SCBT-MR Spotlight

SCBT-MR Quarterly Newsletter

Editors: SCBT-MR Communications Committee

Summer | 2013

IN THIS ISSUE

President's Address

Dear Society Members and Fellows,

Welcome to the Summer 2013 issue of Spotlight. The featured article, by ABR Trustee and SCBTMR fellow Dr. Ella Kazerooni, is a valuable summary of our new MOC requirements, including Continuous Certification, Public Reporting, and Self-Assessment CME.

Remember to register for the 36th Annual Masters in Body Imaging Course, to be held in beautiful Tucson, AZ from Oct. 12-16, 2013.

I wish you all a happy 4th of July and a relaxing summer.

Best wishes,
Leslie Quint, President

New in Maintenance of Certification (MOC) at the American Board of Radiology: Continuous Certification, Public Reporting, and Self-Assessment CME

Ella A. Kazerooni, MD, MS
ABR Trustee, Cardiopulmonary Imaging
Professor, Associate Chair for Clinical Affairs &
Director of Cardiothoracic Radiology
University of Michigan

And

Donna Breckenridge
ABR Communications Director

"Thank you to the generosity of the AAWR and Dr. Kazerooni for this timely and important article first appearing in the June 2013 AAWR Focus newsletter"

Established in 1934, the mission of the American Board of Radiology (ABR) is to serve patients, the public, and the medical profession by certifying that its diplomates have acquired, demonstrated, and maintained a requisite standard of knowledge, skill, understanding, and performance essential to the safe and competent practice of diagnostic radiology, radiation oncology, and medical physics. The ABR is one of 24 Member Boards of the American Board of Medical Specialties.

There are many new initiatives underway regarding initial certification of diagnostic radiology residents, with the first computer-based, image-rich, integrated clinically relevant physics core exam being given this year at the new ABR test centers in Chicago and Tucson, with the last and largest oral examination for diagnostic radiology given this past June. Examiners reminisced about the legend of the oral exams and welcomed the new computer-based test era. The ABR IT operation has grown in depth and breadth to support all of the needs of certification, exam delivery and launched a new ABR website this year with a new individual interface for trainees and diplomates called "myABR."

Over the past year, the American Board of Radiology (ABR) has implemented new policies related to Continuous Certification, Public Reporting, and Self-Assessment CME (SA-CME) which impact all ABR diplomates, and in particular, those of you who are enrolled in MOC. The basic features of these three interrelated MOC policies are described here. These changes came about for various reasons, from making it simpler for anyone in MOC to meet the requirements, to public perception of what it means to be a diplomate of an ABMS member board like the ABR, including trends of increased transparency and knowing that ABR diplomates are continuously maintaining their knowledge.

1) Continuous Certification

Continuous Certification, implemented in 2012, links the ongoing validity of certificates to meeting the requirements of Maintenance of Certification (MOC). Under the new process, ABR certificates no longer have "valid-through" dates. Instead, on each new and renewed certificate, the effective date is noted, accompanied by the statement that "ongoing validity of this certificate is contingent upon meeting the requirements of Maintenance of Certification."

In March of each year, the ABR look backs at the previous 3 calendar years to determine if each diplomate is meeting the requirements of MOC for CME, Self-Assessment, and PQI activities. Because this is a new process, the ABR is providing its diplomates with the time needed to complete these. Therefore, for current MOC participants, the first "full" annual look-back will occur in March 2016 and will continue on an annual basis thereafter. New diplomates will have their first full annual look-back in March of their 4th year of MOC participation. Professional standing (licensure) is still evaluated annually, and the MOC exam must be passed every ten years.

Tables outlining the Continuous Certification look-back process and requirements can be found on the ABR public website: Diagnostic Radiology, Radiation Oncology, and Medical Physics.

