By Norman E. Bolus, MPH, CNMT

Why Is Dose Reduction Such a “Hot” Topic?

In the last few years, the media has focused on medical ionizing radiation (IR) exposure as a problem. Many ask, “why the sudden concern when there was no apparent concern previously?” Certainly, when accidents occur that increase someone’s exposure to high levels of IR, there is a need for concern, but what about routine medical exposure? Why the sudden interest in dose reduction?

The answers to these questions can begin to be answered by looking at a report released in 2006 from the National Research Councils’ Committee to Assess Health Risks from Exposure to Low-Levels of Ionizing Radiation. The Biologic Effects of Ionizing Radiation (BEIR) VII-Phase 2 Report was an update of the BEIR V-Phase 1 Report issued in 1990 on the same topic. Surprising some experts, the BEIR VII Committee reaffirmed the linear non-threshold (LNT) dose-response curve associated with low-level IR exposure. In addition, in a previous study on the same topic (Phase 1 report), the BEIR V Committee predicted an approximate combined average of possible cancer induction due to IR in males and females of 800 out of 100,000 people per 0.1 Sv (10 rems) of exposure. The BEIR VII Committee increased this estimate to 1,055 out of 100,000 people per 0.1 Sv (10 rems) of exposure. This approximate 24 percent increase in possible cancer induction due to IR is the basis for the current concerns on dose reduction.

However, 0.1 Sv (10 rems) is a rather high level of IR exposure due to medical diagnostic procedures. For example, a typical approximate bone scan exposure is 4.2 mSv (0.42 rems) and the average computed tomography chest scan exposure is approximately 8 mSv (0.8 rems). For nuclear cardiology, the approximate dual isotope exposure is 26 mSv (2.6 rems), and for $^{99m}$Tc only-based radiopharmaceuticals, the exposure is about 10 mSv (1 rem).

Nevertheless, the BEIR VII-Phase 2 Report set into motion a chain of events and reports that have led to the current dose reduction concerns. In particular, the report led directly to the National Council on Radiation Protection & Measurements (NCRP) No. 160 Report, which was released in March 2009. This was an update of the NCRP No. 93 Report that was released in 1987. NCRP 160, entitled “Ionizing Radiation Exposure...”

Continued on page 3, see Dose Reduction

Message from the SNMTS President

By Kathy Hunt, MS, CNMT

At the beginning of each year, the people of the United States are presented with the State of the Union by our President. In keeping with this tradition, I felt it only appropriate to present SNMTS members with the state of our union.

Just a few months ago, we held the 2011 Mid-Winter Meeting in Palm Springs, Calif. Over the past several years, we have seen the technologist registration for the Mid-Winter Meeting steadily decline; however, in 2011 there was a change. There were 74 technologists pre-registered for the meeting compared to a budget of 24 (the technologist registration number from 2010).

To assist SNMTS in gathering additional information regarding the needs of our members, we created a Mid-Winter Meeting survey. The survey verified much of what the SNMTS leadership thought was true. For example, most respondents indicated that the major reason why they did not attend the Mid-Winter Meeting last year (2010) or this year (2011) was cost of travel, and most individuals are not reimbursed by their employers to attend educational meetings. It was encouraging to hear that most individuals responded that they would recommend the Mid-Winter Meeting to their colleagues. As we begin planning for the 2012 Mid-Winter Meeting in Orlando, Fla., you will see that...
Selecting a New JNMT Editor

By David Perry, CNMT, PET, FSNMTS

SNMTS has announced the appointment of Norman E. Bolus, MPH, CNMT, as the next editor of the Journal of Nuclear Medicine Technology (JNMT). Norman will begin his transition to the editor position starting this summer as he works with current editor Frances Neagley, CNMT, FSNMTS, RT(N)(R) to learn the finer points of the position. He will officially start his five-year term on January 1, 2012.

How does SNMTS select an editor for its most important publication? The process began more than a year ago, nearly two years before Frances’ term was scheduled to end. At the 2010 SNM Mid-Winter Meeting, the SNMTS Publications Committee carefully selected members and formed the JNMT Editor Selection Task Force. I was asked to lead the task force, as a long-time member of the Publications Committee with experience in the editor selection process. Also appointed to the task force were former JNMT editor Paul E. Christian, CNMT, PET; current JNMT editor Frances Neagley, CNMT, FSNMTS, RT(N)(R); longtime Publications Committee member Danny A. Basso, CNMT, NCT, FSNMTS; and member at-large Laura A. Wall, MBA, CNMT, NCT, RT(N).

The first order of business for the task force was to review the JNMT Editor Search Procedure that was established and approved during the previous editor search process. This procedure includes four documents that were reviewed, edited and approved—Search Process, Application, Applicant Scoring Form and Information for Supporting Institutions. At the same time, the task force began advertising for applicants in JNMT and Uptake. An application deadline of November 1, 2010, was set to allow the task force enough time to evaluate the applications and make arrangements for interviews of the finalists at the 2011 SNM Mid-Winter Meeting.

