President’s Message

Healthcare Reform and Technological Advances: Efficiency and Quality

The President relays a $3.55 trillion for the fiscal year 2010 budget proposal to Congress. As part of that budget $630 billion over ten years has been proposed to be dedicated to financing the healthcare system reform. This reform will address the physician payment system so that physicians will have incentives to Improve Quality while being Efficient. As part of this process, imaging services will also be addressed with the same philosophy. Imaging services utilization has been, for the past several years, “under the radar screen” of healthcare insurance providers and with no doubt is going to be a major target under the new healthcare reform proposal. In addition to the above issues, CMS has recently issued its 2009 payment policies which certainly have not addressed some important concerns of the nuclear medicine community, such as the bundle of radiopharmaceuticals within the costs of procedures for reimbursement. As physicians, technologists, pharmacists and chemists, we will all have some impact of those changes. As healthcare providers we all should be aware and participate in this process which will likely take a few years prior to its implementation.

The field of nuclear medicine, despite all of our concerns, has experienced tremendous technological growth and improvements. Those have been observed, but were not limited to, the areas of hardware, software developments and radiopharmaceuticals for diagnosis and disease treatment. The benefits of those developments have been clearly reflected in the fields of nuclear oncology as well as nuclear cardiology. Fast image acquisition by SPECT and PET with simultaneous improvement in imaging resolution is certainly a true advancement that demonstrates Quality and Efficiency. New PET tracers for applications in oncology as well as in nuclear cardiology have been exciting and promising. The field of Nuclear Medicine has certainly narrowed the gap between Accuracy and Efficiency.

As I write this message The White House Summit on Health Care is taking place, and the question still remains: Will the Healthcare Reforms truly Improve Quality and at the same time be Efficient?

SEC 50th Anniversary Meeting to Address Challenges and Controversies

The 2009 meeting of the Southeastern Chapter of the Society of Nuclear Medicine will be held September 25 – 27, 2009 at the Sheraton Downtown Hotel and the Birmingham-Jefferson Convention Center in Birmingham, Alabama.

According to Daniel J. Lee, MD, chair of the 2009 program committee from Emory University in Atlanta, the 2009 meeting will be an important milestone as it will mark the Chapter’s fiftieth anniversary. The educational program will reflect these events with a commemoration of the Chapter’s history as well as that of the specialty. The meeting will also serve as an opportunity for considering challenges and controversies facing the field of nuclear medicine.

Drawing on excellent faculty from within the Chapter as well as guest lecturers, the program will include sessions on PET/CT, nuclear medicine physics, radiation incidents, nuclear cardiology, and regulatory and business matters for nuclear medicine practitioners. Program co-chairs are Norman E. Bolus, MPH, CNMT, University of Alabama at Birmingham and Cynthia E. Brodnax, CNMT, NCT, RT(R,CT), Jacksonville Medical Center, Jacksonville, Alabama.

Two pre-conference workshops are scheduled for Thursday, September 24. The morning will include an Educators Workshop being coordinated by Stephanie J. Land, CNMT, Jefferson Community and Technical College, Louisville, Kentucky. Thursday afternoon will include a Technologist Workshop on CT, coordinated by Norman E. Bolus and Mark C. Langston, MD, from the University of Alabama Birmingham Hospital.
(SEC Annual Meeting cont.)
Another notable activity during the meeting will be the social event Saturday evening in the shadow of Birmingham’s iconic Vulcan statue in the Vulcan Park and Museum.

Watch the Southeastern Chapter’s website, www.secsnm.org, and the next issue of the newsletter for updated information and registration for the meeting.

Also, plan to attend the Annual Meeting of the Society of Nuclear Medicine to be held June 13-17, 2009 in Toronto, Canada.