Advantages of Continuous Certification

- Two or more time-limited certificates are automatically synchronized into one MOC cycle, based on the date of the most recent certificate. This is particularly helpful to individuals with a CAQ.
- The number of CME and Self-Assessment CME credits diplomates may obtain and count per year is unlimited. So, if a diplomate has a year—or even two—in which it is difficult to meet requirements, he or she may obtain and report as many credits as needed in the third year.
- With the new system, it is more difficult to fall behind. The ABR sends automatic reminders to help diplomates avoid delay and the stress of trying to meet all their requirements in a very short period of time.
- A diplomate may take the MOC exam at any time, as long as the MOC (or certifying) exam was passed no more than 10 years ago.

Frequently Asked Questions about Continuous Certification

1. I completed CME, self-assessment, and PQI activities in 2012. Will these credits be counted? Yes. MOC Part 2 activities completed in 2012 will count toward your first look-back in 2016. Therefore, this one-time exception will include credits completed during 4 calendar years (2012-2015). Even though 4 years will be counted instead of three, you will need to complete only 3 years' worth of requirements.
2. I took my MOC exam early. Will my 10-year exam requirement be reset? No. If your certificate expires in 2012, 2013, or 2014,

and you have already passed the MOC exam, the date of your exam passage will be attributed to the valid-through date of your 10-year certificate. The new certificate that is issued will not have a valid-through date.

3. I have a 10-year certificate with a "valid-through" date. What happens if I don't meet the new Continuous Certification requirements? If you were previously in a 10-year cycle, the ABR will honor your certificate through the "valid-through" date listed, irrespective of your MOC activity. (For more information concerning the implications on publicly reported MOC status, see the frequently-asked questions below.)

2) Public Reporting of Diplomate Status

In addition to the compelling professional reasons, keeping current with MOC requirements is important because in March 2013, the American Board of Medical Specialties (ABMS) began reporting on its public website (www.certificationmatters.org) whether or not each ABR diplomate is meeting MOC requirements for each certificate held. The three public reporting categories that may be attributed to each diplomate listed on the ABMS website are:

- Meeting the requirements of Maintenance of Certification
- Not meeting the requirements of Maintenance of Certification
- Not required to participate in Maintenance of Certification (for lifetime-certified diplomates.)

The ABMS website also refers users to the ABR website (www.theabr.org), where further information regarding certification status can be found. The ABR's website has been enhanced to include its own online verification database of ABR diplomates.

Frequently-Asked Questions about Public Reporting

1. What if I don't meet my MOC requirements at the Continuous Certification look-back? A built-in "catch-up" period of one year allows time to make up missing requirements while being classified as "certified, not meeting the requirements of Maintenance of Certification." If you make up your requirements, you will again be reported as "meeting the requirements of Maintenance of Certification." If you have not met MOC requirements after the catch-up year, you will be reported as "certificate lapsed."

2. What if I have an older 10-year certificate with a "valid-through" date, but I don't meet requirements under Continuous Certification? If you continue not meeting MOC requirements at the annual Continuous Certification look-backs, you will be reported as "certified, not meeting requirements of Maintenance of Certification" until your certificate expires. No diplomate with a valid certificate will be reported as "certificate lapsed."

3. What if I have a lifetime certificate, but I'm not enrolled in MOC? You will be reported as "not required to participate in Maintenance of Certification." If you decide to enroll, you will receive a "letter of MOC enrollment" as soon as you complete the application process, and you will then be reported on the ABMS and ABR websites as "meeting the requirements of Maintenance of Certification." When you meet the first three-year look-back requirements in March of your4th year of MOC participation, you will be issued an MOC certificate. Your first look-back for the MOC exam will be in year 10 following enrollment. If at any look-back you fail to meet MOC requirements, your public reporting status will revert to "not required to participate in Maintenance of Certification."

3) Broader acceptance of activities for MOC Part 2 (Self-Assessment CME)

Beginning January 1, 2013, separate requirements for CME credits and self-assessment modules (SAMs) were merged into a single requirement: 75 CME credits every three years, at least 25 of which must be self-assessment CME (SA-CME) credits. At the same time, the definition of SA-CME was expanded to include more than just ABR-qualified SAMs. Now, the ABR also counts credits for completion of all AMA

Protocols

SCBT-MR's Online directory

Did you know that SCBT-MR now has a robust directory of protocols?

