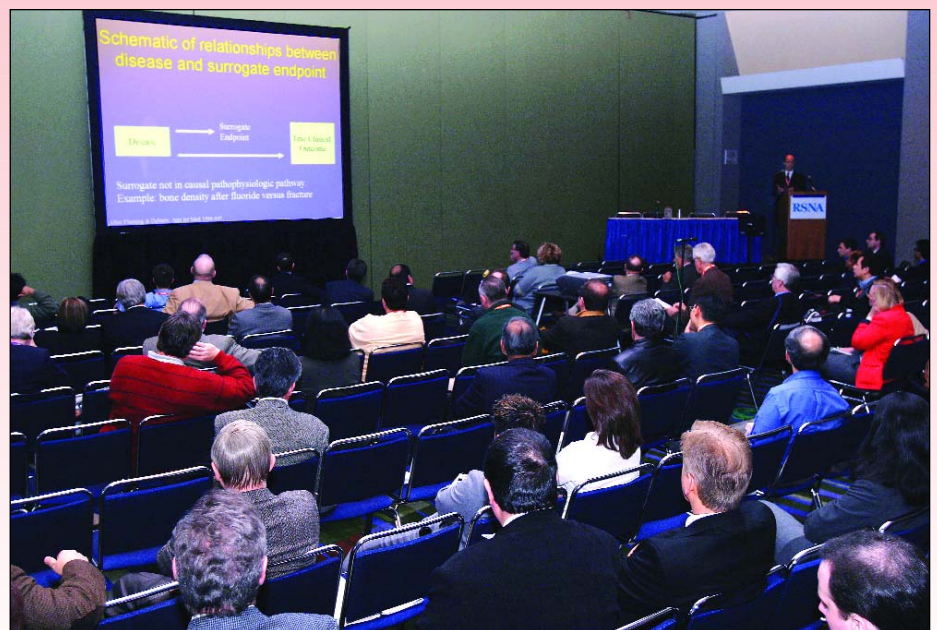
“Drug discovery is a topic of intense investigation and is really tricky because our imaging modalities and techniques are undergoing as rapid a change as the therapeutic agents involved,” said Dr. Schwartz. “It is difficult for radiologists to quickly develop validated biomarkers, because validation takes a lot of time and multiple studies. Yet, we are being asked to perform and to utilize these techniques in drug discovery. It is challenging and rewarding work on this dual development front.”

Neurologic Applications

“One of the big frustrations for neurology has been the lack of therapies,” said Dr. Sorensen. “We have fabulous diagnostic tools that keep improving, but the development of effective therapies has sometimes lagged. Current partnerships between radiology and the neurosciences offer tremendous potential to revolutionize the way drugs are developed.”

Dr. Sorensen said clinical findings do not always reveal the “mechanism” of improvement, which makes it difficult to trust a new therapy. Seeing brain damage recede on images, in real time, builds confidence that the therapy and the dosage are actually effective.

Imaging is being used to develop and test therapies for stroke and multiple sclerosis, as well as other neurologic conditions. Current research utilizes perfusion and diffusion MR



A Thursday focus session at RSNA 2004 addressed the role of imaging in the development of therapeutic drugs.

imaging for stroke and T2-weighted imaging and contrast-enhanced imaging for multiple sclerosis.

Musculoskeletal Applications

Osteoporosis, inflammatory arthritis and degenerative joint disease are the most active areas in musculoskeletal drug development. Imaging is also critical to trials investigating bone morphogenetic protein in fracture healing and bone graft fusion. Currently, radiography is the modality required by the FDA, but MR imaging and CT scans are advancing toward regulatory agency acceptance in clinical trials.

Through clinical trials, referring physicians and radiologists are becoming more familiar with the role of advanced imaging in early disease diagnosis, disease monitoring and the assessment of treatment efficacy.

Panelist William E. Palmer, M.D., director of musculoskeletal imaging at Massachusetts General Hospital in Boston, said that the imaging used in clinical trials is already being incorporated into routine clinical practice: “Due to our knowledge that MR imaging is better than radiography to diag-

nose rheumatoid arthritis, patients are receiving disease-modifying therapies at an earlier stage in the process before joint destruction has occurred. Thus, imaging experience gained from clinical trials is playing an important role in decreasing joint damage, disability and pain.”

Opportunity for Radiologists

The panelists in the focus session encouraged radiologists to acquire the specialized knowledge from clinical trials needed to help determine the effectiveness of new therapies.

“It is a different kind of science, but it is definitely a learnable science—a science that radiologists can acquire with confidence,” concluded Dr. Sorensen. □

Cancer Treatment Better When Radiology, Radiation Oncology Work Together

GUIDANCE FROM diagnostic radiologists may help improve treatment outcomes for patients undergoing radiation therapy for head and neck cancer.

A study conducted by the Departments of Radiation Oncology and Radiology at the University of Washington, Seattle, found that contrast-enhanced CT scans at the time of simulation, along with expert interpretation of these scans, identified 31.6 percent of patients requiring significant changes to tumor target volumes compared with the interpretation solely by the radiation oncologist.

“Roughly three out of 10 patients had their treatment plans altered by the fact that diagnostic radiologists were involved in image interpretation,” said lead author Haleigh Werner, M.D.

Dr. Werner presented the findings at the annual meeting of the American Society for Therapeutic Radiology and Oncology (ASTRO) last October in Atlanta.

“Our study points out the importance of having a diagnostic radiologist interpret the CT scan,” she said. “This was an eye-opening finding. To potentially serve patients best, I think it’s important to

at least consider using contrast during the CT scan and having these scans read by a radiologist because it potentially may improve patient outcome. As technology has advanced, so too has radiation oncology. Accurate target delineation is paramount in current

This study shows the power of teamwork and is truly representative of a multidisciplinary approach to patient care.

Vijay Rao, M.D.

treatment planning so it is prudent to obtain the best interpretation possible.”

Dr. Werner said most of the unanticipated findings involved recurrent disease at the original location of resection or new lymph node involvement. “For patients who did not undergo surgery, the primary finding was

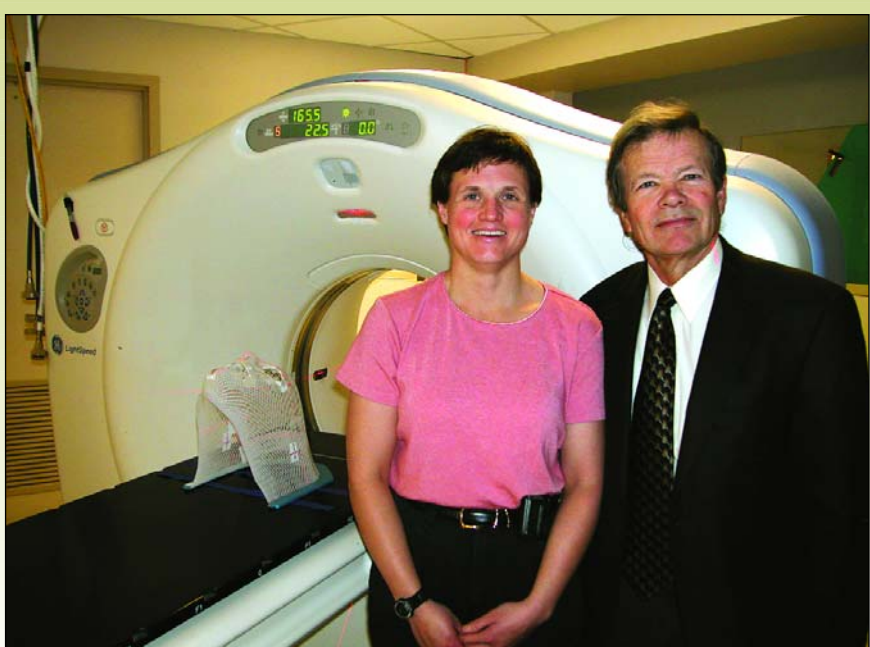
additional or new suspicious lymph nodes that were involved with tumor,” she says.

