



January, 2003

Missouri Valley Chapter – Society of Nuclear Medicine General News Items

Newsletter General Information:

Happy Holidays, Seasons Greetings and Happy New Year!!! It is time again to provide you with some details that have occurred within the Missouri Valley Chapter since our last newsletter. In this edition we will update you on the new MVC Executive Council and provide you with a summary from the Annual Missouri Valley Chapter meeting that was held this past October in Kansas City. As before and in an attempt to keep our professional membership and those involved with Nuclear Medicine in our Chapter informed, we will have this Newsletter available through the Missouri Valley Chapter Website. (<http://www.mvcnm.org/newsletter.htm>)

As we have stated before, we welcome any news items that you may want to have communicated to the membership. This includes local or regional meetings, special announcements, interesting news items and general information that will make this publication informative and useful. This invitation includes our vendor friends and we hope that you will want to provide any news items that you would like to disseminate.

Please send any comments, suggestions or information for the Newsletter to either Nanci Burchell (NANCIBUR@aol.com) or Phil Bruch (pbruch@unmc.edu).

MVC Officers:

Contact information for these individuals is available on the MVC website. Please feel free to contact these individuals with questions or concerns regarding the Chapter or Society of Nuclear Medicine.

MVC Officers:

John Floyd, M.D. – President
Henry Royal, M.D. - Secretary/Treasurer
James Littlefield, M.D. – President Elect
Mark Wittry, M.D., FACC – Immediate Past President

MVC Councilors:

Karen Holdeman, M.D. Subhash Paknikar, M.D.
Lois Padellford, MS, CNMT Kimberly McDaniel, CNMT
David Perry, CNMT Yusuf Menda, M.D.

MVC Council Members:

Michael Graham, M.D. Bennett Greenspan, M.D.
Tom Miller, M.D. Mickey Clarke, CNMT
Nanci Burchell, CNMT Phil Bruch, MS, CNMT

MVC-Technologist Section Officers:

Janis Brule, CNMT – President
Jeff Galen, CNMT – Secretary/Treasurer
Peggy Squires, CNMT - National Council Delegate
Carole South-Winter, CNMT – Immediate Past President
Mark Wallenmeyer, CNMT – President Elect

MVC Executive Director: Nanci Burchell, CNMT

MVC Historian: Robert Cech, M.D.

Message from the Missouri Valley Chapter - Technologist Section President Janis Brule, CNMT

Greetings colleagues and welcome to the Missouri Valley Chapter, Society of Nuclear Medicine Newsletter. The Missouri Valley is comprised of six Midwestern states: Iowa, Kansas, Missouri, Nebraska, South and North Dakota.

My name is Jan Brule and I have the honor of serving as President of the Missouri Valley Chapter Technologist Section for 2002-2003. I am currently the Supervisor of the Division of Nuclear Medicine at Barnes-Jewish Hospital in St. Louis, Mo. Working in a large teaching institute such as Barnes-Jewish Hospital has given me an excellent opportunity to see the many changes in the practice of nuclear medicine over the years. From film cassettes to digital imaging, planar to SPECT, nuclear medicine has embraced technology to advance and improve patient care. Today we are again on the edge of yet another explosion of growth with the new fusion imaging and the advancement and clinical use of radioimmunotherapy.

As we plan to attend the Mid-winter meeting this January in Hollywood, Florida, and prepare to celebrate the Society of Nuclear Medicine's 50th anniversary in New Orleans in June 2003, we must remember that with these exciting advances come challenges. What will be the qualifications for personnel operating fusion-imaging devices? What training will be required and who will provide it? (There's a good article in the December, 2002 issue of the JNMT by Tony Knight, MBA, CNMT, Chair, about this topic.) What impact will the CARE Act, if passed, be on our geographically diverse chapter? How do we recruit new technologists to fill what a survey by the "American Society of Radiologic Technologists" says will be the need for 4,000 more nuclear medicine technologist positions by 2008?

Some items I would like to address during my term as President include, identifying the scope and elements of the technologist workforce shortages in the Chapter and compare this with other regions. A second goal is to look at recruitment methods in our area. Perhaps working through local sub-chapters to provide information and support for local job fairs and recruitment efforts. A third goal will be to increase communication and participation in Chapter activities. Perhaps establishing a mentoring program to grow membership and increase member involvement.