VIEW PROTOCOLS

Do you have protocols to add to the directory?

SUBMIT A PROTOCOL

SCBT-MR Newsletter Team

Eric Tamm, MD, Chair

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Gaiane M. Rauch, MD, PhD

Garrett K. Andersen, MD

Priya Bhosale, MD

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SCBT-MR SPOTLIGHT has the following submission deadlines:

WINTER – November 30
SPRING - February 28
SUMMER - May 31
FALL - August 31

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Reston, VA 20191
703-476-1117 info@scbtmr.org

Category 1 CME activities in "enduring materials" (including web-based and print) and "journal-based CME" formats toward the MOC SA-CME requirement.

AMA Category 1 CME activities performed in person or remotely, as in the case of teleconferences or "live" Internet activities; do NOT automatically count as self-assessment CME. For these types of CME activities to count as self-assessment CME credit, the organizations that create them must submit them for review and approval through the ABR qualification process. If accepted, these activities will be qualified by the ABR as SAMs and will count as self-assessment CME.

More detailed information about SA-CME can be found on the ABR public website: Diagnostic Radiology, Radiation Oncology, and Medical Physics.

Frequently-Asked Questions about Self-Assessment CME (SA-CME)

1. Does this mean I have to complete 25 SAMs every three years? No. You are required to complete at least 25 SA-CME credits every three years as part of your total requirement of 75 Category 1 CME credits.

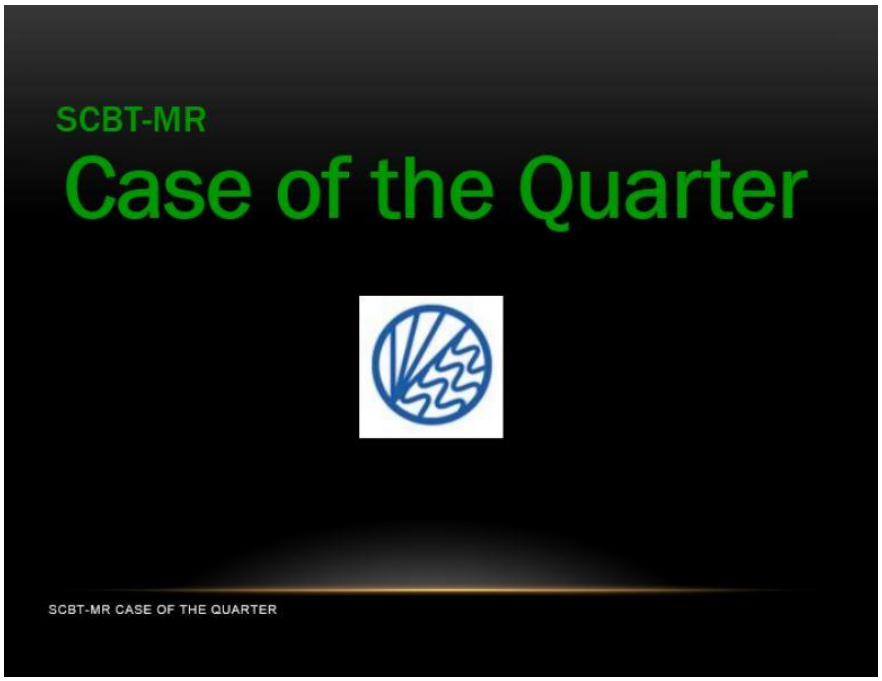
2. What counts toward the 25 SA-CME credits? SA-CME credits include 1) credits from completing ABR-qualified SAMs and/or 2) credits for completing AMA Category 1 CME activities in "enduring materials."

3. Why doesn't the ABR count credits from teleconferences or "live" Internet activities as SA-CME credits? According to AMA policy for CME, these activities may not include certain features that would qualify them for use as self-assessment tools. For more information on AMA CME policies, please click here.