During the spring, summer and fall, the task force met several times by telephone and exchanged numerous emails. A semi-quantitative scoring process was established whereby each member of the task force would individually evaluate each application by the following criteria: experience in discipline, editorial experience, suitability of qualifications, administrative capability, time commitment, available resources, editorial operation, vision for the journal and a sample editorial. Additional strengths such as highest degree earned and strength of institutional support would also be rated. The task force agreed that the individual scores would be averaged and the highest scoring candidates would be invited to an in-person interview with the task force at the 2011 SNM Mid-Winter Meeting.

A second scoring process was developed for the interview itself. Candidates invited for an interview were privately scored by individual task force members and, again, the scores were averaged to obtain a final score. For both scoring processes, a five-point scale was developed: very low, low, medium, high and highest.

There was a lot of interest in the JNMT editor position and a documented scoring process is essential to a fair and supportive decision in the selection process. In the end, the task force recommended Norman for the position. The Publications Committee endorsed this recommendation, and the Executive Board gave the final approval. We congratulate Norman on his appointment as the next editor of JNMT.

About Norman Bolus, MPH, CNMT

Norman serves as director of the Nuclear Medicine Technology Program and assistant professor in the Department of Clinical and Diagnostic Sciences at the University of Alabama at Birmingham School of Health Professions.

He received a Bachelor of Science degree in biology and in nuclear medicine technology, as well as a baccalaureate certificate of completion in nuclear medicine technology, at the University of Alabama at Birmingham (UAB). This was followed by his Master of Public Health in occupational health and safety at UAB. He began his career in nuclear medicine as a staff technologist in the UAB Hospital's Nuclear Medicine Department and in 1992 transitioned to the field of education, in which he has held several roles, including teacher's assistant, instructor, assistant professor, clinical coordinator and program director.
Does Advocacy Really Matter?

By Danny Basso, CNMT, NCT, FSNMT – SNMTS Advocacy Chair

A

s we all know, there was a huge political upheaval this past election resulting in the Republicans taking control of the U.S. House of Representatives. We now have an entirely new cast of individuals chairing committees in the House, and the dynamics of interaction with President Obama have totally changed. No matter what your political beliefs, there will always be issues that unite us as members of SNMTS.

I recently sat down with SNM’s new director of health policy and regulatory affairs, Sue Bunning. Sue has spent the last 25 years working on and around Capitol Hill and brings a new Congressional focus to SNM. Working with Sue is the Washington, DC-based firm Arent Fox, LLP, which will assist us with our legislative and regulatory efforts.

Sue’s first comment to me was, “I think we responded to

three proposed rules my first few days at SNM—all of them very important, with the potential to hit the bottom line of every SNM member. It is my hope that we can do more to shape an issue at the beginning stages, for example when it first appears in a news story, rather than to expect the U.S. Food and Drug Administration, Centers for Medicare and Medicaid Services, Nuclear Regulatory Commission or other agencies to take our comments and make adjustments. You have a much better chance of effecting change before the issue hits Capitol Hill, and even when it arrives on Capitol Hill, than of altering a proposed rule.”

Our discussion quickly turned to the new Congress and the prospects for the Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy (CARE) bill and other SNM legislative priorities. It seems that one can’t go through a

Continued on page 7, see Advocacy Corner

Dose Reduction continued from page 1

of the Population of the United States,” looks at IR exposure in the United States for the year 2006. It found that the average U.S. background radiation exposure from IR went from 3.60 mSv (0.36 rems) per year to 6.20 mSv (0.62 rems) per year.

What contributed to this increase? Background IR from terrestrial sources and cosmic sources have not changed during this period and were the same, although their total percentages went down from 83 percent in 1987 to 50 percent in 2006. The difference is in medical exposure, with computed tomography and nuclear cardiology as the top two sources, respectively. Of the 48 percent of attributed IR exposure due to medical diagnostics as a whole in 2006, computer tomography accounted for 24 percent and nuclear medicine for 12 percent. Within nuclear medicine, nuclear cardiology accounted for 85 percent of the patient dose. Sound familiar? These are the two areas that are primarily associated with dose reduction concerns, along with pediatric dose reduction for all medical IR as pediatric patients are more susceptible to IR than adults.

Such a dramatic increase from the 1980s to 2006 emphasized the increased usage of IR in medical imaging. Also, due to the BEIR VII—Phase 2 Report that showed an increase in possible cancer induction due to IR, concern has been raised that medical IR, if not dialed back, could get to a point of potentially causing harm to the patient. This is particularly possible if one looks at accumulated dose from many different types of IR medical exposure received during one hospital stay. This could be due to combined x-ray, fluoroscopy, computed tomography and/or nuclear medicine procedures in a small amount of time.

Thus, there is public concern and efforts toward dose reduction have begun due to these report findings. Some facilities are installing in-house tracking of a patient’s total exposure during a hospital stay, per year or even over a lifetime.