Daniel J. Lee, MD
Norman E. Bolus, MPH, CNMT
Cynthia E. Brodnax, CNMT, NCT, RT(R,CT),

SEC Welcomes New Management Team
Vincent J. Sodd, PhD, long-time Executive Director of the Southeastern Chapter of the Society of Nuclear Medicine ended his position as Executive Director of the Southeastern Chapter on February 28, 2009. He had served the Chapter in this position since 1984. “It’s been a very rewarding twenty-five years having the opportunity to associate and be friends with so many members of our Chapter”, Sodd said. “I am very thankful for all the help and collaboration given to me over these past years.”

Doctor Sodd’s contribution to the Chapter has been extensive, both as a member and as the Executive Director. Sodd is a Past President of the SE Chapter and a past recipient of its prestigious Brucer Award, the highest honor the Southeastern Chapter can bestow. He has retired as a full Professor of Radiology at the University of Cincinnati where he was the Director of their Nuclear Medicine Laboratory. He graduated from the University of Pittsburgh with a Ph.D. in Physical Science with specialties in Nuclear Chemistry and Cyclotron Physics. He has published 151 articles in scientific and medical journals, primarily dealing with the accelerator production of medically useful radionuclides, including the early development of heart imaging agents and shares the NASA patent on the cyclotron production of high purity I-123.

To replace Doctor Sodd, the Southeast Chapter has retained the services of Bacon-Hedland Management, Inc., an association management and services company based in Burr Ridge, Illinois. A known entity for the SE Chapter, Bacon-Hedland has managed the Central Chapter – Society of Nuclear Medicine, including the Central Chapter Technologist Section for the past five years. BH staff includes the two principals, Merle Hedland and Genevieve Hedland-Hill and staff member Maureen Wappel. Other medical and scientific groups served by BH include administrative and program management for the Illinois Radiological Society, a chapter of the American College of Radiology, and managing the conferences for the American Academy of Medical Administrators and the Society of Tribologists and Lubrication Engineers.

The contact information for the SE Chapter is:
Southeast Chapter – SNM
c/o Bacon-Hedland Management, Inc.
475 S. Frontage Road, Suite 101
Burr Ridge, IL 60527
Ph: 630-323-7214
Fax: 630-323-6989
Email: info@secsnm.org
Website: www.secsnm.org

SEC Launches New Web Site
The Southeastern Chapter has launched a new website for the Chapter and the Technologist Section. In the past Mimi Owen, Technologist Section Historian from Augusta, Georgia, has maintained a website on behalf of the Section, but Chapter involvement had been limited. The new website is still a work-in-progress assembled in time for the announcement of Bacon-Hedland Management becoming the SEC’s management team. Over time, the website will be enhanced to include additional information for nuclear medicine physicians and technologists including program information and on-line registration. The SEC website can be found at www.secsnm.org

Vulcan Statue located at Vulcan Park and Museum in Birmingham, AL
Summary prepared by: Buddhiwardhan Ojha, MD, MPH

Initial Antitumor Treatment Strategy (Formerly “diagnosis” and “staging”) CMS will cover only one FDG PET study for beneficiaries who have solid tumors that are biopsy proven or strongly suspected based on other diagnostic testing when the beneficiary’s treating physician determines that the FDG PET study is needed to determine the location and/or extent of the tumor for the following therapeutic purposes related to the initial treatment strategy:

- To determine whether or not the beneficiary is an appropriate candidate for an invasive diagnostic or therapeutic procedure; or
- To determine the optimal anatomic location for an invasive procedure; or
- To determine the anatomic extent of tumor when the recommended anti-tumor treatment reasonably depends on the extent of the tumor.

Exceptions:
- FDG PET is not covered for Adenocarcinoma of the prostate.
- FDG PET imaging for diagnosis and initial staging of axillary nodes is not covered. FDG PET imaging for the initial treatment strategy for male and female breast cancer is covered only when used in staging distant metastasis.
- FDG PET for the evaluation of regional lymph nodes in melanoma is not covered. Other uses to determine initial treatment strategy in melanoma are covered.
- FDG PET for the initial treatment strategy for cervical cancer is covered as an adjunct test for the detection of pre-treatment metastasis (i.e., staging) in newly diagnosed cervical cancers following conventional imaging that is negative for extra-pelvic metastasis. All other uses are fall under coverage with evidence development CED.