Any questions related to Continuous Certification, public reporting, or SA-CME requirements may be directed to the MOC Services Division at abrmocp@theabr.org, or (520) 519-2152.

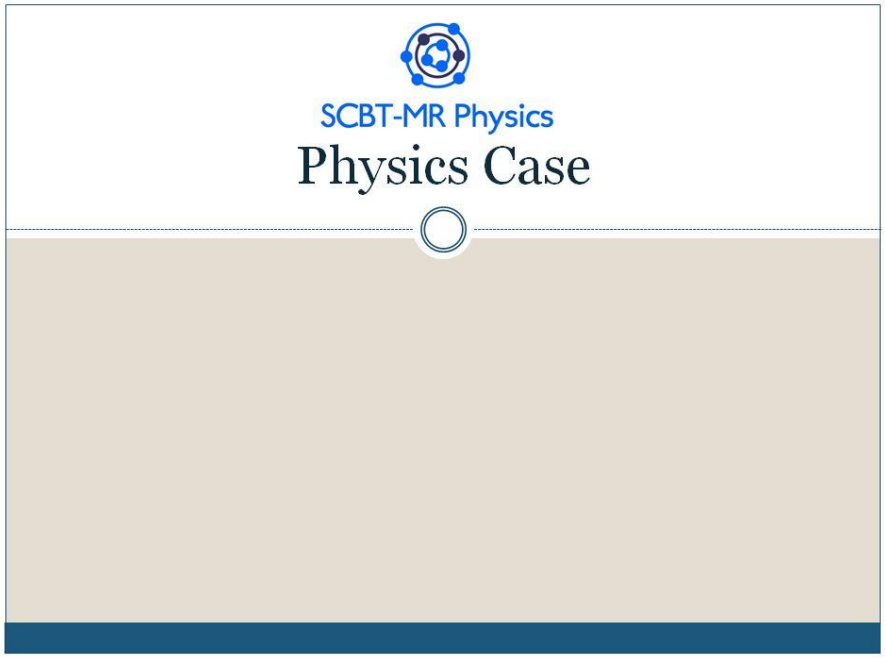
We hope you find this information helpful in understanding the most recent changes in ABR practices and policies that impact you as ABR diplomates, and in your successful MOC journey with the ABR for the future.

Case of the Quarter



JUNE 2013

Click on Link Above to view.



SCBT-MR Physics

June Case

Click on Link Above to view.

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SCBT-MR Member News

- Have you received a recent promotion?
- Or a new appointment at your institution?
- Have you received an award or professional recognition?

Congratulations to **Dr. Erik Paulson** who was named Chairman of the Department of Radiology at Duke University School of Medicine. Read the press release

SEND US YOUR MEMBER NEWS!

SCBT-MR Physics

PHYSICS TIP of the DAY

Pregnant employees can work around the MR environment but are requested not to remain within the MR scanner bore or Zone IV during actual data acquisition or scanning. The MR zones are defined as follows:

- Zone I - areas that are freely accessible to the general public (i.e. radiology or MRI reception)
- Zone II - areas where patients are greeted for MRI but under supervision of MR personnel.
- Zone III - area strictly controlled by MR personnel (console area outside the MR scanner magnet room).
- Zone IV - MR scanner magnet room itself.

Reference: ACR Guidance Document on MR Safe Practices: 2013, JOURNAL OF MAGNETIC RESONANCE IMAGING 37:501–530 (2013)

Remember to use these Important Website Resources:

- Ask the Experts – Ask SCBT-MR's most experienced Fellows questions that you come across in your daily practice. Click Ask the Experts to submit a question: yours may be chosen for the next newsletter!
- Ask the Physicist – Click Ask the Physicist to submit a question: yours may be chosen for the next newsletter!
- Member News - Have you been promoted, moved to a new position, etc. – help us to inform your colleagues in the field, submit your news here: Member News
- Post your Fellowship on our new Directory: We are currently implementing an online fellowship directory to provide detailed information on available fellowship programs in Body Imaging. You can now post your program's body/cross-sectional fellowship on our online directory by clicking here Submit a Fellowship
- News Feed - Let SCBT-MR rustle through numerous RSS feeds finding the articles and news you need to know. Come to the SCBT-MR homepage at www.scbtmr.org to read all the latest news.
- Protocols – View over 45 CT and MRI protocols submitted online by SCBT-MR members and meeting faculty. View