The problem with the concern about dose reduction is that, to date, there is no clear evidence that medical IR causes cancer directly. The LNT dose response extrapolates what is known about exposure at high levels down to the lowest possible dose exposure. The BEIR VII Committee determined that you could never know for sure if a single IR event with the possibility of causing a point gene mutation would or would not be properly repaired and would or would not lead to the possible formation of cancer later in life. This ignores very good epidemiological data over many decades that indicate there could be a possible threshold for IR above which the probability of cancer induction occurs to a greater extent.

The question remains as to which theory is correct. Is there a threshold or not? Perhaps the best thing to do is to err on the side of caution, which is why dose reduction is important. We should always utilize the “as low as reasonably achievable” concept for dose exposure for ourselves and our patients. The Image Gently campaign takes on the very good cause of dose reduction in pediatric patients, and the Image Wisely campaign for adults is just now being rolled out. SNM recently established standards for radiation dose in children for several procedures and continues to work on dose reduction recommendations for all procedures. This is possible, especially in light of advanced modern instrumentation that will allow less standard procedure doses with equivalent high quality images.

So the next time that someone asks you why dose reduction is such a “hot” topic, the simple response is because the BEIR VII Committee says it is.

References


ImpACT: Imaging Performance Assessment of CT Scanners, United Kingdom, retrieved from http://www.impactscan.org on 11/6/10.


Radiological Society of North American, Image Wisely Campaign retrieved from: http://radiology.rsnaajs.org/content/257/3/601.extract
we have incorporated several of your suggestions. Our goal is to make the Mid-Winter Meeting more economical and attractive to our members, and we believe that these proposed changes are a step in the right direction.

One of my passions for the past several years has been expanding the entry-level curriculum to prepare our technologists for molecular imaging using hybrid imaging and transitioning our educational programs to the baccalaureate level. The SNMTS Transition Task Force has been actively involved with assisting associate degree and certificate programs in this transition. A Resource Manual is available online and will be updated continually with new information from the task force, including additional transition models as they are developed. Later this year we will submit an article for publication in JNMT on the gap analysis survey performed to determine how nuclear medicine technologist educational programs currently meet the curriculum as outlined in the 4th edition of the SNMTS Curriculum Guide.

While we continue to expand our entry-level curriculum, we are simultaneously promoting an advanced career path for nuclear medicine technologists. The Nuclear Medicine Advanced Associate (NMAA) is a clinical degree at the master’s level. Currently there are 10 students enrolled in the NMAA program, four in their second year (on track to graduate in May 2011) and six in their first year of the program. Two to three more students are expected to enroll this spring.

While I know that the SNMTS Advocacy Committee provides you with an extensive update in each issue of Uptake in the “Advocacy Corner,” I believe the efforts that the SNMTS is making regarding the Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy (CARE) bill and our new State Advocates Program are important enough to mention again. SNMTS, through the assistance of Arent Fox, LLP, the new government relations firm hired by SNM, and a new team in place within the health policy and regulatory affairs department, is armed and ready to work side-by-side with the Alliance for Quality Medical Imaging and Radiation Therapy to get the CARE bill passed. As SNMTS continues to work directly with the Alliance to push the CARE bill forward, we are beginning our work to revitalize the State Advocate Program. We will be reaching out to our grassroots network and asking for volunteers to serve as the designated state advocates.

With the advent of hybrid imaging it is very important for nuclear medicine technologists to be familiar with their state’s regulations pertaining to imaging personnel in order to influence changes before regulations are in place. Even if the CARE bill passes into law, state regulations will still determine the qualifications required of the imaging personnel performing procedures such as PET, CT and MR. We need to pool our resources (state and national) to effectively work together on these regulatory issues affecting nuclear medicine technologists.

Spring chapter meetings are just around the corner. President-elect Ann Marie Alessi and I are excited about our leadership visits to the chapters and are looking forward to presenting an update on SNMTS. The interaction we have with members at the chapter meetings is invaluable in providing feedback about the needs of our members and the strengths and weaknesses of our organization. Our profession continues to face regulatory issues that are challenging our scope of practice, making advocacy efforts more and more important. We hope that by presenting information that directly affects members and non-member attendees, we will be able to not only generate discussion on the issues of that region, but also obtain buy-in from our constituents about why it is so important to support their professional organization.

As I begin the countdown of the last few months of my presidency, I am excited about several new benefits we will be introducing to our members. These member benefits are designed to help you grow professionally and become aware of opportunities in the field as they become available!

Over the past several years, our members have indicated that while they would like to attend the SNM Annual Meeting every year, sometimes it is not possible. We heard our members, and this year SNM will be debuting the SNM “Virtual Meeting.” This virtual meeting will allow attendees and non-attendees to gain access to full-motion video capture of 70 of the most popular sessions from the SNM 2011 Annual Meeting. This program will allow access to sessions online within 24 hours after the live sessions conclude, and VOICE credits will be available for sessions you did not attend at the meeting.

