MESSAGE FROM THE PRESIDENT

By Mark Wallenmeyer, MBA, CNMT, RT(N)

Every beginning has its own excitement and expectations built in. Beginning my term as SNMTS president is no exception. To be honest, when I look back at how far the field of nuclear medicine has grown and developed, when I see how far the Technologist Section has come over the years and where it is headed, and when I consider SNM’s mission of advancing molecular imaging and therapy, I feel a sense of challenge as well.

Fortunately, making a new beginning doesn’t have to mean starting over. To guard against that and to ensure that we continue to move forward, SNMTS adopted a five-year strategic plan at the 2007 SNM Annual Meeting. Briefly, the goals state that SNMTS will be:

- The indispensable resource in promoting and educating in knowledge exchange, training and networking for nuclear medicine and molecular imaging and therapy;
- A powerful advocate for nuclear medicine and molecular imaging therapy and will promote the highest standard of patient care;
- A leader in educational and credentialing/licensing efforts for imaging specialists in nuclear medicine and molecular imaging and therapy; and

Continued on page 3, see President
“The Changes Impacting the Practice of Nuclear Medicine Technology and Student Education” is a 60-minute presentation addressing recent changes in educational requirements for entry-level nuclear medicine technologists. Every technologist is encouraged to hear this important presentation.

As you know, the Technologist Section (TS) has taken the position that new technologists entering the field should be educated at the baccalaureate level. As a result of this recommendation, the TS Education Committee has developed the 4th edition of the curriculum for the entry-level technologist.

The curriculum is based on the growth, research and changes occurring in the field and contains a lot of new material that is not required by programmatic accreditation. The purpose of the new curriculum is to ensure that technologists graduating from nuclear medicine technology programs will have the knowledge and skills needed for state-of-the-art practice today and in the future.

The TS Education Committee has developed a list of approved speakers to present this timely topic. If you are planning a continuing education program for technologists at a professional chapter or local meeting, please consider including this presentation. The presentation is approved for one VOICE credit.

To locate a speaker in your area, please contact Lynn Barnes with SNM’s education department at 703-708-9000, ext. 1245, or by e-mail at lbarnes@snm.org.

By Elpida Crawford, CNMT

New SNM Publication Translates Complicated Procedures Into Easy-to-Understand Language—A Book Review

By Sara Garcia Johnson, MBA, CNMT, NCT

A Patient’s Guide to Nuclear Medicine Procedures: English-Spanish by Juan Mas, CNMT, RT(N), contains more than 35 common nuclear medicine procedures explained in layperson’s terms. As the title implies, the descriptions are in both English and Spanish.

I found the book to be appropriately worded to give a general but complete description of each procedure. I particularly liked the myocardial perfusion imaging and lung scan descriptions. Even with all the variety in the procedures, the author was able to give generic and yet complete descriptions. Mas also conveniently left blanks throughout to allow nuclear medicine departments to specify and individualize certain procedures, such as return times for bone scans.

The book comes in two formats: a flip-chart and a pocket-sized booklet. The flip-chart format is made of durable material with convenient numbered tabs that separate the different procedures. It can be placed on a table to allow patients to read the description in Spanish on one side while the technologist sees the exact wording for the procedure in English on the other. The text is large enough for easy reading.

The pocket-sized booklet fits easily into a lab coat pocket. This format is perfect for discussions with in-patients.

A Patient’s Guide to Nuclear Medicine Procedures: English-Spanish contains a majority of nuclear medicine procedures in one convenient location and alleviates the need to have numerous brochures. It is accurately translated and easy to read and understand. I would recommend this useful publication to all nuclear medicine departments. It is a must-have for any nuclear medicine department with Spanish-speaking patients.
The Paul Cole Scholarship Fund

By Kathy Thomas, MHA, CNMT, FSNMT and Art Hall, BS, CNMT, FSNMTS

Who Was Paul Cole and Why Is This Fund Important to the Technologist Section?

Paul Cole was the 19th president of the Technologist Section (TS), and the Paul Cole Scholarship Fund honors his memory as a champion of student education. That, however, does little to describe Paul’s contribution to the TS and why the fund, which awards up to 30 scholarships in the amount of $1,000 annually, was created in his name.