I would also like to take this opportunity to encourage everyone to visit our website at www.mvcsnm.org. This is an excellent website and a way to communicate and network with your colleagues in the Chapter, relaying information at a grassroots level. There is an email listserve available to all members of the Missouri Valley Chapter that will automatically update you about Chapter activities. You can send emails to the list and it will go to all members who have signed up. Ask questions, get answers, or just express your opinions. Sub-chapters are offered free web space on the site as well. I would like to invite the subchapter presidents and officers to provide us with local meeting information or just a "what's happening" in your area.

I would like to congratulate Mark Wallenmeyer on his recent election to the position of President-Elect of the Missouri Valley Chapter Technologist Section. I also look forward to serving the membership in the most effective way possible. Please don't hesitate to contact me with any concerns, questions or issues. I plan to attend as many local sub-chapters meetings as possible so please let me know of sub-chapter meetings. I can be reached by email at jl7806@bjc.org or call me at 314-747-1955.

Have a Happy and Safe Holiday Season and hope to see you at the mid-winter meeting in Hollywood, Florida, January 22nd-26th, 2003!

A MISSOURI VALLEY CHAPTER HISTORICAL NOTE

About 40 years ago, Marshall Brucer, a deep thinker about radionuclides, showed that it is well to standardize laboratory studies. He distributed a series of samples to various labs and demonstrated a variance in the reported results. Members of the Missouri Valley Chapter are continuing that program. Some time ago, President elect Dr. James Littlefield presented a similar suggestion for standardization with respect to I-131 therapy of thyroid disease on a poster-type presentation at an MVC annual meeting. More recently, past president Dr. Henry Royal also presented a standardization protocol for therapy of thyroid disease with radioiodine via a group effort from Michigan, Pennsylvania, New York, London, Ohio as well as St. Louis, Missouri (published in the June 2002 JNM.)

Respectfully submitted: R.F. Cech, M.D. Historian

Society of Nuclear Medicine National News

National Council Delegate Report – Technologist Section

Peggy Squires, CNMT

For those members unable to attend the Annual Fall Meeting . . . you missed a good one! Thanks to Nanci Burchell and the Chapter members in Kansas City for working behind the scenes to pull off another successful meeting. The meeting was a great mix of education, information and socializing, as attendees packed the lecture rooms, visited the 15+ vendor exhibits and were able to catch up with friends or network with new acquaintances during dinner on Saturday night. Business meetings for both the Missouri Valley Chapter and the Technologist Section were conducted during the lunch hour on Saturday. The Technologist Section was honored to welcome Frances Keech, MBA, RT(N), current President of the SNM-Technologist Section to the Annual Fall Meeting. Since there has not been a National Council Meeting since my last report, thought that I would just sent out a few reminders of happenings at the National level as well as highlights of our business meeting in Kansas City. So, in no particular order:

SNM Membership Awardees for 2002: Once again this year the MVC – Technologist Section rewarded academic achievement and promoted membership in the Society. The top students from each of the 7 nuclear medicine technology programs in the chapter have been awarded a one-year membership in both the Society of Nuclear Medicine and the Chapter in which they begin their career. The institution and top academic graduate for 2002 of each are listed below; congratulations to them and all of the nuclear medicine technologist graduates in the Chapter.

Kansas University Medical Center, Kansas City, Missouri
Research Medical Center, Kansas City, Missouri
Southeast Technical Institute, Sioux Falls, South Dakota
St. Louis University, St. Louis, Missouri
University of Iowa, Iowa City, Iowa
University of Missouri, Columbia, Missouri
University of Nebraska, Omaha, Nebraska

Bret Press
Karen Bronsman
Karen Johnson
Joel Sauer
Angela Healy
Greg Wunsch
Christina Hoban

SNM Membership FREE for Student Technologists: This is a great promotion: technologist students are eligible for a one-year trial membership to the SNM. Along with free registration to the Mid-Winter and Annual SNM Meetings, this trial membership provides all the benefits of full society membership (with the exception of mailed journal subscriptions), including online access to the JNM and JNMT, a regular mailed subscription of *Uptake*, members-only access to case studies and Continuing Education transcripts. Students can sign-up on-line at www.snm.org or call the SNM at (800) 513-6853. (Proof of student status is required.)