Subsequent Antitumor Treatment Strategy (Formerly “restaging” and “monitoring response to treatment when a change in treatment is anticipated”)

FDG PET scans in the subsequent treatment strategy for patients with the following tumor types are covered:
- breast, colorectal, esophagus, head and neck (non-CNS/thyroid), lymphoma, melanoma, non-small cell lung, ovarian, cervical, and thyroid cancer of follicular cell origin (previously treated by thyroidectomy and radioiodine ablation and has serum thyroglobulin >10ng/ml and negative I-131 whole body scan).

FDG PET scans in the subsequent treatment strategy for patients with the following tumor types are only covered under coverage with evidence development (CED): Brain, Small cell lung, Soft Tissue Sarcoma, Pancreas, Testes, Prostate and all other solid tumors. All other uses for subsequent treatment strategy for thyroid cancer not included above are also CED.

### Medicare covered Oncologic indications of FDG PET April 3, 2009

<table>
<thead>
<tr>
<th>Solid Tumor Type</th>
<th>Initial Treatment Strategy (only one FDG PET scan)</th>
<th>Subsequent Treatment Strategy Formerly “restaging” and “monitoring response to treatment when a change in treatment is anticipated”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal</td>
<td>covered</td>
<td>covered</td>
</tr>
<tr>
<td>Esophagus</td>
<td>covered</td>
<td>covered</td>
</tr>
<tr>
<td>Head &amp; Neck (not thyroid or CNS)</td>
<td>covered</td>
<td>covered</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>covered</td>
<td>covered</td>
</tr>
<tr>
<td>Non-small cell lung</td>
<td>covered</td>
<td>covered</td>
</tr>
<tr>
<td>Ovary</td>
<td>covered</td>
<td>covered</td>
</tr>
<tr>
<td>Myeloma</td>
<td>covered</td>
<td>covered</td>
</tr>
<tr>
<td>Melanoma</td>
<td>Noncovered for initial staging of regional lymph nodes. All other uses for initial staging are covered.</td>
<td>covered</td>
</tr>
<tr>
<td>Breast (female and male)</td>
<td>Noncovered for diagnosis and/or initial staging of axillary lymph nodes. Covered for initial staging of metastatic disease.</td>
<td>covered</td>
</tr>
<tr>
<td>Cervix</td>
<td>Covered for the detection of pre-treatment metastases (i.e., staging) in newly diagnosed cervical cancer subsequent to conventional imaging that is negative for extra-pelvic metastasis. All other uses are CED.</td>
<td>covered</td>
</tr>
</tbody>
</table>

continued on next page.
**Coverage with Evidence Development (CED):**
Covered when the beneficiary’s treating physician determines that the FDG PET study is needed for anti-tumor treatment strategy and the beneficiary is enrolled in, and the FDG PET provider is participating in, the following type of prospective clinical study:

An FDG PET clinical study that is designed to collect additional information at the time of the scan to assist in patient management. Qualifying clinical studies must ensure that specific hypotheses are addressed; appropriate data elements are collected; hospitals and providers are qualified to provide the FDG PET scan and interpret the results; participating hospitals and providers accurately report data on all enrolled patients not included in other qualifying trials through adequate auditing mechanisms; and all patient confidentiality, privacy and other Federal laws must be followed.

National Oncologic PET Registry (NOPR), was designed to meet coverage requirements and to assess how FDG PET affects care decisions.