Paul Cole assumed his role as president in June 1988. A summary of the goals he presented at the TS business meeting in San Francisco, Calif. that year, provides a brief glimpse of his dedication and commitment to the TS and the field of nuclear medicine technology:

• Market nuclear medicine as a separate entity to the allied health profession and define its unique contribution to patient care,
• Increase awareness and improve the perception of nuclear medicine,
• Attract top-notch people to the profession and retain those working in the field,
• Demonstrate the rewards of nuclear medicine technology (NMT) to increase enrollment in training programs,
• Work with members of the American Society of Allied Health Professions to develop a marketing and recruitment campaign for all allied health professions. (This was during a time when there was a severe technologist shortage in allied health care),
• Serve as a resource for institutions that wish to establish a training program,
• Investigate a means by which students can obtain scholarships,
• Explore the feasibility of setting up continuing education programs that hospitals and/or individuals can subscribe to,
• Work with SNM and the American College of Nuclear Physicians to respond to the Nuclear Regulatory Commission’s advanced notice of proposed rulemaking concerning nuclear medicine technology training,
• Develop a model career ladder for NMTs, and
• Investigate a means—such as a newsletter—of keeping members informed of events affecting the profession that could be mailed between issues of the Journal of Nuclear Medicine Technology (JNMT). (Uptake is the direct result of that goal.)

Paul was excited about his year as president and had hand-picked committee chairs that would help him transform these goals into reality. Unfortunately, Paul’s untimely death three weeks after his installation as president cut short his participation. Through the dedication of his committee chairs and executive board, however, many of his goals were achieved and live on in the form of new or enhanced member services and liaison affiliations with allied health organizations.

Paul David Cole, 41, was assistant chief technologist in the division of nuclear medicine technology at the Johns Hopkins Hospital. He graduated from Nashville General Hospital’s School of Radiologic Technology in 1967 and from the Johns Hopkins Hospital’s School of Nuclear Medicine Technology in 1971. A tribute published in JNMT noted, “Solving problems both big and small, Paul was the cornerstone of the Johns Hopkins staff.”

In previous JNMT publications and recent comments, friends

Continued on page 6, see Paul Cole

President continued from page 1

• A society that positions technologists within the fields of nuclear medicine and molecular imaging and therapy.

These are ambitious goals, which can only be accomplished if we are willing to challenge ourselves to reach for greater heights by taking new classes (and reporting those hours!): joining local, state, and/or national chapters; attending meetings such as SNMs Mid-Winter Educational Symposium and Annual Meeting and advocating for enforceable standards for anyone practicing nuclear medicine.

SNMTS will continue to lead the way in educational and training programs that equip both beginning and experienced nuclear medicine professionals. For the former, a final draft of the entry-level professional curriculum was completed at this year’s Annual Meeting. In addition, development of a document delineating the essential functions of a nuclear medicine technologist has been planned and a recommendation for education in PET/CT at the undergraduate level has been proposed. We expect to obtain grant funds soon to help interested facilities integrate these classes into their programs.

For those already in the field, the title and position of Nuclear Medicine Advanced Associate (NMAA) was launched at a reception during the Annual Meeting, celebrating the creation of the position and development of the attendant curriculum. We continue the effort to ensure that the Consistency, Accuracy, Responsibility, and Excellence (CARE) in Medical Imaging and Radiation Therapy bill is passed this year with sufficient enforcement muscle. The bill is due to come before the Senate for mark-up later this year.

To ensure that youthful energy and talent do not go unrecognized, we established a leadership academy, to which young professionals are invited to learn leadership skills and receive communication training. SNMTS leadership has begun to visit several local professional chapters to listen to concerns on a variety of topics. We hope that by keeping our ear to the ground on a local level, we will better serve membership across the country.

We have a challenging agenda, and I invite you to join me as we roll up our sleeves and work to fulfill our goals. Get in touch—with each other and with me—to share ideas or questions. You can always reach me at spfdmarkl@mchsi.com.
VOICE credit sharing with the Nuclear Medicine Technology Certification Board (NMTCB) is a new benefit offered to all SNMTS members. This new service will ensure timely and accurate continuing education (CE) reporting to the NMTCB and will save time and frustration when collecting CE data to forward at the time of recertification.