The second benefit, one that I am truly excited about, is that SNMTS will be launching a new job bank and resume posting site. As part of the new site, SNM will also be joining the National Healthcare Career Network, the fastest-growing health care association job board network available. This network will provide an extensive resource for our members to find opportunities in nuclear medicine as soon as they are released! We are anticipating that the new site will be live prior to the SNM Annual Meeting in June.

I know that the past couple of years have been difficult for all technologists. There have been times of uncertainty with jobs, the economy and the future of health care—in particular the field of nuclear medicine. But, nuclear medicine technologists are adaptable and thrive on changes in the field, which has continued to advance our profession. We are an integral part of the imaging and therapeutic health care team providing care for our patients, regardless of what challenges exist around us. SNMTS is working to make sure that you have the tools and support you need not only to survive this difficult time, but to grow professionally and be recognized for your education and expertise in order to be even more successful in the future. SNMTS is the voice for our profession, and your support is needed for us to remain strong and address the many issues that we face.
Miriam Porter, BHS, CNMT, Inducted Into Hall of Fame

By Laura A Wall, MBA, CNMT, NCT, RT (N)

In 1993, Miriam Porter, BHS, CNMT, became the first female African American from Kentucky to graduate and be licensed in the field of nuclear medicine technology. Recently Miriam was honored by inclusion in the Kentucky Community and Technical College System (KCTCS) Super Sunday Hall of Fame. Super Sunday is a unique college fair that promotes opportunities for African Americans and individuals of color at the various colleges within KCTCS by profiling the achievements of successful alumni.

Miriam's journey in health care began in 1985 when she enrolled at Lexington Community College and then subsequently transferred to the University of Kentucky (UK). In 1989, Miriam was the first female African American Kentucky native to graduate from the Bachelor of Health Administration (BHS) program at UK. Upon graduation from UK she decided to re-enroll at Lexington Community College to pursue more technical education and obtained two degrees, an associate degree in computer information systems (1992) and an associate degree in nuclear medicine technology (1993).

Miriam's introduction to nuclear medicine occurred during an internship for her BHS at a small rural hospital in her hometown of Lebanon, Ky. During daily rounds with a hospital administrator, she saw a big trailer in the hospital parking lot. Miriam was later given permission to shadow the technologist in the mobile unit and saw her first myocardial perfusion scan. As she watched for the first time and listened to the explanation, Miriam became increasingly intrigued and recalls, "It made me tingle all over. Amazingly, every day that I go in to work I get that same tingle all over just like the first time. That's how I know that I'm so blessed to do what I love to do on a daily basis. Nuclear medicine; it's in me!"

Throughout her career in nuclear medicine, Miriam has been active in leadership roles at local, regional and national levels. She has served as president of the Arizona Nuclear Medicine Society, is currently serving her second term as the Arizona liaison to the Pacific Southwest Technologist Chapter of SNMTS, and is currently a member of the SNMTS Local Organization Task Force and SNMTS Bylaws Committee. Miriam has also successfully completed both the SNMTS Leadership Academy (2009) and the Pacific Southwest Chapter Leadership Academy (2010). A firm believer in self-improvement and hard work, Miriam is currently pursuing her Master of Business Administration degree from the University of Phoenix while also working full-time as the coordinator of nuclear medicine at St. Mary’s Hospital in Tucson, Ariz.

Congratulations, Miriam and best wishes for continued success in your career!
SNM’s 2011 Annual Meeting, June 4-8
This year we are headed to Texas for the 2011 SNM Annual Meeting. Following SNM’s mission, we will provide education programs that are essential to the progress of nuclear medicine and molecular imaging. In addition to social activities, exhibits, special workshops and plenary sessions at the Annual Meeting, technologists can look forward to many continuing education (CE) opportunities.

The Technologist Section program begins on Saturday, June 4, with three superb categoricals—General Nuclear Medicine, Nuclear Cardiology and PET—and ends on the afternoon of Tuesday, June 7. A nuclear cardiology technologist review workshop will be held June 2-4, and physician/scientist CE and scientific sessions are reviewed by SNMTS and approved for VOICE and VOICE+ credit. That means you have MANY choices each day!

This year there are approximately 36 continuing education hours (CEH) maximum available to technologists. Many technologists get excited when they see the number of CEH available and come to the meeting thinking that’s how much credit they will receive regardless of the number of sessions they attend. Please note that this is the maximum available credit for the meeting. Available credits include:

• Saturday, June 4: Categorical of 7.5 CEH. By popular demand, one 1.5 hour course will be held Saturday evening following the categorical seminars (9.0 CEH total).
• Sunday, June 5: Opening Plenary lecture (CEH TBD) and three 1.5 hour courses (5.25 CEH).
• Monday, June 6: Plenary lecture (CEH TBD) and four 1.5 hour CE sessions (6.0 CEH).
• Tuesday, June 7: Five 1.5 hour courses (7.5 CEH) or the CT Case Review Day 1 session (8.0 CEH).
• Wednesday, June 8: Two 1.5 hour courses (3.0 CEH) or the CT Case Review Day 2 session (8.0 CEH).