<table>
<thead>
<tr>
<th></th>
<th>Covered 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain for dementia</td>
<td>Medicare covers FDG-PET scans for either the differential diagnosis of fronto-temporal dementia (FTD) and Alzheimer’s disease (AD) under specific requirements; OR, its use in a Centers for Medicare &amp; Medicaid Services (CMS)-approved practical clinical trial focused on the utility of FDG-PET in the diagnosis or treatment of dementing neurodegenerative diseases.</td>
</tr>
<tr>
<td>Myocardial Viability</td>
<td>Primary or initial diagnosis or following an inconclusive SPECT prior to revascularization. SPECT may not be used following an inconclusive PET scan</td>
</tr>
<tr>
<td>Refractory Seizures</td>
<td>Pre-surgical evaluation only</td>
</tr>
<tr>
<td>Perfusion of the heart</td>
<td>Noninvasive imaging of the perfusion of the heart</td>
</tr>
<tr>
<td>using Rubidium 82* tracer</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>using ammonia N-13* tracer</td>
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</tbody>
</table>

**Medicare National Coverage for PET Scans:** Cardiac and neurological indications for PET remain the same

<table>
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<tr>
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</tr>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Coverage with Evidence Development (CED)</th>
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</thead>
<tbody>
<tr>
<td>Small cell lung</td>
<td>Coverage with Evidence Development (CED)</td>
</tr>
<tr>
<td>Soft Tissue Sarcoma</td>
<td>Coverage with Evidence Development (CED)</td>
</tr>
<tr>
<td>Pancreas</td>
<td>Coverage with Evidence Development (CED)</td>
</tr>
<tr>
<td>Testes</td>
<td>Coverage with Evidence Development (CED)</td>
</tr>
<tr>
<td>All other solid tumors</td>
<td>Coverage with Evidence Development (CED)</td>
</tr>
<tr>
<td>Prostate</td>
<td>Coverage with Evidence Development (CED)</td>
</tr>
<tr>
<td>All other cancers not listed herein</td>
<td>Coverage with Evidence Development (CED)</td>
</tr>
</tbody>
</table>
Four Southeastern Chapter Technology Students receive Paul Cole Scholarships.

Four technology students from training programs located in the Southeastern Chapter were selected to receive the 2009 Paul Cole Scholarships. The scholarships are named in memory of Paul Cole, CNMT, who served as President of the SNM Technologist Section (SNMTS) in 1986 and who was known as a champion of education for technologists.

Recipients of the $1,000 scholarships are:

- Jennifer Adams, Jefferson Community and Technical College, Louisville, KY
- Terry Thomas, Jefferson Community and Technical College, Louisville, KY
- Saphia Jaffery, Baptist College of Health Sciences, Memphis, TN
- Shavonda Harris, Midlands Technical College, Columbia, SC

The selection process is administered by the SNM Technologist with funds provided by the Education and Research Foundation of the SNM. Each year the SNMTS Executive Board appoints a scholarship committee of nuclear medicine technology professions to evaluate scholarship applications. All applicants’ personal and institutional information is blinded when reviewed by the Awards Committee to ensure an unbiased evaluation. Thirty Paul Cole Scholarships have been awarded each year.

To be eligible for the Paul Cole Scholarship, candidates must demonstrate a financial need, be enrolled in or accepted into an institution accredited through the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) and have maintained a minimum cumulative GPA of 2.5 or better on a 4.0 scale or a B average in a nuclear medicine technology core curriculum. The Award is open to students in associate, baccalaureate and certificate level programs.

Further information may be obtained from the SNM Development Office at 703-652-6795.

J. Randolph Perry Scholarship

To educate and encourage medical students and residents to become involved in the practice of nuclear medicine, the S.E. Chapter is offering medical students and residents research fellowships up to a maximum of $2,500 for each approved application. The medical student scholarship applications must be received by August 1, 2009 and will be awarded at the Fall Council Meeting, September 25-27, 2009 in Birmingham, AL.