What you need to do to activate your VOICE sharing account:
1. Log on to SNM's Web site (www.snm.org),
2. Go to the NMTCB account link (www.snm.org/nmtcb),
3. Enter your NMTCB number,
4. Use the pull-down menu to select “Yes, Share SNM VOICE with NMTCB,” and
5. Click “Save.”

Important notes:
• If your name does not match the name on the NMTCB roster, you will not be able to complete this process and must contact the webmaster.
• If you are having any other difficulty signing up for VOICE credit sharing, please contact SNM Internet Services at internetservices@snm.org. For nontechnical questions related to SNMTS membership, please contact the SNM Membership Department at memberinfo@snm.org.

What you need to remember for accurate VOICE reporting:
• Your VOICE transcript is only as accurate as the information provided. You should periodically visit the SNM Web site to verify the accuracy of your VOICE transcripts and report any missing information to the Education Department at education@snm.org.
• VOICE transcripts will be forwarded to the NMTCB on a monthly basis for all credits earned up to 60 days prior. It will not be based on birth date. CE credits recorded after the electronic mailing date of the VOICE transcript will not be submitted to the NMTCB. It will be your responsibility to forward any CE credit acquired after the electronic mailing date to the NMTCB.
• If you have signed up for credit sharing, you need not be concerned if selected for an audit. If you meet the required minimum number of credits for the reporting period, you will be informed that an audit was conducted and that you successfully demonstrated meeting the CE requirement and will not be required to produce additional proof of attendance.

VOICE Box
SNMTS/NMTCB VOICE Credit Sharing Now Available!

By Kathy Thomas, MHA, CNMT, FSNMT, Chair, SNMTS Continuing Education Committee, and Jannine Henderson, Associate Director, Education

WHAT YOU NEED TO DO TO ACTIVATE YOUR VOICE SHARING ACCOUNT:
1. Log on to SNM’s Web site (www.snm.org),
2. Go to the NMTCB account link (www.snm.org/nmtcb),
3. Enter your NMTCB number,
4. Use the pull-down menu to select “Yes, Share SNM VOICE with NMTCB,” and
5. Click “Save.”

IMPORTANT NOTES:
• If your name does not match the name on the NMTCB roster, you will not be able to complete this process and must contact the webmaster.
• If you are having any other difficulty signing up for VOICE credit sharing, please contact SNM Internet Services at internetservices@snm.org. For nontechnical questions related to SNMTS membership, please contact the SNM Membership Department at memberinfo@snm.org.

WHAT YOU NEED TO REMEMBER FOR ACCURATE VOICE REPORTING:
• Your VOICE transcript is only as accurate as the information provided. You should periodically visit the SNM Web site to verify the accuracy of your VOICE transcripts and report any missing information to the Education Department at education@snm.org.
• VOICE transcripts will be forwarded to the NMTCB on a monthly basis for all credits earned up to 60 days prior. It will not be based on birth date. CE credits recorded after the electronic mailing date of the VOICE transcript will not be submitted to the NMTCB. It will be your responsibility to forward any CE credit acquired after the electronic mailing date to the NMTCB.
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CALENDAR
Sept. 25–27 “Fall Into Credits” 2008 Nuclear Medicine Symposium #3 Traverse City, Mich. VOICE: 12
Oct. 3–5 Missouri Valley Chapter SNM Annual Meeting Omaha, Neb.
Oct. 16–18 2008 Eastern Great Lakes Chapter Meeting Niagara Falls, N.Y.

LLSAP 4-for-3 Discount
Through the Lifelong Learning and Self-Assessment Program (LLSAP), SNM members can take advantage of this special 4-for-3 discount once per calendar year.

Purchase 4 LLSAP modules for the price of 3—a savings of $55!
Purchase at www.snm.org/llsap!
Something New in Nuclear Cardiology

By Nancy McDonald, RT(R), CNMT, NCT NCOR, Nuclear Cardiology 2006–2008

On April 10, 2008, CV Therapeutics and Astellas Pharma US, Inc., announced that the U.S. Food and Drug Administration (FDA) had approved Lexiscan (regadenoson) injection, an A_{2A} adenosine receptor agonist, for use as a pharmacologic stress agent in radionuclide myocardial perfusion imaging (MPI) in patients unable to undergo adequate exercise.