That’s how we came up with the 36 number of CEH available. The number of credits each individual technologist earns at the Annual Meeting depends on the number of courses he/she chooses to attend.

For a detailed program preview, visit www.snm.org/am.

New Book with CEH
We are also offering a new book at the SNM Annual Meeting booth that offers 13.0 VOICE-approved CEH.

The Nuclear Cardiac Imaging: Terminology and Technical Aspects book was developed for nuclear medicine technologists wishing to understand basic principles and technical aspects of nuclear cardiology imaging studies. New technologists will find the latest edition of this book to be the ideal resource as they achieve a full comprehension of the technical aspects and practice of nuclear cardiology. The new and updated chapters include:

• Pharmacologic Stress
• Myocardial Perfusion Imaging Protocols: Is There an Ideal Protocol?
• Image Processing/SPECT Study Reconstruction
• Gated Blood Pool SPECT
• Cardiac PET Imaging
• Drugs for the Cardiovascular System
• Radiation Exposure from Medical Diagnostic Imaging

For more information, visit the SNM Store at www.snm.org.

SNMTS 2011-12 Elections
This notification shall serve as the official announcement of the 2011-2012 SNMTS national election slate of candidates. The following individuals have been approved for the national slate:

President-Elect
Brenda J. King, CNMT, FSNMTS; Pacific Southwest Chapter
Rebecca A. Sajdak, CNMT, FSNMTS; Central Chapter

Secretary
Laura A. Wall, MBA, CNMT, NCT; Pittsburgh Chapter
Eleanor S. Zimmer, CNMT, RT(N); Greater New York Chapter

Treasurer
Kathy M. Krisak, CNMT, FSNMTS; New England Chapter TBD

Delegate-at-Large
Tracy D. Brillos, CNMT; Missouri Valley Chapter
Tina M. Bauman, MS, CNMT, RT(N); Central Chapter
Teresa E. Ellmer-Buckley, CNMT; Mid-Eastern Chapter
Anthony W. Knight, MBA, CNMT, RT(N), NCT; Missouri Valley Chapter

Delegate-at-Large (continued)
Cindi Luckett-Gilbert, MHA, CNMT, FSNMTS; Southeastern Chapter
Lauri Mixon, CNMT, RT(R); Mid-Eastern Chapter
Aaron Scott, BS, CNMT; Southeastern Chapter
Aileen M. Staffaroni, MS, CNMT; Central Chapter

The SNM national election will open on April 4, 2011, and close May 12, 2011, at midnight (ET). All SNMTS voting members will receive an e-mail from the SNM election company with the specific information to log-in and vote. Please be sure to check your spam filter during this time ensure delivery of your ballot. If you do not receive your ballot during this time period, please contact Nikki Wenzel-Lamb at nwenzel@snm.org.

Thank you in advance for your participation in the 2011-2012 SNMTS national election. We wish all our candidates good luck!
Advocacy Corner continued from page 3

day without seeing a headline that says, “Congress is going to repeal health care reform.” While it makes for a good news story, repeal of the Patient Protection and Affordable Care Act is not likely. There will be serious effort and attention, however, given to the repeal of certain aspects of reform that were enacted last year, including particular emphasis on individual rights issues such as the mandate to purchase insurance.

The new leadership in the House has committed to cut spending by $100 billion compared to what President Obama requested for the current fiscal year. This will have an impact on many bills, including the U.S. Department of Energy funding for basic nuclear medicine research which, in previous years, has resulted in breakthrough improvements in the practice of nuclear medicine. Spending cuts will also place greater scrutiny on any piece of legislation introduced. The new rules of the House require each bill have a financial impact statement; if you are going to spend money, you have to say how you are going to pay for it.

As all of us know, the CARE bill was introduced to require those who perform medical imaging and radiation therapy procedures to meet minimum federal education and credentialing standards in order to participate in the Medicare program. Thus, medical imaging procedures, as well as radiation therapy treatments for patients covered under these programs, would need to be performed by those who meet these federal standards in order to be eligible for reimbursement. The legislation is strongly supported by the Alliance for Quality Medical Imaging and Radiation Therapy, a coalition of 20 radiologic science organizations—including SNM—representing 350,000 imaging technologists, radiation therapists, medical assistants and others in all 50 states.

I know we have all been frustrated by the pace of progress of this

New Publications Offer Enhanced Reading and Educational Opportunities

The SNMTS Publications Committee is proud to announce four new publications designed to support the educational advancement of students, residents and those working in the field of nuclear medicine and molecular imaging.