This study validates the University of Washington department policy of having CT treatment planning scans read by diagnostic radiologists and

using contrast media unless medically contraindicated.

“In many cases, our CT simulation is the first post-operative CT scan a patient receives,” said co-author George Laramore, M.D., a professor and chairman of the Department of Radiation Oncology and director of the University of Washington Cancer Center. “While we use the operative report and our view of the scans to delineate tumor volume and the critical structures as a first step in treatment planning, the patient may not have had a diagnostic interpretation of a scan in the post-operative setting. So the question becomes, ‘Is there something that we might miss, such as tumor in other locations of the resection bed?’”

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Haleigh Werner, M.D., and George Laramore, M.D., in front of the CT simulator at the University of Washington, Seattle.

Continued from previous page

Dr. Laramore said his research team set out to determine whether a high-quality scan using contrast material, along with interpretation by a diagnostic radiologist, would be better for determining the radiation therapy field geometry than a noncontrast CT scan, as is commonly used for simulation.

At the University of Washington, the Department of Radiation Oncology has a designated CT scanner for treatment planning. "When we set up the radiation field, we typically tie up the scanner for close to an hour," said Dr. Laramore. "You can't do that in a diagnostic production facility, so it makes sense for us to have our own scanner. Because our scanner is not used for diagnosis, patients requiring follow-up scans are sent to the diagnostic imaging suite."

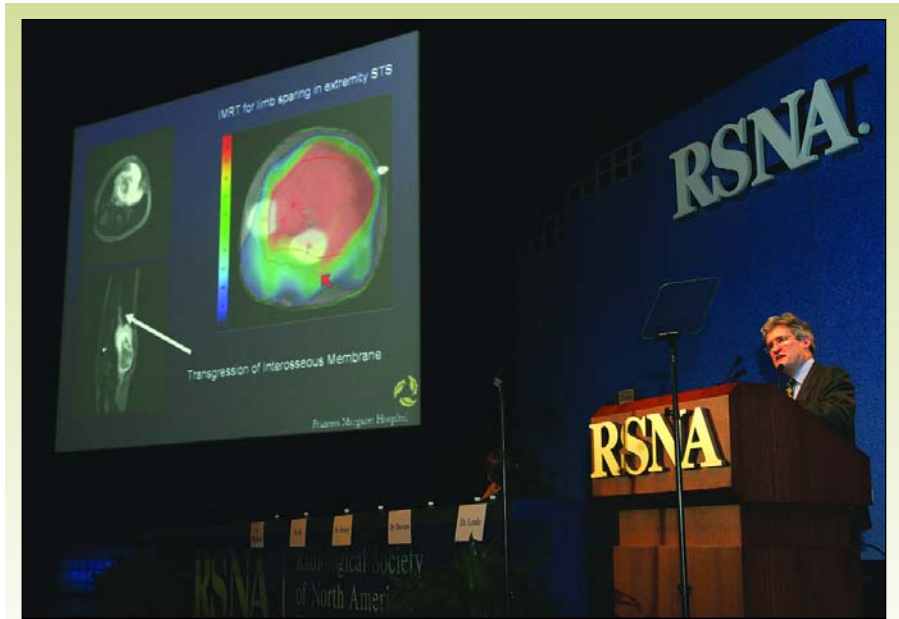
Reaction from Radiologists

"This is a really important study and good news for radiologists," says Vijay M. Rao, M.D., president of the American Society of Head and Neck Radiology and chairman of the Department of Radiology at Thomas Jefferson University in Philadelphia. "It shows very clearly that with the administration of contrast and formal interpretation by experts—by diagnostic radiologists—there is value added in the management of patients and improvements in the quality of care."

Head and neck radiology is notoriously difficult with subtle findings that require sophisticated anatomic knowledge of the head and neck and of how tumors grow and spread in this region, said Dr. Rao, who is also a professor of radiology and otolaryngology/head and neck radiology.

"I'm very encouraged that these radiation oncologists are motivated out of concern for patient care rather than economic considerations. This study shows the power of teamwork and is truly representative of a multidisciplinary approach to patient care," she said.

Dr. Rao noted that most radiation



During RSNA 2004, Brian O'Sullivan, M.D., urged radiologists and radiation oncologists to recognize that medical care is more effective when there is collaboration among specialties.

oncology departments have CT scanners for simulation. "They perform a scan without contrast and do tumor volume tracings themselves, so they're working with very limited information. Clearly there's room for error," she said.

A former president of ASTRO and current RSNA president, David H. Hussey, M.D., says one of his goals in 2005 is to forge a greater cooperation between radiology and radiation oncology. "Over the past five to 10 years, diagnostic radiologists have developed more sophisticated ways to accurately depict tumors, and radiation oncologists have developed more sophisticated ways to deliver treatment," he said. "As a result, radiation oncologists rely much more on diagnostic radiologists, and there is a greater need for diagnostic radiologists to understand what the radiation oncologists need to know. The two specialties are coming closer together and RSNA is the logical place for the two to interact."

At RSNA 2004 during the Annual Oration in Radiation Oncology, Brian O'Sullivan, M.D., from Princess Margaret Hospital in Toronto, Ontario, also said that the multidisciplinary approach trumps the sole practitioner model.

Dr. O'Sullivan urged radiologists and radiation oncologists to recognize that medical care can be most effective when there is active collaboration between oncologists and surgeons in selecting patients for treatments and in improving radiation therapy.

"If you're going to do this, you can't do it alone. You have to have a team that's keen on working together to manage this disease and the team includes everyone, from our colleagues to our support staff," he said.

CT/PET Fusion

Dr. Rao is convinced that the future of cancer treatment planning lies in CT/PET fusion—capturing the metabolic activity of cancer by PET imaging and integrating it with the anatomic detail provided by CT. The technology is enthusiastically embraced at Thomas Jefferson University. "Contrast CT is a step better than non-contrast CT, but PET imaging with non-contrast CT fusion imaging also appears to be a promising technique," she said. □

Malpractice Study Holds Some Surprises

FAILURE TO DIAGNOSE remains the leading cause of malpractice claims against radiologists, according to a study presented at RSNA 2004. While that finding confirms the results of previous malpractice studies, the study also had some surprises—failure to communicate, negligence in the radiology department and failure to order additional imaging tests were not high on the list of causes for claims.

Researchers at the University of Medicine and Dentistry of New Jersey in Newark examined the malpractice records of nearly 5,300 radiologists affiliated with One Call Medical Inc., a preferred provider organization network for MR and CT imaging services that operates in 40 states.

Fifty-one percent of the radiologists in the network had a history of at least one malpractice suit lodged against them, said Stephen R. Baker, M.D., who presented the study during a scientific paper session.

Among those claims, the highest number, 45 percent, involved failure to diagnose the patient's true condition. The four leading causes of failure to diagnose were:

- Missed fractures (29 percent)
- Misinterpretation of breast imaging studies (24 percent)
- Failure to diagnose cancer (15 percent)
- Failure to recognize an acute vascular condition (7 percent)

“Our results were rather surprising in some areas,” he commented. “Failure to diagnose, by far, was the most common cause. Failure to communicate, which is an issue that we worry about, was not a major cause, although the incidence is increasing. The most

important result I see is that among the more than 3,000 suits filed, only 21 were the result of a failure to do additional tests, which is what we worry about all the time and may be a stimulus for the desire to get further tests to avoid subsequent liability action.”

Other findings included:

- The frequency of claims against radiologists is not increasing despite an increase in the number of imaging studies performed.
- Less than one percent of the malpractice claims involved instances of contrast reaction or negligence in the radiology department.
- Nine percent of claims involved complications of therapeutic interventions performed by radiologists.
- The number of claims varied widely from state to state, with the highest numbers in Pennsylvania, Nevada and Oregon.
- Claims for failure to diagnose breast disease are not increasing despite a greater number of mammograms performed and interpreted.
- On a case-by-case basis, women radiologists are less likely to be sued for a failure to diagnose breast disease, even though men and women radiologists interpret about equal numbers of mammograms.
- In 11 percent of the failure-to-diagnose claims, the radiologist's role was peripheral to the main complaint of the suit.
- The number of claims for failure to diagnose has remained steady over the last 10 years.
- The number of claims for failure to diagnose lung cancer has increased in this same period.