Regadenoson might be thought of as a cousin to adenosine, three times removed. Adenosine is a naturally occurring ligand that acts through four distinct cell membrane receptor subtypes (A_{1}, A_{2A}, A_{2B}, A_{3}). Activation of the A_{2A} receptors produces coronary vasodilatation and mediates sympathetic stimulation, which has led to its widespread use in stress MPI for patients unable to achieve their target heart rate through exercise. Many of the undesirable side effects of adenosine, however, have been attributed to the activation of A_{1}, A_{2B} and A_{3} receptor subtypes, including bronchoconstriction in patients with reactive airway disease. Thus, a major effort was put forth to develop selective A_{2A} receptor agonists for pharmacologic MPI.1–3

Contraindications and Reactions: Two worldwide, multicenter, double-blind phase 3 trials have shown regadenoson to be a safe and effective pharmacologic stress agent in radionuclide MPI studies. It is contraindicated in patients with second- or third-degree AV block or sinus node dysfunction unless the patients have a functioning artificial pacemaker. As with most studies, risk versus benefit should be weighed when considering administration to the pregnant patient. Nursing mothers should wait 10 hours after administration to be cleared. In most patients, it is tolerated better than, or the same as, adenosine, with headache being the most notable increase of incidence. A comparison of common adverse reactions can be seen in Table 1.4

Table 1. Adverse Reactions in Studies 1 and 2 Pooled (Frequency ≥ 5%)

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Regadenoson N = 1,337</th>
<th>Adenosine N = 678</th>
</tr>
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<tbody>
<tr>
<td>Dyspnea</td>
<td>28%</td>
<td>26%</td>
</tr>
<tr>
<td>Headache</td>
<td>26%</td>
<td>17%</td>
</tr>
<tr>
<td>Flushing</td>
<td>16%</td>
<td>25%</td>
</tr>
<tr>
<td>Chest Discomfort</td>
<td>13%</td>
<td>18%</td>
</tr>
<tr>
<td>Angina Pectoris or ST Segment Depression</td>
<td>12%</td>
<td>16%</td>
</tr>
<tr>
<td>Dizziness</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>Nausea</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Abdominal Discomfort</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Dysgeusia</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>Feeling Hot</td>
<td>5%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Patient Preparation: Patients should avoid methylxanthine-containing products (caffeine and theophylline) for at least 12 hours prior to their test. Whenever possible, withhold dipyridamole for at least 48 hours prior to regadenoson administration. Other cardiac drugs (β-blockers, calcium channel blockers, ACE inhibitors, nitrates, etc.) did not have any apparent effect on the efficacy of Lexiscan.

Administration: Regadenoson is delivered as a standard dose, rapid injection with no dose adjustment required for body weight. A dose of 0.4 milligrams in a volume of five milliliters is delivered over approximately 10 seconds into a peripheral vein using a 22-gauge or larger catheter. This is flushed with five milliliters of normal saline, followed 10 to 20 seconds later by the myocardial perfusion radiopharmaceutical of choice. A stop watch is helpful until you get a feel for the timing. Flush again with saline, and the stress test is complete in less than a minute, using one intravenous catheter. (A one-stick, one-minute stress test!) Proceed with imaging according to department protocol.

Supply and Reimbursement: Lexiscan is currently supplied as a single-use, pre-filled syringe or a single-use vial, each containing 0.4 milligrams/five milliliters of regadenoson. The cost is $202.35 per dose if purchased from the manufacturer. The billing codes are J3490 for outpatient centers and C9399 for hospitals. This will vary in different states. Please check with an Astellas representative for accurate figures.

Patients With Restrictive Airway Disease: Two excellent articles appeared in a recent issue of the Journal of Nuclear Cardiology5,6 describing trials for the safety of regadenoson in patients with moderate-severe restrictive airway disease (Gregory S. Thomas, M.D., et al.) and mild-moderate asthma (Brian R. Leaker, D.M., et al.). These pilot studies looked at 49 and 48 patients respectively who were clinically stable and concluded that four milligrams of IV regadenoson was well tolerated in these patients.