The updated Practical Mathematics in Nuclear Medicine Technology, 2nd edition, is an excellent resource for those preparing for a career in nuclear medicine and molecular imaging. Subjects covered in the soft-copy second edition include: basic math skills for nuclear medicine technology, statistics, radiation safety, instrumentation, radiopharmacy and clinical procedures. Word problems allow the reader to calculate real life problems that occur in the clinical environment or may be posed on certification exams. Simple, straightforward explanations of the correct answers help to make sense of even the most confusing calculations. Practical Mathematics in Nuclear Medicine Technology is available now for purchase!

The newly updated Steves’ Review of Nuclear Medicine Technology: Preparation for Certification Examinations is a “must-have” study guide for students preparing for their certification examinations and can serve as an excellent reference source for a quick summary of the latest techniques in nuclear medicine technology. Topics include radiation safety and protection, patient care, instrumentation, diagnostic imaging, nuclear oncology, electrocardiology, radiopharmaceuticals and interventional drugs, and new therapeutic agents. Additionally, hundreds of questions and answers that mirror the structure of the national certification examinations provide those preparing to sit for their exams with an opportunity to assess current knowledge by taking the practice examinations included in the study guide. Steves’ Review of Nuclear Medicine Technology is a proven performance booster and will be available for purchase on April 1, 2011.

The Russian translation of A Patient’s Guide to Nuclear Medicine Procedures is designed to assist nuclear medicine technologists, receptionists and schedulers in effectively communicating with their Russian-speaking patients. This pocket-sized version describes nuclear medicine procedures in very simple terms in both English and Russian. It is a valuable tool that medical personnel can use to help educate patients about the steps involved with more than 30 specific nuclear medicine procedures. The book is concise, easy to read and understand, and can be customized to meet the variations found in each institution. This publication will be available for purchase this spring.

Nuclear Cardiac Imaging: Terminology and Technical Aspects, 2nd edition, has been updated and revised for 2011. This latest edition focuses on the basic principles and technical aspects of nuclear cardiology including pharmacological stress, myocardial perfusion imaging protocols, image processing/reconstruction, gated blood pool SPECT, cardiac PET imaging, pharmaceuticals for the cardiovascular system and radiation safety. It is an ideal resource to assist entry-level technologists, nuclear medicine and radiology residents and cardiac fellows in achieving full comprehension of the technical aspects and practice of nuclear cardiology. This publication has been approved for 13.0 VOICE (Category A) credits. Nuclear Cardiac Imaging: Terminology and Technical Aspects, 2nd Edition is available now for purchase!
Palm Springs: It’s Not Just for Golf Anymore!

By David Perry, CNMT, PET, FSNMTS

For those of us from the North and East, and even parts of the South, the 2011 SNM Mid-Winter Meeting in Palm Springs, Calif., was a welcome relief from the cold and snow. The afternoon temperatures in Palm Springs during the meeting were in the high 70s with cloudless skies. But balmy weather and even good golf are not the reasons why hundreds of physicians, scientists and technologists gathered in the “Golf Capital of the World” January 20-23, 2011.

Mid-Winter Meeting activities began on Thursday, January 20, with educational sessions sponsored by SNM, the new American College of Nuclear Medicine (www.acmmonline.org) and the SNM Clinical Trials Network. Educational sessions sponsored by these same three groups were joined by additional sessions sponsored by the Center for Molecular Imaging Innovation and Translation on Friday, January 21, and were then followed by sessions conducted by SNM and SNMTS throughout the remainder of the weekend. In all, the hardcore technologist seeking as many continuing education (CE) credits as possible could have participated in more than 32 hours of CE activities in this four-day weekend.

While the CE activities held the attention of most attendees, they weren’t the only thing happening at the Mid-Winter Meeting. The SNMTS National Council of Representatives (NCOR), a group of technologists elected to represent the membership of SNMTS in governance affairs, met on Friday. The speaker of the NCOR, Brenda King, CNMT, FSNMTS, called the meeting to order shortly after 8:00 a.m. After introductions and some of the parliamentary formalities were completed, the group heard reports about the current financial status, membership, and meeting site selection opportunities for the next several years. The NCOR also considered two candidates nominated for Fellow status with SNMTS (congratulations Peggy Squires and Dan Guarasci, who were awarded Fellow status), and Michael Allen Kroeger was elected to assume the NCOR speaker position following the SNM Annual Meeting in June.

Once the preliminary reports and associated discussions were completed, the NCOR meeting broke out into five smaller groups to discuss particular topics of interest and importance to the SNMTS membership. The topics for discussion included the technologist job market, training for technologists and CT certification, state health policy, costs of meetings and membership, and distance learning. After approximately an hour of discussion in these smaller groups and a break for lunch, the leaders provided a preliminary report back to the NCOR about what was discussed, as well as proposed action plans. Please look for more about what these groups decided and the action plans put forth in future issues of Uptake.