Revisions to SNM-TS VOICE Guidelines: The proposed changes to VOICE went into effect this fall, the timeframe for applications has been changed and there has been a slight increase in fees. Changes are summarized below. See the SNM website for VOICE application guidelines and forms.

1. Application fee for Chapter/Regional/Academic group programs of one day or less changed from \$25. to \$35.
2. Application fee for Commercial Company programs from changed \$100. to \$125.
3. Acceptance deadline for VOICE applications changed to 2 weeks before the first day of the meeting.
4. Web-based programs have been added to the list of program types.

PET/CT Technologist Certification: Frances Keech, MBA, RT(N), current President of the SNM-Technologist Section addressed this controversial subject during the business meeting, held during the lunch break on Saturday, October 12. Despite the pronouncement in [RT Image](#), not everyone can perform PET/CT imaging. The practice of Nuclear Medicine Technology is not open to anyone without the minimum required education that has already been established in the areas of Radiopharmacy, Radiation Safety, Radiation Biology, Patient Care, Nuclear Medicine Procedures and Nuclear Medicine Instrumentation and Physics. A 13-page consensus paper was mailed to directors of every state radiation control program and radiologic technology licensure board in September recommending, "multiple pathways be created to educate or train registered nuclear medicine technologists, radiographers, and radiation therapists to operate PET/CT equipment". A task force was appointed by the ASRT and SNMTS to develop a statement of the appropriate levels of training needed. The task force will outline a professional course of study for PET/CT technologists and recommend appropriate methods for delivering the educational content early in 2003.

MVC Meeting Initiative: A separate tract, "Back to the Basics", was offered on Saturday afternoon, running concurrently with the scientific session. The popular sessions were presented by educators in the Chapter and intended for students, entry-level technologists and anyone just wanting to brush up on the basics of nuclear medicine. Many thanks to the program directors and clinical instructors of the Missouri Valley Chapter for their work in creating another educational opportunity for our members.

Nuclear Medicine Jeopardy: The conference icebreaker during registration on Friday evening was a version of "Nuclear Medicine Jeopardy", hosted by our own Carole South-Winter and the hit of the evening. Team members were identified by different color bandanas and everyone from the newest student to our SNM-Technologist Section President, Francis Keech, enjoyed the fun.

For further information or if there are topics that you are interested in that I did not cover, please contact me at psquires@metroheart.com or call (314) 997-6001 ext. 202.

NCD Report Submitted by: Peggy Squires, CNMT MVC-TS National Council Delegate

Message from the Missouri Valley Chapter - President John Floyd, M.D., FACR

This year, as every year since 1981, I traveled to Chicago for RSNA. It is a good opportunity to see not only what is happening in nuclear medicine, but also in the "competing" imaging modalities. It seems in some hospitals that new MR and CT procedures, particularly MR and CT angiography, are supplanting some of our bread and butter nuclear studies. We might not overly protest losing the 2 a.m. lung scan, but my personal opinion is that we should fight in the fields, in the hedgerows, and in every medical facility against the loss of procedures when that loss does not improve, and may even degrade, outcomes for our patients. The radiologists promoting these examinations are often unaware of the limitations in information and prognostic abilities for risk stratification in these MR or CT exams when compared to those that we have established in nuclear medicine over literally decades of outcomes research. Let's look at a few examples.

Coronary CT calcium scoring for prediction of future cardiac events has the advantage of being quick, relatively cheap and widely available, but has greatly inferior prognostication value when compared to a rest/stress radionuclide perfusion examination. Proliferation of 16-slice CT machines will also probably lead to the widespread use of CT coronary angiography, and I suspect it will happen quickly and despite the lack of outcome data showing it is anywhere as good as our perfusion examinations. I also fear that it will be a huge consumer of healthcare dollars if/when cardiologists begin installing CT scanners in their outpatient offices. Ditto for MR coronary angiography. So far as I am aware, anatomical studies of any kind have underperformed rest/stress perfusion imaging in predicting adverse cardiac events. CT and/or MR stress perfusion studies might someday perform better, but these are far more technically demanding, and long-term outcomes data is sparse.

Similarly, CTA and MRA of the renal arteries are now virtually completely replacing radionuclide renography in some institutions, but without much rationale beyond the pretty pictures they produce (and they ARE pretty). Where are the studies showing that fixing the narrowed renal arteries found on these studies will actually result in the lowering of the patient's blood pressure or long-term preservation of renal function? How many patients will undergo renal angioplasty with its cost and risk with no clinical benefit? The predictive nature of Captopril renography on the other hand is proven.