The Clinical Studies2,3: The efficacy and safety of regadenoson were determined relative to adenosine in two randomized, double-blind studies in 2,015 patients with known or suspected coronary artery disease who were indicated for pharmacologic stress MPI. A total of 1,871 of these patients had images considered valid for the primary efficacy evaluation (69 percent of men and 31 percent of women) with a median age of 66. Each patient received an initial stress scan using adenosine (six-minute infusion using a dose of 0.14 milligrams/kilogram/minute, without exercise) with a radionuclide gated SPECT imaging protocol. After the initial scan, patients were randomized to either regadenoson or adenosine and received a second stress scan with the same radionucl-

Continued on page 6, see Nuclear Cardiology
Paul Cole continued from page 4

and colleagues have helped to summarize Paul as a person and his contributions to the TS in the following remarks.

Marcia Boyd, CNMT, director of quality, Memphis, Tenn.: “Observing Paul was a lesson in patience, perseverance and commitment to the TS. Paul cared about what the future had in store for our success.”

Art Hall, BS, CNMT, RT(N), FSNMTS, manager, field operations, Ramsey, N.J., and Houston, Texas: “Paul was a good friend and a remarkable individual who dealt with problems and hammered out solutions to improve the status of nuclear medicine. Many looked to him for leadership and direction.”

Jim Langan, CNMT, FSNMTS, assistant administrator/radiology (retired), Catonsville, Md.: “Paul’s competence as a teacher and manager is surpassed only by the compassion and caring he showed to his colleagues, patients and students. His bright personality and friendly demeanor made him a joy to work with.”

Duffy Price, CNMT, FSNMTS, administrative technical director, nuclear medicine section (retired), San Francisco, Calif.: “Paul should be remembered for his effective approach to serving the leadership of NMT at a time when our identity was under serious attack from competition with outside organizations. He provided a thoughtful and serious approach to dealing with issues. I am pleased to have served with him.”

Sue Weiss, CNMT, FSNMTS, executive director, SNM Education and Research Foundation, Forest Lake, Minn.: “I remember Paul as a quiet person who was passionate about nuclear medicine technology. He was an educator and devoted to his students.”

Ronnie Markwell, CNMT, senior applications specialist, Arlington Heights, Ill.: “Paul was a delight to work with. Not only did he have a vast knowledge of nuclear medicine technology, he was also committed to the TS and the continuing education of its members. He was dedicated to providing SNM members with educational activities through road shows, live lectures and—yes!—video tapes. Paul’s hard work as president should be supported; we all benefited from his dedication.”

Paul Hanson, CNMT, FSNMTS, SNMTS past president, diagnostic services director, Ft. Worth, Texas: “Paul was an up-and-coming leader in the TS who gave me my start on the national level by appointing me bylaws chair.”

Paul’s life was cut short by a massive stroke, but his dedication to the TS lives on through the Paul Cole Scholarship fund. The fund awards scholarships to students enrolled in or accepted for enrollment in an associate, baccalaureate or certificate program in nuclear medicine technology. Student candidates are ranked based on their financial need, statement of goals, academic performance and program director’s recommendation.

The fund is important to the TS because it supports Paul’s commitment to education and the students entering the profession. In its early years, donations were substantial; unfortunately, today’s donations and interest are not keeping pace, and the number of scholarships awarded is at risk.

Donations to the Paul Cole Scholarship Fund are tax deductible and can be made with membership renewal or at any time by visiting the SNM Web site at www.snm.org and selecting “donate online” on the Education and Research Foundation’s page.

With your help, Paul’s memory can live on.

Nuclear Cardiology continued from page 5

include imaging protocol as that used for the initial scan. The median time between scans was seven days.

Comparison of the images obtained with regadenoson to those obtained with adenosine was performed using the 17-segment model. The number of segments showing a reversible perfusion defect was calculated for the initial adenosine study and for the randomized study obtained using regadenoson or adenosine. The agreement rate for the image obtained with regadenoson or adenosine relative to the initial adenosine image was then calculated, and the results are outlined in Table 2.