Failure to diagnose, by far, was the most common cause [of malpractice claims].

Stephen R. Baker, M.D.



Stephen R. Baker, M.D.

“All of us are concerned about malpractice,” Dr. Baker said. “It seems to be an enduring and progressive problem. Looking at the data as best we could, we found there is a paucity of data about some of the constituents of

the suits and even the claims. I had the opportunity to look at data not available to most others because I do credentialing

for an organization that allowed me to look at a report from the National Practitioner Data Bank.”

While Dr. Baker's study involved only the records of malpractice claims and not the opinions of radiologists, he mentioned recent malpractice surveys by the American Medical Association in which RSNA and the American College of Radiology encouraged radiologists to participate and provide their opinions and attitudes toward malpractice claims. The surveys found that the

Continued on page 11

CT Colonography May Help Predict Cardiovascular Risk

CT SCREENING for colon cancer may also help identify patients at higher risk for cardiovascular disease.

Researchers at the Mayo Clinic in Rochester, Minn., found that aortic calcification scores obtained at CT colonography (CTC) are significantly associated with established cardiac risk factors and cardiac-related events.

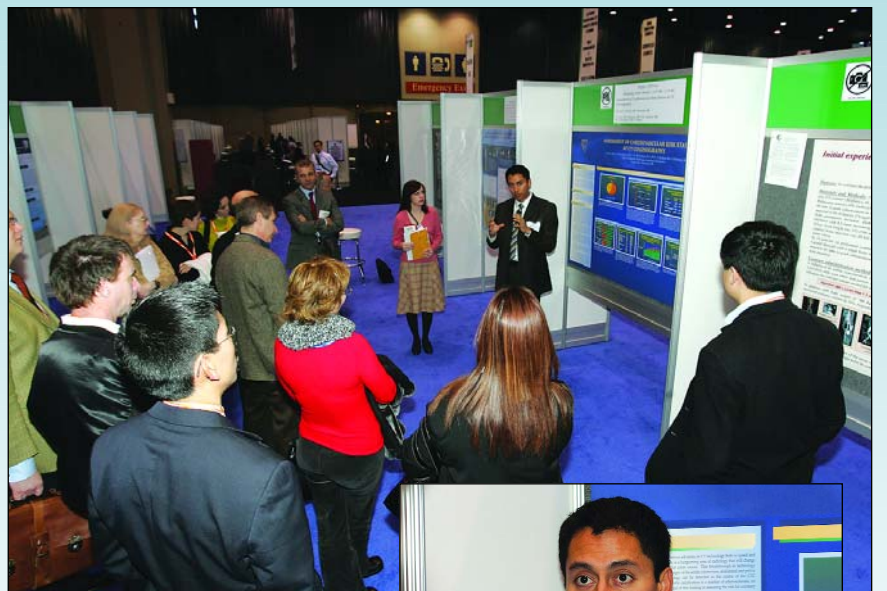
Jesse Davila, M.D., presented the findings during a scientific poster session at RSNA 2004.

“CT colonography is a study that scans the abdomen and pelvis, and evaluates the colon to rule out any cancers,” Dr. Davila said. “In addition to visualizing the colon, you see other structures in the abdomen and pelvis. In particular, you examine the aorta, and you can document the calcium that’s built up in the aorta.”

The researchers performed a retrospective review of 480 patients who had undergone colorectal screening by CTC at the Mayo Clinic from 1995 to 1998. The purpose of the study was to determine whether findings encountered during a routine CTC examination could be used to assess cardiovascular risk and future cardiac events.

“We decided to look at the aorta and determine whether there was calcium there, and whether it correlated with cardiac events that occurred in our follow-up over five years,” Dr. Davila said. “We also wanted to know if it correlated to known cardiac risk factors, such as smoking, high blood pressure, age and diabetes.”

The researchers used a calcium scoring tool that detected calcium within the aorta. “When we looked at the aortic wall, we divided it



During a scientific poster session at RSNA 2004, Jesse Davila, M.D., explained how aortic calcification scores, found on CTC, can be used to determine likelihood of cardiac event.



into three areas and then a total of those areas. If we detected calcium, we’d tally up the score,” he said.

Patient histories were abstracted for established cardiac risk factors and cardiac events. Calcium scores were compared to cardiac events occurring within a five-year follow-up period, including heart attacks, cardiovascular deaths or cardiac-related procedures. The researchers also compared the calcium scores to cardiac risk factors, including total cholesterol, HDL and blood pressure.

“There were nine patients who had

cardiac-related events in our five-year follow-up of our cohort of patients,” Dr. Davila reported.

All four calcium scores—the total score and the three separate scores—showed significant associations with established cardiac risk factors. A proportional hazards regression showed significant association between myocardial infarction or cardiac related death and aortic bifurcation calcium scores exceeding 895, the 75th percentile for this calcium variable. “Their P-value was less than .01, meaning it’s significant,” explained Dr. Davila. “It’s not just by random chance that this could have happened.”

Of 10 established cardiac risk fac-

Data obtained during CTC are very rich and can be mined for other uses.

Jesse Davila, M.D.

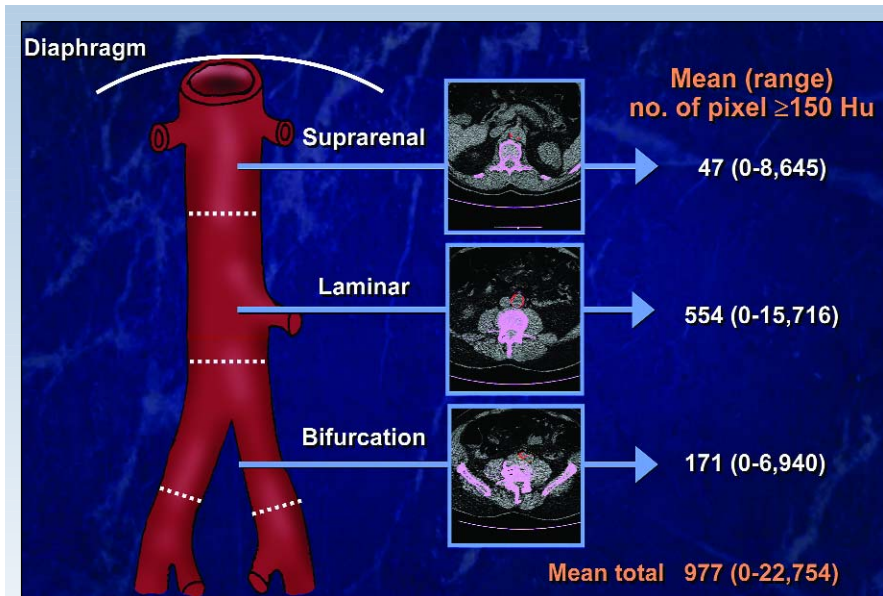
tors, the researchers found that six exhibited statistically significant correlation with cardiac-related events. They were age, Framingham score, cigarette pack-years, blood pressure, HDL and triglycerides.

“Our results found that as the score of cardiac risk factors increases, so too does the calcium within the aorta,” Dr. Davila said. “You can determine, based on your aortic calcification, whether you’re at high likelihood to have a cardiac event.”

The Mayo Clinic researchers believe the potential impact of combining colorectal screening with cost-effective cardiovascular screening is substantial and merits further study.

“Data obtained during CTC are very rich and can be mined for other uses,” Dr. Davila said. “Further studies are needed with larger numbers of patients.”