SCBT-MR's Online Fellowship Directory

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Program Directors

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QUESTION

"I work in a large community hospital on Long Island and we are developing a comprehensive cancer care program. I find that referring clinicians do not always know which studies to order for cancer staging. I am a body imager and trying to find out if there are "Imaging Algorithms" anywhere that I can adopt to help direct them. I know there is controversy around some issues but general guidelines for the main tumors of the chest, abdomen and pelvis would be incredibly helpful."

ANSWERS

Fellow Responses

Eric Tamm, MD
MD Anderson Cancer Center, Abdominal Radiologist

It is difficult to provide a single source that will give you all that the information that you would need to provide comprehensive guidance to your referring clinicians regarding the best techniques, time intervals, etc. for imaging their oncologic patients.

A good place to start is the ACR guidelines which gives appropriateness criteria for which imaging modality should be utilized for which conditions. The next approach might be to then find recommendations regarding imaging strategies for staging, treatment response, and surveillance.

There are several sources to consider for finding such information. One is the recommendations of societies, usually available online, that are most heavily involved with a given tumor. Examples would be the National Cancer Center Network (NCCN), and the American Society of Clinical Oncologists (ASCO) for several tumor types. For example, both give guidelines with regard to use of tumor markers, CT, and colonoscopy for surveillance of colon cancer patients. NCCN provides detailed algorithms including approaches for diagnosis, therapy, and surveillance incorporating cross-sectional imaging (endoscopic ultrasound, CT, MRI) and tumor markers for pancreatic cancer. The American Urology Association, and the American Association for Endocrine Surgeons, can be helpful, for example, for recommendations for management of tumors of the genitourinary tract (renal, adrenal, etc.).

Another approach is to examine the literature. For example, the 'International Consensus Guidelines for the Management of IPMN' by Tanaka et al. (Pancreatology, 2012) and "Diagnosis and Management of Cystic Pancreatic Lesions," by SCBTMR Fellow Dushyant Sahani and colleagues (AJR, Feb. 2013) are very helpful for the management of pancreatic cystic lesions.

Recent comprehensive oncologic imaging textbooks such as Oncologic Imaging: a Multidisciplinary Approach, (Silverman et al.) and Oncologic Imaging: Essentials of Reporting Common Cancers (Hricak and Husband) also provide a good starting point for getting an understanding of the use of imaging strategies for a variety of tumor types.

It also would be helpful to meet with your oncologists, surgeons, radiation oncologists, etc. to get a sense of what approaches they like to follow for their particular patient populations. I have found attending multidisciplinary oncology conferences at my institution has provided an opportunity to learn about real world challenges as well as an opportunity to establish professional relationships.

Finally, I would like to take a moment to thank Isaac Francis (University of Michigan), and Raghu Vikram and Bharat Raval (MD Anderson Cancer Center) for providing recommendations incorporated above.

Reginald Munden, MD
MD Anderson Cancer Center, Chest Radiologist

In many cases with tumors of the chest, there is a general understanding of an imaging approach but not detailed guidelines. For example, all oncologic imaging of the chest is predominantly with CT, usually at 3 mm slice thickness, or less, with multiplanar reconstructions. Many advocate

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maximum intensity projection images or MIPs to see nodules better. Intravenous contrast is preferred.

Lung cancer staging typically now also includes PET/CT which also may be used for reevaluation following treatment though the ability to obtain a post-treatment evaluation may depend on insurance coverage. When approved, PET/CT can also be used for small cell tumors as well as mesothelioma. For Pancoast type lung tumors, MRI may be used as a supplement to CT to evaluate the brachial plexus if a surgical approach is anticipated.