After the break-out group reports, the NCOR heard brief reports from several liaison groups associated with nuclear medicine technology, including the American Registry of Radiologic Technologists, the American Society of Radiologic Technologists, the Joint Review Committee on Educational Programs in Nuclear Medicine Technology, the Nuclear Medicine Technology Certification Board, the Intersocietal Commission for the Accreditation of Nuclear Laboratories, and the SNM Education and Research Fund. These were followed by reports from the SNMTS and SNM leadership and informational reports from the chapters and the specialty area representatives.

This year’s NCOR meeting was very business-like and concise. We look forward to final reports from the break-out groups regarding how SNMTS will continue its work to address the key issues facing nuclear medicine technologists today.

In keeping with SNMTS efforts to streamline the governance meetings at the Mid-Winter Meeting, only a few committees with urgent business met following the NCOR meeting. The Management Fee Task Force met Friday afternoon to resume negotiations with SNM about future strategies for keeping management costs in line and then met with the SNMTS Finance Committee to discuss progress. The SNMTS Educators Committee met to discuss continued strategies to help nuclear medicine technology education programs transition to four-year baccalaureate programs, as well as to discuss the current status of the Nuclear Medicine Advanced Associate (NMAA) program. Also, the SNMTS JNMT Editor Task Force met to interview candidates for the new JNMT editor, to assume the position January 1, 2012. Afterwards, the SNMTS Publications Committee met to hear and discuss the recommendations of the task force and to vote on a final recommendation to make to the SNMTS Executive Board. The Executive Board met on Saturday, January 22, and you can read about their JNMT editor decision on page 2 of this issue.

All in all, this was another successful SNM Mid-Winter Meeting. There were an abundant number of CE opportunities available in a wide variety of topic areas, and some important governance issues were addressed in an efficient, yet decisive manner. On top of that, the weather was gorgeous. What a great opportunity for a pleasant and productive winter break.
In 2005, SNMTS passed a resolution to have a baccalaureate degree as the minimum degree requirement for entry-level nuclear medicine technologists beginning 2015. Since that time, the SNMTS Educator's Committee has held meetings and working groups with various schools to develop models to assist them with this transition. Currently, nuclear medicine technology is taught at the certificate, associate degree and the baccalaureate degree levels. The resolution that was passed was in no way meant to close existing schools, but rather to show a commitment to increase the knowledge base of nuclear medicine technologist students moving forward.

To demonstrate SNMTS' commitment to this endeavor, the SNMTS Advisory Board was created last year to assist schools in making this transition. During the 2009-2010 academic year the Advisory Board, with approval from the Educators' Committee and Board of Directors, selected three schools to enter the pilot program to make the transition to a baccalaureate level: Florida Hospital College of Health Sciences (FHCHS), Northwestern Memorial Hospital (NMH) and Southeast Technical Institute (STI). The schools were selected because the program directors were actively involved in SNMTS and had expressed an interest in making the transition for the program at their school. In addition, the schools represented three different educational delivery models and were geographically spread throughout the country.

FHCHS, located in Orlando, Fla., was an associate degree program. The college did offer bachelor's degrees, but many of the allied health programs were at the associate degree level. NMH, in Chicago, Ill., is a hospital-based program that had an agreement with regional colleges to offer the bachelor's degree, but also offered a certificate for individuals without a bachelor's degree. STI in Sioux Falls, S.D., offered an associate degree as a traditional community college.

Kathy Hunt, MS, CNMT, was the SNMTS liaison to FHCHS and worked with Joe Hawkins, MS Ed, CNMT, the program director at the college. After consulting with FHCHS administration and obtaining approval, the baccalaureate curriculum, along with a transition timeline was developed. FHCHS will make the transition from an associate degree program to offering a Bachelor of Science degree beginning spring 2011. Additional information can be found on FHCHS' Web site at www.fhchs.edu.

David Gilmore, MS, CNMT, NCT, RT(R)(N), FSNMTS, was the SNMTS liaison to NMH and worked with Nancy McDonald, CNMT, the program director there. The arrangements NMH had with regional colleges and universities will remain in place to continue to offer a bachelor's degree. NMH has also converted their certificate program to a post-baccalaureate certificate, meaning that students will have to have a bachelor's degree along with the prerequisites to apply to the program. This transition will take effect beginning for the class entering NMH in 2011. Program requirements can be found at www.nmh.org.

Kristen Waterstram-Rich, CNMT, FSNMTS, was the SNMTS liaison to STI and worked with Doug Warner, CNMT, the program director at STI, as well as college officials from both STI and the University of South Dakota (USD). Because of this pilot program, STI has created a more comprehensive agreement for all of their allied health programs and the health science program at USD. The forward and reverse affiliation agreement between STI and USD have "revolutionized the opportunities" in health care careers for both institutions. STI students who have earned an associate degree in any of the health care programs can complete their bachelor's degree in Health Science at USD. In addition, any Bachelor of Health Science degree student can complete their Bachelor of Science degree while attending STI for their associate degree. STI's website is www.southeasttech.edu.