For additional information and an application form, please contact the SECSNM Office:

SECSNM
475 S. Frontage Road, Ste. 101
Burr Ridge, IL  60527-6282
Ph:  630/323-7214
Email:  info@secsnm.org

Nominations for the Brucer Award

Your nominations are requested for the Marshall Brucer Distinguished Service Award. Any member of the S.E. Chapter is eligible for nomination for this award which consists of a suitable engraved plaque and $1,000. The letter of nomination must address the distinguished service attributes, accomplishments and achievements of the nominee. Nomination information must be received prior to June 1, 2009. Please submit the information to:

SECSNM
475 S. Frontage Road, Ste. 101
Burr Ridge, IL  60527-6282
Ph:  630/323-7214
Email:  info@secsnm.org
The year 2009 is upon us, and with a new year comes new inspirations that cause us to look back at and ponder on the events and achievements of the past year. As we come closer to our regional meeting, it also brings my SECSNM-TS presidency to a close. I am not only looking back at the headline news but also, more importantly, reflecting on the path that the SECSNM-TS has taken during the past two years. Over the past two years, the SECSNM membership has remained steady at over 1,730 members, and the technologist section making up over 1,000 of the members.

There has been a national push to expand membership and express the importance and advantages of becoming a member of your national, regional and local chapters. We are currently in the process of updating the Southeastern website so that it may become the central information portal, providing up-to-date comprehensive information on all aspects of the association. Furthermore, our newsletter is regularly sent to the SECSNM-TS membership and further stakeholders in nuclear medicine. It reports on society matters and SNM news and regional issues which are of relevance for the nuclear medicine community. The Southeastern Chapter educational workshops under the umbrella of the team that makes up our education committee constitute a core element of the membership service. High-quality education in the fields of Computed Tomography, Positron Emission Tomography, and Nuclear Cardiology have been continually offered during the week of the annual meeting to help technologist meet the need for training in our ever expanding field. With the approval of the Nuclear Medicine Advanced Associate Program, technologist will now have the opportunity to advance their education within their field and help take nuclear medicine to the next level.

The very fragile and vulnerable supply chain of Mo-99 and the current supply shortage of this isotope have increasingly caught the public’s attention over recent months. Against this background, the SNM has been able to build up a strong network of communication channels with the relevant Southeastern representatives. The “real-time reports” from our National Societies have been particularly appreciated as they have given a comprehensive overview of how the supply shortage has affected the nuclear medicine community and thus millions of patients throughout the United States. While the critical situation regarding Mo-99 supply constitutes a major challenge for the field of nuclear medicine, the debate about short- and long-term solutions has strengthened and intensified the communication channels not only in the nuclear medicine community but also with all our partners beyond. As a result, the current crisis offers an opportunity for the nuclear medicine community to emerge even stronger and more unified than previously.

On a personal level, I would like to conclude my reflections by offering cordial thanks to all Southeastern Chapter officers, on the chapter and technologist side, for their team spirit, their excellent cooperation, their great dedication to our common cause and their friendship throughout the past years.

Aaron Scott, BS, CNMT
Rockdale Medical Center, Conyers, Georgia
SECSNM-TS, President

Call for Nominations
By Cybil Nielsen, MBA, CNMT
Past-President Southeastern Chapter SNM-TS

Have you thought about getting more involved in your professional society? Well, now is the time! The Southeastern Chapter SNM Technologist Section is now accepting nominations for the offices of: President-Elect, Secretary and Finance Committee. I am also happy to announce that this will be the first year that the Southeastern Chapter will hold elections on-line.

If you are dedicated to your profession and want to devote some of your time to moving the field of Nuclear Medicine and Molecular Imaging into the future, you are the person we are looking for. Don’t worry if you are new to leadership, if you have the time and energy, there are plenty of mentors available to make sure you are successful.

If you are interested, please submit your CV or resume to me via e-mail at cnielsen0001@kctcs.edu. I’m looking forward to hearing from you.
National Council Of Representatives Report Submitted by Cindi Luckett-Gilbert

ADVANCE SNMTS Mid-Winter Symposium Report

Beautiful but cold Clearwater, Florida was the site of the SNM Midwinter Symposium in February. Educational sessions included many great lectures as well as dynamic discussion by the National Council of Representatives during its meeting. The SNM reported it has been working on ideas for promoting the production of medical isotopes in the United States in light of the recent molybdenum-99 shortages.