He pointed out that there is minimal cost, no additional invasive procedures, no additional time or additional radiation. “CT colonography is an exciting new technology to diagnose colonic polyps. CTC studies provide additional



Using a commercially available calcium scoring tool the abdominal aorta was divided into 3 regions: suprarenal (1 cm above the celiac axis to 1cm below the renal arteries), laminar (1 cm below the renals to 1 cm above the bifurcation), bifurcation (1 cm above and below the aortic bifurcation). Each image illustrates a manually placed region of interest and electronically detected calcification within the wall of the aorta in each of the three regions. Detected calcium is seen in red. The laminar region of the aorta contained the highest calcification score.

Image courtesy of Jesse Davila, M.D.

data and may identify patients who are at greater risk for cardiac events,” he concluded.

This story was adapted from an article that appeared in the RSNA 2004 Daily Bulletin.

Malpractice Study Holds Some Surprises

Continued from page 9

average premium for medical liability insurance in 2003 was \$25,200. That compared to \$20,000 in 2002 and \$16,000 in 2001. In addition, nearly half of the radiologists who responded said they have changed the way they practice because of medical liability issues.

A separate AMA survey found medical students are not immune to the medical liability crisis. The survey of nearly 4,000 medical students found that 86 percent of students consider the issue of medical liability to be a crisis or a major problem. Half of the respon-

dents indicated the current medical liability environment was a factor in their specialty choice and 39 percent said it was a factor in their decision about a state in which they would like to complete residency training.

A compendium of facts on medical liability reform is available from the AMA at www.ama-assn.org/ama1/pub/upload/mm/450/mlrnowjune112004.pdf

This story was adapted from an article that appeared in the RSNA 2004 Daily Bulletin.

RSNA 2004 Daily Bulletin Online

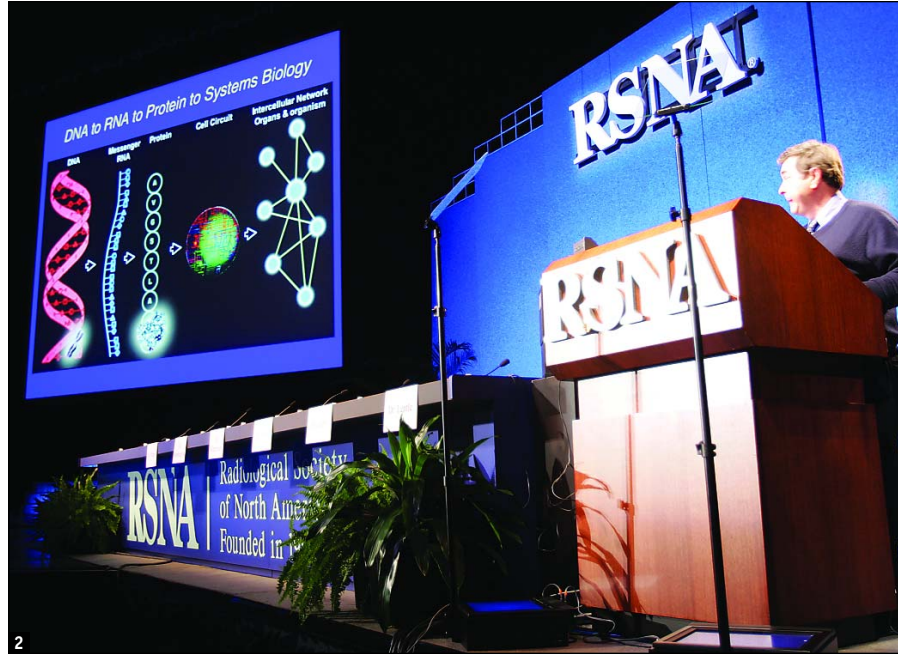


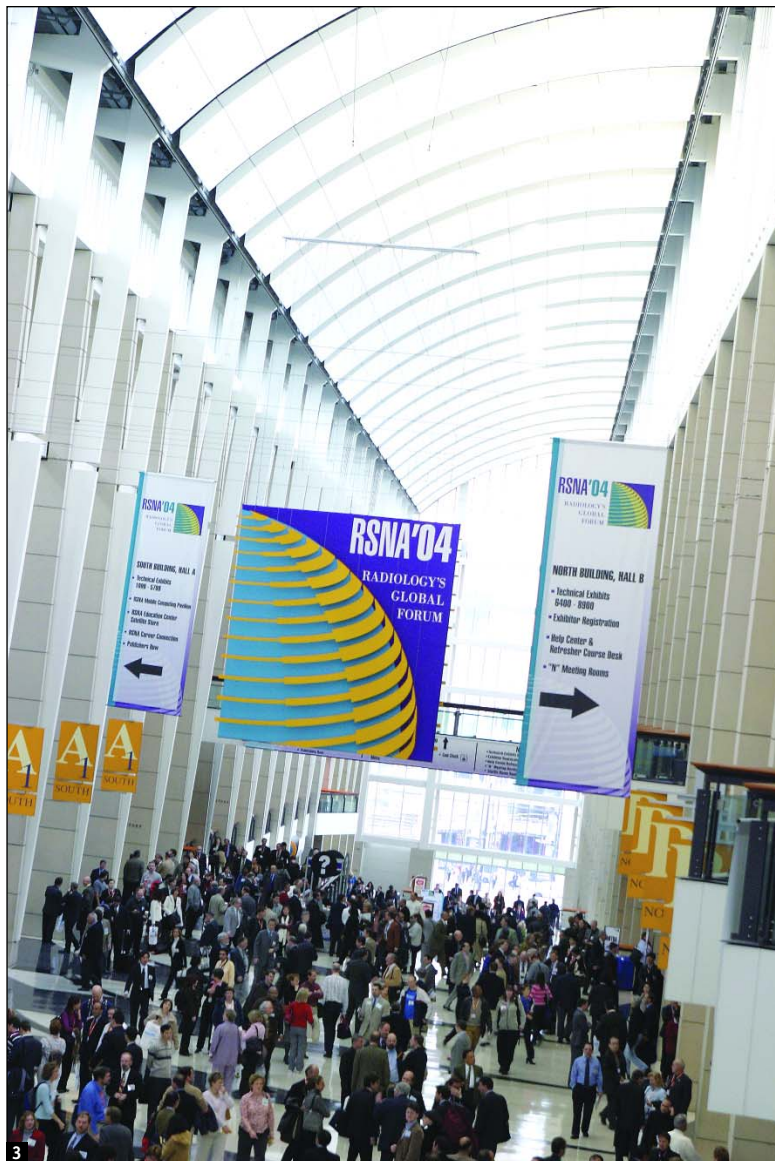
SOME of the articles that were featured in the RSNA 2004 Daily Bulletin are available online. Go to www.rsna.org/daily/index.html.

Daily Bulletin

A Look Back at RSNA 2004

THE January, February and March issues of *RSNA News* will provide in-depth coverage of some of the scientific sessions at RSNA 2004. Topics will include the advantages of maintaining the musculoskeletal ultrasound market; obesity limiting image quality, diagnosis and treatment; national standards for handling pregnancy during residency; the effect of a paperless environment on efficiency; and the ability of CT screening to predict a smoker's risk for lung cancer.