Table 2. Agreement Rates in Studies 1 and 2

<table>
<thead>
<tr>
<th></th>
<th>Study 1</th>
<th>Study 2</th>
</tr>
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<tbody>
<tr>
<td>Adenosine – Adenosine Agreement Rate (± SE)</td>
<td>61 ± 3%</td>
<td>64 ± 4%</td>
</tr>
<tr>
<td>Adenosine – Regadenoson Agreement Rate (± SE)</td>
<td>62 ± 2%</td>
<td>63 ± 3%</td>
</tr>
<tr>
<td>Rate Difference (Regadenoson–Adenosine) (± SE)</td>
<td>1 ± 4%</td>
<td>-1 ± 5%</td>
</tr>
<tr>
<td>95% Confidence Interval</td>
<td>-7.5, 9.2%</td>
<td>-11.2, 8.7%</td>
</tr>
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</table>

References:

CALL FOR DIRECTORS
Nuclear Medicine Technologist Volunteers Wanted

The Nuclear Medicine Technology Certification Board (NMTCB) is seeking certified nuclear medicine technologists to serve on its board of directors. Technologists may express interest in or inquire about the position by writing to board@nmtcb.org or calling (800) 659-3953. The application deadline is Aug. 15, 2008.
Technologist Section 2008 Award Winners

SNMTS would like to congratulate the following members who were recognized at SNM’s 55th Annual Meeting in New Orleans, La.

**PREsIDENTIAL DISTINGUISHED SERVICE AWARD**
Cybil Nielsen, MBA, CNMT
David Perry, CNMT, PET, FSNMTS

**OUTSTANDING TECHNOLOGIST AWARD**
Ellie Zimmer, CNMT, RT(N)

**OUTSTANDING EDUCATOR AWARD**
Frances Keech, MBA, RT(N), FSNMTS

**SNMTS FELLOW**
Cindi Luckett-Gilbert, MHA, CNMT, PET, RT(N)
Kathleen Krisak, CNMT

**BEST JNMT PAPER AWARD**


**TECHNOLOGIST PAPER ABSTRACT AWARD**

1st place: Karen Johnson – “Motion monitoring of stress/rest cardiac-perfusion imaging patients using a motion-tracking system”

2nd place: Ron Young – “SPECT/CT in hyperparathyroid patients with coexistent thyroid disease”

3rd place: Greg LeFever – “Quality control procedures to ensure accurate estimation of the left ventricular ejection fraction from planar gated blood pool scans”

**TECHNOLOGIST POSTER ABSTRACT AWARD**

1st place: ChiaLing Tsai – “FDG PET study at different phases of the menstrual cycle in women with premenstrual dysphoric disorder”

2nd place: Tracey Needham – “Characterization and localization of pulmonary and hepatic masses using breath-hold respiratory-gated PET/CT”

3rd place: Douglass Vines – “Lung FDG-PET dual time point SUV’s: Effects of radiation treatment and uptake time”

**TECHNOLOGIST STUDENT ABSTRACT AWARD**

1st place: James Mangerson – “Scintigraphy to validate lactulose hydrogen breath testing as a diagnostic tool for small intestinal bacterial overgrowth”

2nd place: Carmel O’Farrell – “Accuracy of the F-18 calibration setting with a Capintec dose calibrator”

3rd place: Stacey Ryan – Modified in vivo Tc-99m RBC labeling: A colorimetric spot test for cold stannous pyrophosphate”

**SNMTS Presidential Distinguished Service Award**

From left to right:
- David J. Perry, CNMT, PET, FSNMTS
- Cybil Nielsen, MBA, CNMT
- Frances Keech, MBA, RT(N)
- Ellie Zimmer, CNMT, NCT, RT(R)
SNMTS and NMTCB are excited to announce the new VOICE Credit Sharing program. SNMTS will provide the NMTCB reports of SNMTS members who have participated in SNMTS education activities.

To enroll please visit www.snm.org and login to your “My SNM” or for further information please speak with an Education or Membership staff member at 703.708.9000.

Congratulations Member Get A Member Winners!

SNM would like to congratulate and thank all members that participated in this year’s Member Get A Member contest—Navigating the Future. Over 200 new members were recruited in all categories of membership.

**PHYSICIAN/SCIENTIST WINNERS**
- First place: Satoshi Minoshima, MD
- Second place: Jeffrey Lacy, PhD
- Third place: Ghulam Syed, MD

**TECHNOLOGIST WINNERS**
- First place: Thomas Elder, CNMT
- Second place: Frances Keech, MBA, RT(N), FSNMTS
- Third place: Chris Kulman, BS, CNMT