Regulatory, education, strategic planning were the main topics of the National Council of Representatives. The Joint Commission recently introduced its 2009 Standards. One of the Elements of Performance is 05.01.07 which states, “in-house preparation of radiopharmaceuticals is done by, or under direct supervision of, an appropriately trained registered pharmacist, or doctor of medicine or osteopathy.” This has the potential to disrupt the ability for nuclear medicine technologists to prepare kits. The SNMTS and the SNM are currently addressing this issue. Also the SNMTS is in the process of formulating a new strategic plan including a mission and vision statement.

In addition, the Nuclear Medicine Advanced Associate, the baccalaureate program for nuclear medicine technologists is now accepting applications for admission into the first ever class to start this fall. For further information contact Martha Pickett, Director, Nuclear Medicine Advanced Associate at PickettMarthaW@uams.edu

Another issue of concern is the technologist job shortage. With the decline in reimbursements and the failing economy, employers are looking for ways to save money which equates to cutting shift hours. As a result, there are simply not enough jobs to employ new graduates or those wishing to change jobs.

VOICE Guidelines have been expanded to accept full lecture hours and half time for hands on vendor application education credits.

Lastly, Brenda King, of the Pacific Southwest Chapter, was elected Speaker of the House-elect by the Council.

Respectfully submitted,

Cindi Luckett-Gilbert, MHA, CNMT, PET, RT(N)
NCOR

College Reports

University of Alabama at Birmingham (UAB) Nuclear Medicine Technology Program

The University of Alabama at Birmingham (UAB) Nuclear Medicine Technology Program has had a year of transition. After the retirement of Professors Ann Steves and Michael Thompson in 2007, in February of last year, we welcomed a new faculty member, Remo George. In November of last year we welcomed another faculty member, Liliana Navarrete and a new clinical coordinator was hired, Amy Glass. They joined the two existing faculty members, Bradley Newcomer and Norman Bolus. In December of 2008 we graduated 12 students from the program and in August 2008, 15 new students began the program. Also, in August of 2008 we began a new revised curriculum, which includes new courses in computed tomography, cross-sectional anatomy and a co-related imaging capstone course.

In early January of 2009 we were saddened by the news that retired Professor Emeritus Michael A. Thompson passed away suddenly and unexpectedly. He had suffered for many years with Parkinson’s disease prior to his retirement in 2007. In addition to being an outstanding educator for the UAB School of Health Professions, Professor Thompson created and marketed many educational materials through the years. His Principles of Radiation Protection Video Series sold internationally. His most recent undertaking had been educational PowerPoint CD packages which included topics on nuclear instrumentation, radiologic physics, radioactive decay processes, and radiation protection. In 1994, he led the effort for publication of a text book for radiography entitled “Principles of Imaging Science and Protection” from the W.B. Saunders Company. Professor Emeritus Michael Thompson was beloved by the many students he taught over his 30 year career and will be remembered for being a kind, gentle, and generous person who gave all he could to his students to help them in the learning process. Being a talented educator and a dedicated professor devoted to lifelong learning, he will be greatly missed by all who were fortunate enough to be his students.

In an effort to honor the contributions Professor Thompson made during his career at UAB, the NMT Program will establish a student scholarship in his name as a lasting remembrance of him. If you would like to contribute to this fund please send a check to Katie Davidson Adams – Development Officer – Webb 624B, 1530 3rd Avenue South, Birmingham, Alabama 35294-3361 made out to “UAB SHP” and in the subject line written to the Michael Thompson Scholarship Fund.
News From the Medical College of Georgia

Mary Ann (Mimi) Owen

The NMT program at the Medical College of Georgia continues to thrive. This past year we’ve added two new clinical sites in Atlanta and Gainesville, GA. Haley Rainey was the most recent recipient of the Antonio Molini Scholarship. This award provides funding for travel and housing to the Georgia Society of Nuclear Medicine Annual Meeting. Junior students are doing research for poster entries at the next GSNMT meeting in Augusta May 1-3.