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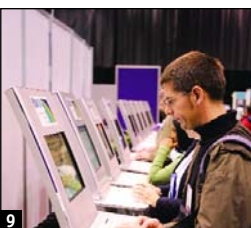
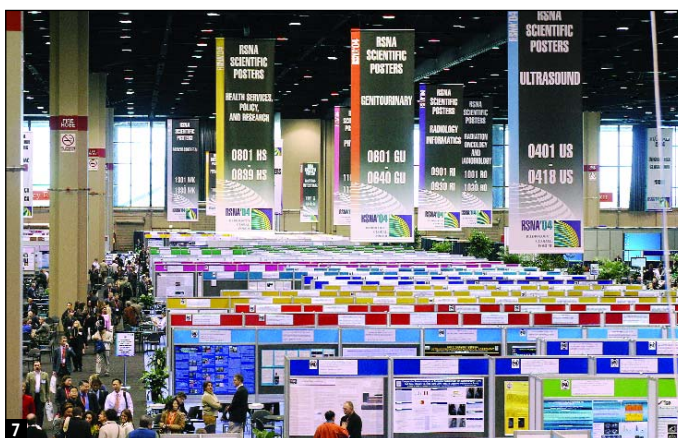
A look back at RSNA 2004:

(clockwise from left)

1. Hands-on workshop
2. Michael E. Phelps, Ph.D., delivering the New Horizons Lecture
3. Grand Concourse
4. Electronic exhibits in chest and neuro-radiology
5. McCormick Place
6. Education Center Store
7. Scientific Posters
8. *infoRAD* Showcase Exhibit
9. RSNA computer terminals
10. Technical Exhibition
11. Jury trial
12. R&E Foundation Pavilion
13. Technical Exhibition
14. Lounge area



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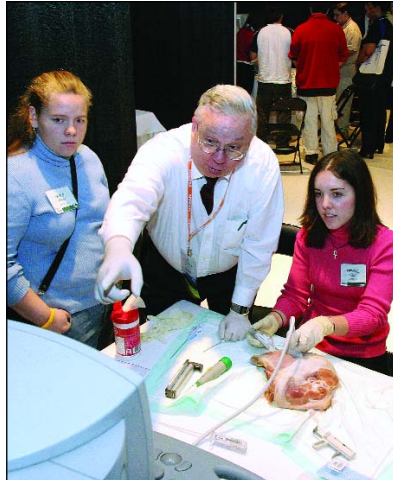


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Working For You

Chicago Teenagers Learn about Careers in Radiology

Forty Chicago Public High School students spent the day at McCormick Place during RSNA 2004 to see if a career in radiology may be in their future. As part of the “Exploring Your



Future in Radiology” program, the high school juniors participated in a lecture series and took part in a hands-on workshop. They also toured the technical exhibits and learned about different career choices.

Speakers included:

- Michael N. Brant-Zawadzki, M.D., Chairman, RSNA Public Information Committee
- James C.H. Chu, Ph.D.
- Sophia C. Jan, B.S.N., R.N.
- Becky Kruse, R.T.(R)
- Rich Marrano
- Tina Young-Poussaint, M.D.

The students will now compete for \$1,000 scholarships.

RSNA 2004 Syllabi Available

Two syllabi from RSNA 2004 are available for purchase in a variety of formats.

To order, go to *RSNA.org*,

click on the Education Portal in the left-hand navigation column and then click on the Education Center Store.

- **Categorical Course in Diagnostic Radiology—Emergency Radiology**
- **Categorical Course in Diagnostic Radiology Physics—Advances in Breast Imaging: Physics, Technology, and Clinical Applications**

	Print (with CD)	CD	PDF (online access)
RSNA Members	\$75	\$45	\$35
Non-members	\$85	\$55	\$45

Award Winners at RSNA 2004

Lists of award winners from RSNA 2004 are available on *rsna2004.rsna.org*. These include outstanding exhibits, fellow award presentations and resident award presentations.

To view the award winners, click on Meeting Program in the left-hand column and then click on the Special tab in the top right-hand section.

In addition to the award winners, this section also features links to the virtual presentations, hot topic presentations and supporters of the RSNA Research & Education Foundation.

SERVICE TO MEMBERS:

My primary responsibility is the design and production of *RSNA News*. I also design and help produce the *Daily Bulletin*, the official *Working for you* daily newspaper of the annual meeting, and provide in-house design services and expertise to various RSNA departments, such as the Education Center and the R&E Foundation. I’ve also helped with the ongoing redesign of RSNA’s Web site, *RSNA.org*.

With more than 20 years in marketing communications, I bring a wide variety of experiences to the position. I’ve worked as a production artist, graphic designer and art director at design firms and ad agencies in Michigan and Connecticut, and most recently worked as an

illustrator and designer with a daily newspaper.

RSNA’s mission is to promote the highest standards in radiology research and education, and good design can be a powerful force for expressing those values. My job is to help contribute to RSNA’s goals through high-quality design.

WORK PHILOSOPHY:

Though the tools we use have changed dramatically, old-fashioned craftsmanship still counts for a lot in the graphic arts. Take the time to do things right the first time.



NAME:

Adam Indyk

POSITION:

Graphic Designer

WITH RSNA SINCE:

March 11, 2002

If you have a colleague who would like to become an RSNA member, you can download an application at www.rsna.org/mbrapp, or contact the RSNA Membership and Subscription Department at (877) RSNA-MEM [776-2636] (U.S. and Canada), (630) 571-7873 or membership@rsna.org.

Program and Grant Announcements

NEW!

Planning for the Filmless Transition

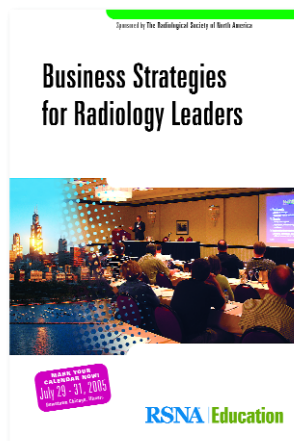
This one-day course will be held June 1 at the Orlando World Center Marriott in Florida. It is the first course in a series sponsored by RSNA and the Society for Computer Applications in Radiology. For more information or to register, call (703) 757-0054 or go to www.scarnet.org.

NEW!

Business Strategies for Radiology Leaders

RSNA is sponsoring this three-day course, July 29–31, at the Hotel Inter-Continental in Chicago. The curriculum, directed by Lawrence R. Muroff, M.D., is designed for radiologists and their business managers in leadership positions in academic and private practice.

For more information, contact the RSNA Education Center at (800) 381-6660 x3747 or at ed-ctr@rsna.org.



Register for BIROW 3

Register online for the third Biomedical Imaging Research Opportunities Workshop (BIROW 3), March 11–12, 2005, in Bethesda, Md.

The goal of the workshop is to identify and explore new opportunities for basic science research and engineering developments in biomedical imaging, as well as related diagnosis and therapy. This year's topics include:

- Cell Trafficking
- Informatics Solutions in Imaging
- Guiding Therapy by Multimodality Imaging
- Medical Imaging Technology: From Concept to Clinic



Biomedical
Imaging
Research
Opportunities
WORKSHOP 3

Category 1 continuing medical education (CME) credits are available and an application for medical physics continuing education credits (MPCEC) has been submitted. For program information or to register, go to www.birow.org.

BIROW 3 is sponsored by RSNA, Academy of Radiology Research, American Association of Physicists in Medicine, American Institute for Medical and Biological Engineering, and Biomedical Engineering Society.

NIH Grantsmanship Workshop Attracts Young Researchers



More than 40 people participated in the NIH Grantsmanship Workshop, which was held immediately prior to RSNA 2004 in Chicago. Lee Rosen, Ph.D., from the Center for Scientific Review at NIH, facilitated the course. Speakers included Elizabeth Krupinski, Ph.D., from the University of Arizona and Tamara Vokes, M.D., from the University of Chicago. A similar course will be held at RSNA 2005.

Journal Highlights

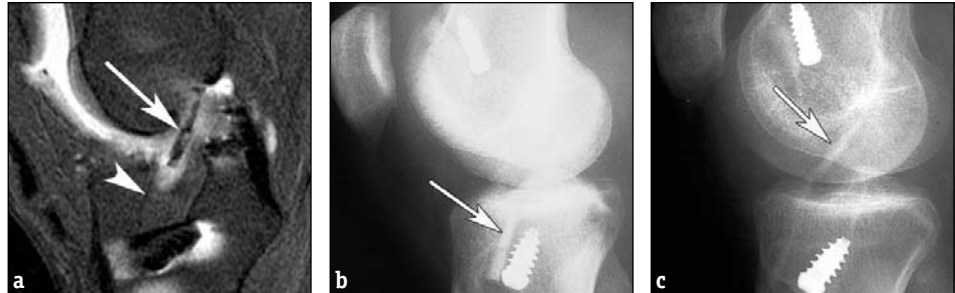
The following are highlights from the current issues of RSNA's two peer-reviewed journals.