ER physicians have fallen in love with the CT pulmonary angiogram. It is quick, finds other diseases of the chest and has a binary outcome (positive or negative) with few technically inadequate examinations. The risk of contrast reaction or renal impairment is usually the major concern of the ordering physician. However, I have a real concern with the radiation dose, particularly the dose to the breast of the younger female patients, not to mention the exposure to the ovaries and testes from the frequently accompanying CT venography of the pelvis and legs that follows the pulmonary exam. A concerned physician in my opinion should still consider a V/Q scan (or maybe even just a perfusion exam) in a young patient, especially a female, who has no pre-existing primary lung disease and in whom exclusion of acute pulmonary embolism is necessary. In these patients a normal or very-low probability results from a radionuclide lung scan is likely. I have also seen facilities (usually smaller hospitals and some outpatient centers) use substandard or marginal machines for CT angiography, with resultant images of such poor quality that the post-test probability of PE could not be much different from the pre-test probability. Here also, a V/Q scan would be a much better choice.

Competition is good; it stimulates the competing parties to perform better and to seek new approaches and strategies. The development of PET is a highly visible approach to molecular physiologic mapping, and high-resolution, small-field cameras could make scintimammography for diagnosis of breast cancer a more widely utilized examination. Nevertheless, I hope such exciting technologies do not divert us from preserving other, more traditional, nuclear medicine procedures that continue to serve our patients with the best care, and resisting emerging CT and MR technologies that are fashionable, but not necessarily better.

If we do not educate our clinical colleagues and vigorously challenge the CT and MR imagers to provide performance levels and outcome data at least equal to what nuclear studies have established, then we will "lose" these patients forever. Maybe someday they will have such data, but until then pretty pictures should not be enough to change patient care so drastically.

John L. Floyd, MD, FACR

Missouri Valley Chapter Executive Director Report

Nanci Burchell, BS,CNMT, RT(N), FSNMTS

For those of you in attendance at the Missouri Valley Chapter Annual Meeting you know of the excellent program presented. We had 237 students, technologists, physicians, scientists, and vendors present in Kansas City. We learned about cutting edge technology, enjoyed MVC Jeopardy, caught up with colleagues, and welcomed student members to the Chapter. Many attendees commented positively on the split technologist/physician track format. This format will continue at our next meeting.

We would like to thank our corporate sponsors who supported our programs, speakers, social events, and Chapter at the last meeting. They included: Amersham Health, Berlex Inc., Bracco, Bristol-Meyers Squibb, Eastern Isotopes, Fujisawa, GE Medical, Hitachi Medical Systems America Inc., IDEC Pharmaceuticals Corp., Mallinckrodt/TycoHealthcare, North Kansas City Hospital, Numed Inc., Olathe Medical Center, PETNET Pharmaceuticals Inc., Philips Medical Systems, Siemens Medical Solutions, St. Francis Medical Center of Cape Girardeau, and Syncor International Corporation.

Speaking of our next meeting.....mark your calendars for **September 12-14, 2003**. We will be meeting at the **Sheraton Westport in St. Louis, Missouri**. At the SNM midwinter meeting we will be outlining the program and securing speakers. If there is a topic you would particularly like to hear about please let the Program Committee know. We welcome your input and even your voice if you would like to present.

I am happy to report that we had an 8% increase in our Chapter membership this year. As each of us are struggling with increasing time/monetary demands it is great to know that professional pride is still alive and well in the Missouri Valley Chapter.

One last reminder, remember that many offices will be up for re-election this year. We will be electing a new MVC President-Elect, Secretary/Treasurer, and two Councilors. We will be electing a new MVCTS President-Elect, Secretary/Treasurer, and National Council Delegate. We will post the CV form on the web site and encourage each subchapter to submit names as soon as possible for potential candidates. Congratulations to individuals serving in the national capacity. This includes Dr. Henry Royal and technologists Mary Moreau, Mickey Clarke, David Perry, and Liesje Dotson. Missouri Valley Chapter members have always taken active leadership roles. They have always done an excellent job of representing our profession and Chapter.

Executive Director Report submitted by: Nanci Burchell

Visit the Missouri Valley Chapter Website

www.mvcsnm.org