Dr. Greg Passmore was appointed as a director for the Nuclear Medicine Technology Board. Ms. Mimi Owen continues to be active on the JRCNMT and with the SNMTS. We’re pleased to have submitted our 7-year cycle accreditation self study, and look forward to the site visit in July.

Our seniors look forward to graduation in May.

St. Vincent’s News

- The certificate program at St. Vincent's has completed the transition to a 15-month program to allow inclusion of CT education into the curriculum. The current class will begin their CT education in May which will consist of approximately 120 didactic hours and up to 180 clinical hours in a CT department. The CT education will conclude at the end of July and the students will return to nuclear medicine clinic through the end of November. We are very excited about the ability to offer this education to our students. CT certified individuals are not required to complete this portion of the program and can still complete the program in a 12-month period.

- Our most recent graduating class graduated on January 9, 2009. We are proud that they have maintained our 100% first-time pass rate as all four took and passed the NMTCB exam, three with distinction and one with highest distinction, and three chose to take the ARRT exam, all of whom passed it as well.

We are fast approaching our May 1 application deadline for our next class which will begin on August 31, 2009.

Thanks,
Chip
LeRoy H. ‘Chip’ Stecker, III, Program Director
Nuclear Medicine Technology Program
St. Vincent’s Medical Center
1 Shircliff Way
Jacksonville, FL 32204
904-308-8484

State Reports

Georgia State Nuclear Medicine Technologist Society

The GSNMT officers and council are finalizing our 2009 meeting agenda. Our state leaders are:
President: Susan Coleman
President-Elect: Ernest McPeake, II
Treasurer: Stacy Tanner
Secretary: Patti Langford,
Historian: Ashley Williams,
Past President/Nominating Chair: Connie Haney
Executive Member at Large: George Yoder.

We are currently accepting nominations for president-elect, and treasurer.

This year’s meeting will be held in Augusta, Georgia at the Augusta Marriott Hotel & Suites, right in the heart of Augusta's downtown business district, May 1-3rd. We have a diverse line-up of speakers offering 15 Voice credits for our attendees. The business luncheon will be held on Saturday and our annual golf tournament later that afternoon at the River Golf Club, just five minutes away.

Please check out www.gsnmt.org for program updates and registration information.

Susan Coleman BS CNMT, President

Kentucky Society of Nuclear Medicine
State Report

I would like to welcome our new President-Elect; Nick Bischoff; CNMT, RT. I know that he will do a wonderful job. I would also like to give a sincere Thank You to Jaime Warren; CNMT and manager of diagnostic imaging at Cardiovascular Associates (Springs office) in Louisville, KY for volunteering to chair the fall 2009 meeting. As many may know, the work provided by the societies’ council and program chairs is done on a volunteer basis. A lot of effort goes on behind the scenes. It takes special people to invest their time to produce and strengthen the infrastructure of our profession. Please, become involved with your society...you can do so by remaining a member,
Kentucky Society of Nuclear Medicine
State Report cont.

encouraging co-workers to join your society and/or becoming more involved behind the scene. Cybil Neilson; MBA, CNMT, President of SECSNM, webmaster/editor of KSNMT has out done herself once again by keeping us informed via our website www.ksnmt.org

Feel free to join us there.

Our Chapter hosted an annual Spring Meeting on March 28th at the FOUR POINTS BY SHERATON in Lexington, KY. Dynamic speakers entertained and educated each attendee. Technologists had the opportunity to obtain 6 CEU’s for this event. Another highlight of this meeting was the student poster presentation (always interesting). There was an ice-breaker the night before in the hotel lounge.