MR Imaging Evaluation of the Postoperative Knee

THE INCREASED number of patients undergoing arthroscopy or surgery of the knee for sports medicine injuries is leading to increased numbers of patients who require imaging after surgery because of failure to improve, recurrent symptoms or new injury.

In this "How I Do It" article in the January issue of *Radiology* (rsna.org/radiologyjnl), Thomas R. McCauley, M.D., from the Yale University School of Medicine and Radiology Consultants in New Haven, Conn., describes his experience and explains why these types of patients can be accurately assessed with MR imaging and MR arthrography.

He writes: "In my practice, direct MR arthrography is performed in almost all patients who have undergone prior meniscal surgery or anterior cruciate ligament (ACL)



Bone plug dislodgement causing graft failure in a 34-year-old woman
(a) Sagittal fat-suppressed T1-weighted (733/14) MR arthrogram shows that bone plug (arrow) at distal end of graft is in the intercondylar notch, displaced from its normal position (arrowhead) in the tibial tunnel. (b) Lateral radiograph obtained 1 year prior to image a shows bone plug (arrow) in the tibial tunnel adjacent to interference screw, which was placed to wedge the plug in the tunnel. (c) Lateral radiograph obtained after image a confirms that bone plug (arrow) has become dislodged from the tunnel.

(*Radiology* 2005;234:53-61) © 2005 RSNA. All rights reserved. Printed with permission.

graft reconstruction, because the distention of the joint with intraarticular contrast material improves evaluation of the meniscus and may improve evaluation of ACL graft integrity. In patients who have not undergone meniscal or ACL surgery or in whom the site of symptoms is sepa-

rate from the site of prior surgery, we sometimes will perform conventional MR imaging without injection of contrast material."

This article also includes "Essentials" or highlighted points to help busy readers recognize important information at a glance.

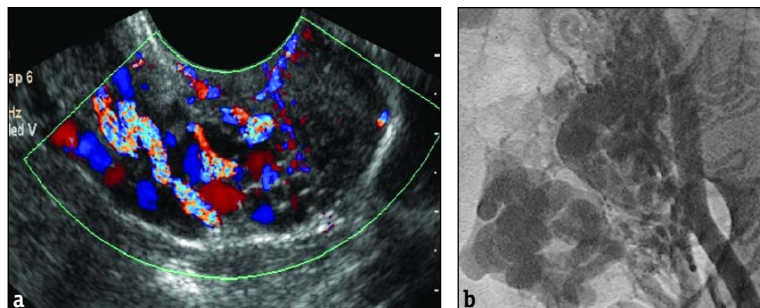
Radiology

Pelvic Pain: Overlooked and Underdiagnosed Gynecologic Conditions

CHRONIC PELVIC pain is a common, disabling problem among women. Although chronic pelvic pain can be produced by many conditions, some gynecologic causes such as endometriosis, adenomyosis and pelvic congestion are frequently overlooked and underdiagnosed.

RadioGraphics

In an article in the January-February issue of *RadioGraphics* (rsna.org/radiographics), Ewa Kuligowska, M.D., from Boston University School of Medicine, and colleagues review the clinical, pathologic and radiologic characteristics of the underlying causes of chronic pelvic pain.



Pelvic congestion syndrome

Color Doppler US image (a) and corresponding venogram (b) show severely dilated pelvic veins.

(*RadioGraphics* 2005;3:20) © 2005 RSNA. All rights reserved. Printed with permission.

This article allows readers to:

- Discuss the benefits and limitations of the available modalities for imaging pelvic pain.
- Recognize the ultrasound and MR imaging appearances of gynecologic conditions that can cause chronic

pelvic pain.

- Provide objective criteria for patient treatment.

This article meets the criteria for 1.0 category 1 CME credit.

Product News

NEW PRODUCT

Comprehensive RIS Solution

Agfa has unveiled Practice Management System (PMS), a complete RIS solution designed for



North American imaging centers.

PMS includes scheduling, reporting, workflow management, worklist integration, and billing and practice business analysis. It seamlessly integrates with IMPAX™, Agfa's PACS solution, and allows imaging centers to swiftly move from analog to digital technology.

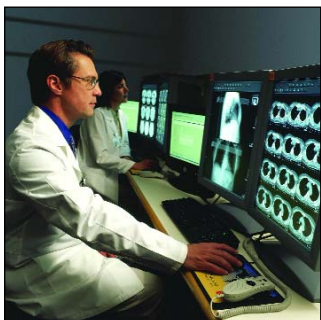
“The North American imaging center market has substantial growth potential. With our deeply-integrated total solution we now have a complete offering for this rapidly-evolving market segment,” said Bob Pryor, president of HealthCare Americas for Agfa.

NEW PRODUCT

Integrated Healthcare Product Suite

Kodak has launched an upgraded integrated healthcare product suite that includes RIS/PACS and storage management.

Kodak DIRECTVIEW PACS System 5 provides customers with enhanced support for specialty applications



including mammography and orthopedics. It also provides powerful 3D interpretation tools for volume rendering, tissue definition, enhanced vessel tracking and automated bone removal algorithms.

NEW PRODUCT

Phantom to Teach Pain Management Techniques

Cardinal Health, Inc., has released the Kohrman Injection Phantom (KIP), a training aid for proper fluoroscopic needle placement techniques.

“Our new KIP phantom will be of particular interest to pain management (anesthesiologists), orthopedic medicine and interventional radiology practices,” said Gary Kaufmann, Diagnostic product line manager for Cardinal Health. “When not in use as a training phantom, it doubles as a QA phantom to evaluate fluoroscopic imaging systems.”

KIP helps develop skills essential to proper needle placement for a variety of interventional techniques. It also allows fluoroscopically guided needle placement along with disc needle placements plus injection techniques for shoulder, hip and symphysis pubis joints.



NEW PRODUCT

Needle Guide Enhancements

CIVCO Medical Instruments has enhanced its Ultra-Pro II™ needle guide for added functionality and improved ergonomics during ultrasound-guided procedures.

The Ultra-Pro II features a large tab for improved quick-release function, easy-to-read gauge sizes on the inserts and a large funnel for instrument insertion.

“CIVCO is dedicated to providing our customers with products upholding the highest standards of quality, safety and guidance while catering to the



specificity of the market's needs and wants. The cosmetic changes to the Ultra-Pro II are in answer to these needs communicated to us by our customers,” said Bob Dockendorff, senior vice-president of sales, marketing and business development.

R&E Foundation Launches Giving Program for Private Practice Groups

IN TODAY'S MARKET, it's difficult to find an investment that turns one dollar into nine additional dollars. But that's just what you get when you invest in RSNA's Research & Education (R&E) Foundation.

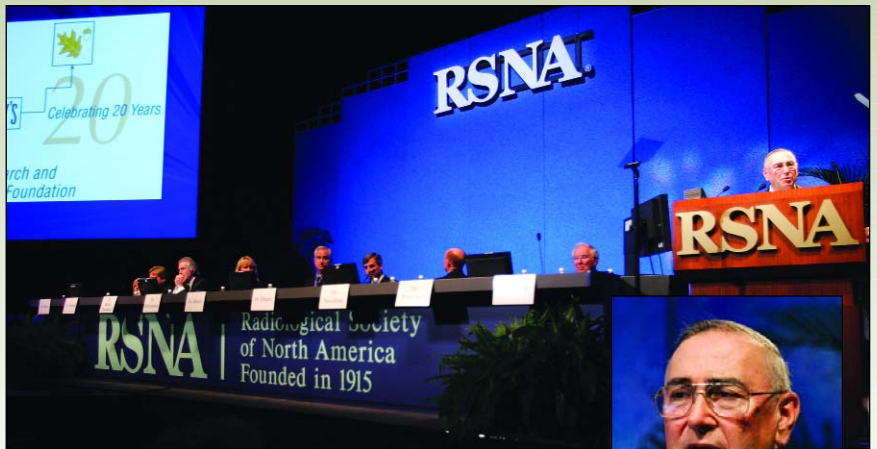
2004 marked the 20th anniversary of the Foundation, which was established in 1984 with a gift of \$1 million from RSNA and the appointment of an independent Board of Trustees. Since then, the Foundation has given more than \$20 million in support of 520 grants.