All three of these program directors will be presenting their experience during the Educator's Forum at the SNM Annual Meeting in San Antonio. Details that will be covered in the presentation include the challenges and opportunities each of the programs faced in developing their model and how their experience may help others in similar situations.

Congratulations to all three schools! SNMTS looks forward to working with them as the next group of schools begins to make the transition. This year, the SNMTS Advisory Board solicited schools to participate in the second pilot group via an application. The schools chosen to participate are Gateway Community College in Phoenix, Ariz., Chattanooga State Community College in Chattanooga, Tenn., and Research Medical Center in Kansas City, Mo.
SNMTS Session Highlights

Here’s a snapshot of technologist focused sessions at this year’s annual meeting. These sessions and seminars allow you to learn from the best and brightest in nuclear medicine technology, and get the latest information and resources you need to excel as a nuclear medicine technologist.

Technologists Categorical Seminars • Saturday, June 4, 2011

These full-day seminars provide you with a deeper level of understanding on a single topic of clinical or academic interest.

Topics include:
- Cardiac SPECT & PET 2011: Basic Reviews and Updates
- General Nuclear Medicine: Potpourri
- PET: Welcome to Big 12 Conference

SNMTS Continuing Education Sessions*

For complete SNMTS session information, visit www.snm.org/meetingplanner

<table>
<thead>
<tr>
<th>TRACK</th>
<th>Saturday June 4</th>
<th>Sunday, June 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>Practical Nuclear Cardiology</td>
<td>Optimizing Cardiac Imaging</td>
</tr>
<tr>
<td>Brain/Neuro</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td>Leadership: Part I</td>
</tr>
<tr>
<td>PET/CT</td>
<td>PET/CT: Part I</td>
<td>PET/CT: Part II</td>
</tr>
<tr>
<td>Coding &amp; Reimbursement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Molecular Imaging</td>
<td></td>
<td>Introduction to Molecular Imaging</td>
</tr>
<tr>
<td>Radiopharmacy &amp; Radiation Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear Medicine Advanced Associates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy/Oncology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocacy</td>
<td></td>
<td>How Is the SNMTS Helping the Profession?</td>
</tr>
</tbody>
</table>

*As of March 11, 2011
**SNMTS Special Sessions**

**Thursday, June 2, 2011**  
NCT Review & Mock Exam

**Friday, June 3, 2011**  
NCT Review & Mock Exam

**Saturday, June 4, 2011**  
NCT Review & Mock Exam  
Student Technologist Registry Review - Day 1  
Educators’ Forum I+II  
JRCNMT Forum

**Sunday, June 5, 2011**  
Student Technologist Registry Review - Day 2  
Educators’ Forum III  
Technologist Plenary

**Tuesday, June 7, 2011**  
SNMTS Technologist Business Meeting “Are You Smarter Than a Technologist Student”

<table>
<thead>
<tr>
<th>Monday, June 6</th>
<th>Tuesday, June 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrediting Your Lab: How to Survive the Process</td>
<td>Nuclear Cardiology: A Look at the Future</td>
</tr>
<tr>
<td>Brain/Neurology: Part I</td>
<td>Brain/Neurology: Part II</td>
</tr>
<tr>
<td>Leadership: Part II</td>
<td>Brain/Neurology: Part II</td>
</tr>
<tr>
<td>PET/CT: Part III</td>
<td>Brain/Neurology: Part II</td>
</tr>
<tr>
<td>Coding &amp; Reimbursement</td>
<td>Brain/Neurology: Part II</td>
</tr>
<tr>
<td>Pediatrics: Part I</td>
<td>Brain/Neurology: Part II</td>
</tr>
<tr>
<td>Current Problems, Controversies and Techniques in Nuclear Medicine: Part III</td>
<td>Brain/Neurology: Part II</td>
</tr>
<tr>
<td>Current Problems, Controversies and Techniques in Nuclear Medicine: Part IV</td>
<td>Brain/Neurology: Part II</td>
</tr>
<tr>
<td>MI and Human Applications</td>
<td>Brain/Neurology: Part II</td>
</tr>
<tr>
<td>Radiation Safety and Radiopharmacy: Part I</td>
<td>Brain/Neurology: Part II</td>
</tr>
<tr>
<td>Image Gently</td>
<td>Brain/Neurology: Part II</td>
</tr>
<tr>
<td>NMAA: Part I and II</td>
<td>Brain/Neurology: Part II</td>
</tr>
<tr>
<td>Therapy Applications in Nuclear Medicine — Today and Tomorrow</td>
<td>Brain/Neurology: Part II</td>
</tr>
<tr>
<td>Therapy/Oncology</td>
<td>Brain/Neurology: Part II</td>
</tr>
<tr>
<td>Update on Non-Medical Issues Affecting Nuclear Medicine</td>
<td>Brain/Neurology: Part II</td>
</tr>
</tbody>
</table>
Pharmacologic stress taking too much time?
www.simplifythestress.com