Ashley Godoy; CNMT
President, KSNMT 2009

SECSNM 50th Annual Meeting
50 Years in the Making,
The Path to the Future
September 24-27, 2009
Preliminary Program and Presentation Titles
as of April 5, 2009

Thursday, September 24, 2009
Pre-Conference Workshops:
8am - 12pm Technologist Educators Workshop
1 - 5pm Technologist Workshop - CT
7 - 8pm Ice Breaker Reception

Friday, September 25, 2009
Challenges and Conflicts in Nuclear Medicine
Session 1: PET/CT
7:30 - 8am Continental Breakfast in Exhibit Area
8 - 8:15am Opening Remarks
8:15 - 9am Gynecological PET/CT
9 - 9:45am Thoracic PET/CT
9:45 - 10:15am Break in Exhibit Area
10:15 - 11am Head & Neck PET/CT
11am - 12pm Practical PET/CT of the GI Tract
12 - 1:15pm Lunch on your own

Session 2: Fusion Imaging Techniques & Applications
1:15 - 2:15pm Physics of PET Imaging
2:15 - 3pm SPECT/CT: What Your Need to Know
3 - 3:30pm Break in Exhibit Area
3:30 - 4:15pm MR/PET: Current Status, Future Prospects
4:15 - 5pm Multi-Modality Image Registration Methods for Treatment Planning & Therapy Response Assessment Applied to Radiation Oncology
5pm SEC-TS Business Meeting

Saturday, September 26, 2009
Session 3: A Historical Journey of the SEC and Radiation Incidents and the Public
7:30 - 8am Continental Breakfast in Exhibit Area
8 - 8:45am SEC 50th Anniversary Commemorative Lecture
8:45 - 9:30am The Evolution of Nuclear Medicine: How Did We Get Here?
9:30 - 10am Break in Exhibit Area
10 - 10:30am “Radiation Experts” Role and Public Health Perspectives of What to Expect in the Event of a Malicious Radiological Event
10:30 - 11am Terrorists and Radiation
11 - 11:30am Atlanta’s Nuclear Terrorism Event Preparedness: A Radiation Safety Officer’s Perspective
11:30am - 12pm Confronting the Epidemic of Cardiovascular Disease in Developing Countries: International Atomic Energy Agency Working Group
12 - 1:00pm Lunch on your own and visit exhibits

Session 4: Nuclear Cardiology
1 - 1:30pm SNM Update
1:30 - 2:15pm Anatomy, Physiology and Basic Arrhythmias
2:15 - 3pm MPI Protocols
3 - 3:30pm Break in Exhibit Area
3:30 - 4:15pm New Horizons and Agents
4:15 - 5pm Cardiac PET
5 - 5:30pm Chapter Business Meeting & Awards
6:30 - 9:30pm Optional Event - Casino Night at Vulcan Park & Museum
Buses depart at 6:00pm

Sunday, September 27, 2009
Session 5: Challenges in the Business of Nuclear Medicine
7:30 - 8am Continental Breakfast
8 - 8:45am ICANL - What Accreditation Means to Your Practice
8:45 - 9:30am ACR Nuclear Medicine & PET Accreditation
9:30 - 9:45am Break
9:45 - 10:30am Maintenance of Certification (MOC) - What Is It’s Value?
10:30 - 11:15am Practice Management, Coding & Reimbursement Issues in Nuclear Medicine
11:15am - 12pm Management Issues in Nuclear Medicine
12pm Closing Comments
Plan to attend the **50th Annual Meeting** of the Southeastern Chapter Society of Nuclear Medicine

**50 Years in the Making, The Path to the Future**

September 24 - 27, 2009
Sheraton Downtown & the Birmingham-Jefferson Convention Center
Birmingham, Alabama

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**SECSNM-TS Bylaws Update**

The SECSNM-TS Bylaws Committee has been working on revisions to the current Section Bylaws. Please take a moment to review the proposed bylaws revision on the Chapter’s web site at www.secsnm.org. A vote will be taken during the Tech Section Business Meeting on Friday, September 25th during the SECSNM’s 50th Annual Meeting.