"As we look back, we can be pleased with the important contributions the Foundation has made to our profession. As we look forward, we know how vital it is to keep radiology research on the cutting edge by supporting new investigations," said Jerry P. Petasnick, M.D., 2004 chairman of the R&E Foundation Board of Trustees.

In his introduction to a video about the Foundation at RSNA 2004, Dr. Petasnick emphasized the crucial need for all radiologists to support research and education. "Less than 10 percent of RSNA members contribute to the Foundation," he said. "What's more, the majority of visionary contributions are from academic radiologists, who are, themselves, involved in research and education. We want to change this picture."

VIP Program

To mark its 20th anniversary, the R&E Foundation has created a new funding program focused on radiologists and radiation oncologists in private practice. The new initiative is called the VIP Program, which



In the state-of-the-Foundation address at RSNA 2004, Jerry P. Petasnick, M.D., unveiled a new giving program for private practice groups.

stands for Visionaries In Practice.

"We're very excited that William T. Thorwarth Jr., M.D., has agreed to serve as chairman of this new program," said Dr. Petasnick. "We aim to give our colleagues in private practice a way to acknowledge and support the important role research and education play in your practice and in the way we will practice in the future."

Dr. Thorwarth is in private practice in Hickory, N.C.

"The VIP Program allows private practice groups—small or large—to make a contribution to the Foundation as an entity and receive public recognition for that support in a variety of ways," Dr. Petasnick added.

2005 chairman of the Foundation Board of Trustees R. Nick Bryan, M.D., Ph.D., said it's critical to more actively engage private practice members in supporting the Foundation.

"The Foundation's purpose is twofold: to foster research that will benefit our patients and to support education of the imaging sciences. The former lays the foundation of our future practices, private and academic, while the latter greatly benefits our members, most of whom are private practitioners," he said. "To succeed in these endeavors, the Foundation greatly needs the support of the private groups and their members. The VIP program will offer an attractive mechanism for the private sector to support the Foundation."

For more information about Foundation programs, go to www.rsna.org/research/foundation/index.html, or contact Deborah Kroll at (630) 368-3742 or at dkroll@rsna.org. □

This story was adapted from an article that appeared in the RSNA 2004 Daily Bulletin.



Research & Education Foundation Donors

THE BOARD OF TRUSTEES of the RSNA Research & Education Foundation and its recipients of research and educational grant support gratefully acknowledge the contributions made to the Foundation **October 29–November 30, 2004.**

For more information on Foundation activities, a quarterly newsletter, *Foundation X-aminer*, is available online at www.rsna.org/research/foundation/newsletters/x-aminer/x-aminer.pdf.

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Jeanne W. Baer, M.D.

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Svetlana & George M. Benashvili, M.D.

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Richard R. Boyle Jr., M.D.

Rosalind Dietrich, M.D. & William G.

Bradley Jr., M.D., Ph.D.

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Mara & Thomas A. Buchholz, M.D.

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Sharm El' Buras, M.D.

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Donald L. Butler, M.D.

Karien Campbell, M.D. & Robert Campbell

Joel Canter, M.D.

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In memory of A. Morris Lattimer

Gregory Lim, M.D.
In honor of Lee B. Talner, M.D. & William H. Bush, M.D.
 Jesus Aguirre Loza, M.D.
In memory of Wilhelm C. Roentgen, Ph.D. & in honor of the progress of radiology
 Arlene C. Marx, M.D.
In memory of Anna & Stephen Marx
 Munster Radiology Group P.C.
In memory of Kenneth Shin, M.D.
 Sandra A.A. Oldham, M.D.
In honor of Catherine Poole, M.D. & Ron Hoy, M.B.B.S.
 Zivojin S. Pavlovic, M.D.
In honor of Nikola Tesla
 William H. Pfisterer II, D.D.S., M.D.
In memory of William H. Pfisterer, M.D.
 Etta Pisano, M.D.
In memory of Etta O'Toole Pisano
 Ernst J. Rummery, M.D.
In memory of Peter E. Peters, M.D.
 Alan Schlesinger, M.D.
In memory of Jack O. Haller, M.D.
 Dr. & Mrs. Michael S. Sidell
In memory of Steven M. Pinsky, M.D.
 Kristian Talle, M.D.
In memory of Ingeborg & Sigurd Talle & in honor of science
 William T. Thorwarth Jr., M.D.
In honor of William T. Thorwarth Sr., M.D.
 Warren A. Wass, M.D.
In memory of Howard Steinbach, M.D.

News about RSNA 2005

Submit Abstracts for RSNA 2005

IT'S NOT TOO EARLY to think about submitting an abstract for RSNA 2005.

The online abstract submission system will be activated this month. The deadline to submit an abstract for consideration is April 15, 2005.

Abstracts are required for scientific papers, scientific posters, education exhibits, *infoRAD* exhibits and radiology informatics.

To submit an abstract, go to rsna.org/abstracts.

For more information about the abstract submission process, contact RSNA at (877) RSNA-ABS [776-2227] within the United States or (630) 590-7774 outside of the United States.

Important Dates for RSNA 2005

April 15	Deadline for abstract submission
April 25	Registration opens for RSNA and AAPM members
May 23	General registration opens
June 20	Course enrollment opens
Nov. 11	Final advance registration deadline
Nov. 27–Dec. 2	RSNA 91st Scientific Assembly and Annual Meeting

(top) Scientific posters and education exhibits in chest radiology and neuroradiology were presented in electronic format at RSNA 2004. (center) The education exhibit "CT in Art Work Appraisal" won an Excellence in Design Award. (left) The scientific posters and education exhibits were located in the Lakeside Center, accessed via a walkway over scenic Lake Shore Drive.



RSNA 2005 Exhibitor News

RSNA 2004 Technical Exhibition Breaks Two Records


THE RSNA 2004 Technical Exhibition was the largest in Society history in terms of square footage and number of exhibitors. The 2004 Technical Exhibition covered 455,050 square feet. That's up from the previous record of 451,664 in 2000. The number of technical exhibitors also reached an all-time high. There were 690 exhibitors at RSNA 2004, up from 668 in 2003. There were also 134 first-time exhibitors.

Exhibitor Meeting

RSNA 2004 exhibitors are invited to attend the RSNA 2005 Exhibitor Planning Meeting on February 22 at Rosewood Restaurant and Banquets near O'Hare International Airport. The meeting is intended to review RSNA 2004 and plan for RSNA 2005. More information will be sent to each exhibitor's official contact in mid-January.

Important Exhibitor Dates for RSNA 2005

February 22	Exhibitor Planning Meeting
March 30	Exhibitor Prospectus Mails
June 28	Exhibitor Planning/Booth Assignment Meeting
July 5	Technical Exhibitor Service Kit Available Online
Nov. 27–Dec. 2	RSNA 91st Scientific Assembly and Annual Meeting

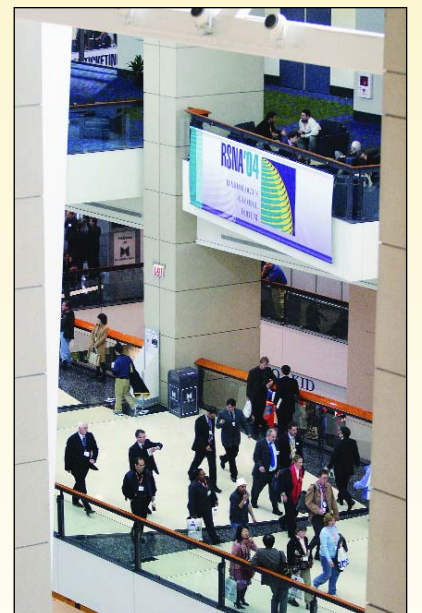


RSNA2005
Connecting for Lifelong Learning

**91st Scientific Assembly
and Annual Meeting**

November 27 – December 2, 2005

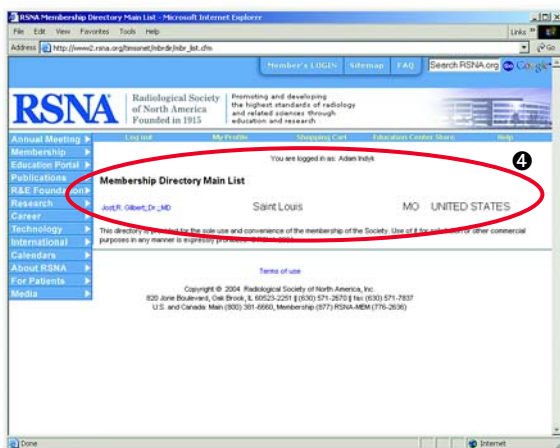
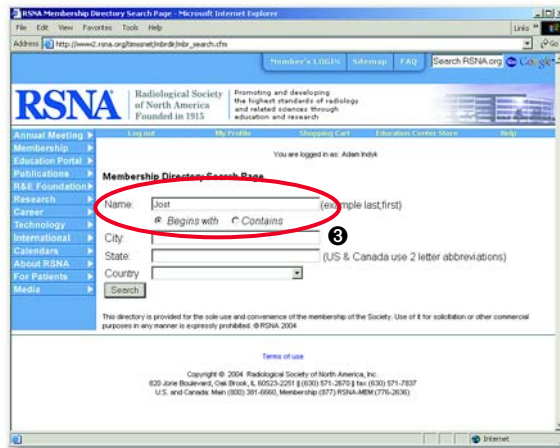
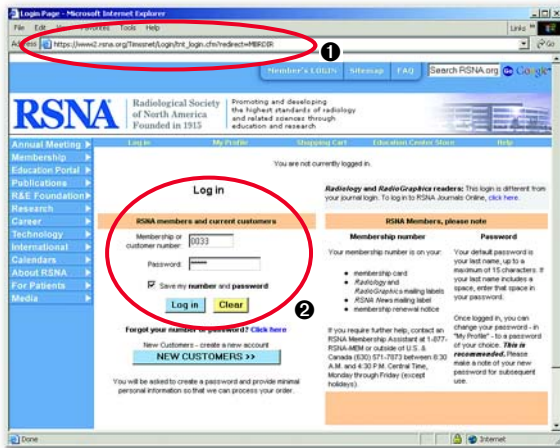
McCormick Place, Chicago



At RSNA 2004, nearly 700 leading manufacturers, suppliers and developers of medical technology showcased an impressive array of radiology products, state-of-the-art imaging equipment, innovative solutions and a wide variety of supplies and services.

■ For more information, contact RSNA Technical Exhibits at (800) 381-6660 x7851 or e-mail: exhibits@rsna.org.

RSNA.org



RSNA Membership Directory Online

YOU CAN NOW search for RSNA members anywhere you have an Internet connection. This password-protected site is for members only.

To use the directory, go to www.rsna.org/directory 1, then log in using your member number and password 2.

You can search for RSNA members by name, city, state or country. For example, if you were

looking for a member whose last name is Jost, type Jost in the name box 3 and then click on Search.

You will get a list of members with the last name of Jost 4. You can click on each entry to get more information.

For more common names, you may want to include additional search criteria, such as a city, to narrow down the search results.

OTHER WEB NEWS:

New URL for CIP

The Web site for the Cancer Imaging Program (CIP) at the National Cancer Institute has been redesigned and has a new Web address.

The CIP Web site is now imagingcancer.gov.

NCI Launches Web-based Research Map

The National Cancer Institute (NCI) and the Pancreatic Cancer Action Network have unveiled phase one of a new Web site to facilitate collaboration among researchers.

In this first phase,

researchers can go to the Pancreatic Cancer Research Map (www.cancermap.org/pancreatic) to find NCI-sponsored projects, funding opportunities and a database of pancreatic cancer investigators. Similar

information for nonprofit and private organizations will be added to the database during the next phase.

connections Your online links to RSNA

RSNA.org
www.rsna.org

Radiology Online
rsna.org/radiologyjnl

Radiology Manuscript Central
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RadioGraphics Online
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Education Portal
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CME Credit Repository
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RSNA Medical Imaging Resource Center
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RSNA Career Connections
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RadiologyInfo™
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Medical Meetings

February – May 2005

FEBRUARY 2-6

Mexican Society of Radiology (SMRI), Annual Meeting, Mexico City • www.smri.org.mx

FEBRUARY 16-19

International Society for Clinical Densitometry (ISCD), Annual Meeting, The Fairmont, New Orleans • www.iscd.org

FEBRUARY 27-MARCH 4

Society of Gastrointestinal Radiologists (SGR) and Society of Uroradiology (SUR), Abdominal Radiology Course 2005, Hyatt Regency Hill Country Resort, San Antonio • www.sgr.org

MARCH 4-8

European Congress of Radiology, ECR 2005, Austria Center Vienna, Austria • www.ecr.org

MARCH 11-12

Biomedical Imaging Research Opportunities Workshop 3 (BIROW 3), Hyatt Regency Bethesda, Md. • www.birrow.org

MARCH 21-25

Society of Computed Body Tomography & Magnetic Resonance (SCBT/MR), 28th Annual Meeting, Loews Miami Beach Hotel, South Beach, Fla. • www.scbtmr.org

MARCH 31-APRIL 5

Society of Interventional Radiology (SIR), 30th Annual Scientific Meeting, New Orleans • www.sirweb.org

APRIL 9-14

American College of Radiology (ACR), Annual Meeting and Chapter Leader Conference, Hilton Washington, Washington, D.C. • www.acr.org

APRIL 19-22

10th International Conference on Occupational Respiratory Diseases (10th ICORD), Occupational Respiratory Hazards in the 21st Century: Best Practices for Prevention and Control, Beijing, China • www.ICORD2005.com

APRIL 21-24

Sociedade Paulista de Radiologia e Diagnóstico por Imagem (SPR), 35th São Paulo Radiology Meeting, ITM Convention Center, São Paulo, Brazil • www.spr.org.br

APRIL 28-30

European Society of Gastrointestinal and Abdominal Radiology (ESGAR), 3rd Hands-on Workshop: CT-Colonography, Brugge, Belgium • www.esgar.org

MAY 3-7

Society for Pediatric Radiology (SPR), 48th Annual Meeting, Sheraton New Orleans, New Orleans • meeting.pedrad.org

MAY 4-7

Association of University Radiologists (AUR), 53rd Annual Meeting, Fairmont Queen Elizabeth Hotel, Montreal, Quebec • www.aur.org

MAY 11-14

Japanese Society of Angiography & Interventional Radiology, 34th Annual Meeting and 9th International Symposium on Interventional Radiology & New Vascular Imaging, Awaji Yumebutai International Conference Center, Hyogo, Japan • www.isir-jsair2005.jp

MAY 15-20

American Roentgen Ray Society (ARRS), 105th Annual Meeting, New Orleans Hilton Riverside Hotel and Towers, New Orleans • www.rrs.org

MAY 21-27

American Society of Neuroradiology (ASNR), 43rd Annual Meeting, Metro Toronto Convention Centre, Toronto, Ontario • www.asnr.org

MAY 25-28

56th Nordic Radiological Congress, 17th Nordic Congress of Radiographers, 33rd Annual Meeting of Nordic Society of Neuroradiology, Radisson SAS Scandinavia Hotel, Oslo, Norway • www.congrex.no/radio2005

MAY 25-28

Society of Breast Imaging (SBI), 7th Postgraduate Course, Vancouver Convention and Exhibition Centre, Vancouver, British Columbia • www.sbi-online.org

NOVEMBER 27-DECEMBER 2

RSNA 2005, 91st Scientific Assembly and Annual Meeting, McCormick Place, Chicago • www.rsna.org

RSNANews

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