In contrast, MRI is not considered useful for the evaluation of diaphragmatic involvement by mesothelioma. Cardiac tumors are usually worked up by MRI but some individuals are using CT.

Do you have a question to Ask the Experts?

Click Ask the Experts to submit a question for consideration for the next newsletter.

With regard to surveillance after treatment, the approach seems to vary between institutions and depends on the individual oncologist and/or surgeon. The STILL trial that is currently under development will be looking at follow-up of lung cancer survivors. How often such follow-up imaging is done varies. Treatment trials usually have follow-up imaging after a certain number of cycles, often two cycles, but some institutions simply image pre-treatment and after all cycles of a given treatment are completed.

With regard to surveillance for people at increased risk for lung cancer, there are multiple sites that give recommendations including the NCCN, ASCO, ATS, AATS, and American Cancer Society.

Ihab Kamel, MD
Johns Hopkins, Abdominal Imager

Most clinicians rely on professional society guidelines in terms of recommendations for appropriate scans and exams, as well as when to follow up. However, many still rely on whatever local expertise available at each site dictates.

Here are general guidelines for HCC. The two major resources are the American Association for the Study of Liver Diseases (AASLD) and the European Association for the Study of the Liver (EASL). Below are some recommended articles:

- *APASL and AASLD Consensus Guidelines on Imaging Diagnosis of HCC: A review*. Tan CH, Low SC, Thng CH. Int J Hepatol 2011; Article ID 519783
- *EASL-EORTC Clinical Practice Guidelines: Management of HCC*. Journal of Hepatology 2012; Vol.56, 908-943
- *AASLD Practice Guideline: Management of HCC: An update*. Bruix J and Sherman M. Hepatology 2011; Vol 53 No 3.

In the case of recommendations for imaging of cholangiocarcinoma, there are fewer resources. The British Society of Gastroenterology guidelines were published in 2002 and recently revised. A good resource is:

- *Guidelines for the diagnosis and treatment of cholangiocarcinoma: an update*. Khan SA et al. Gut 2012; 61 (12): 1657-1669

In the case of metastatic disease, such as to the liver, the National Comprehensive Cancer Network (NCCN) is a good resource, depending on what primary is of interest. In the case of colorectal cancer the reference below is suggested:

- *NCCN Clinical practice guidelines in oncology: Colon Cancer*. Version 2.2012. NCCN.org. Has a section about imaging metastatic disease.

Another resource is:

- *Colorectal cancer: The diagnosis and management of colorectal cancer*. November 2011. NICE Clinical guideline 131. Guidance.nice.org.uk/cg131

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Abstracts 2013

The abstract submission deadline for the 2013 Annual Meeting was extended to June 16, 2013. Over 115 abstracts were received and all have been submitted to the SCBT-MR Research and Awards Committee for review. Notification of presentation will take place in Late July.

Some highlights for this year:

- 19 abstracts will be chosen for oral presentation during the October 12th Scientific Session.
- At least 40 abstracts will be chosen for traditional paper poster presentation
- 10 abstracts from the posters chosen will be selected as finalists.
- **NEW THIS YEAR** – Poster finalists will be asked to give oral presentations in the General Session Room. Presenters will present their poster with an accompanying Power Point presentation. The top 3 posters will receive award designations.
- All selected abstract titles will be listed in the September Issue of this newsletter.
- The Scientific Session will be held on **Saturday, October 12, 2013 from 1:00 – 5:00 p.m.** Each presenter will be allowed approximately 9 minutes for their presentation followed by 3 minutes for questions and discussion.

The Oral Poster Session will be held on **Sunday, October 13, 2013 from 1:30 – 2:30 p.m.**

SCBT-MR would like to thank all abstracts submitters for their abstracts and looks forward to presenting the research in October.

FACEBOOK DRAWING

Did you know that SCBT-MR has a Facebook page? **Like SCBT-MR** and be a part of the body imaging conversation.

HELP SCBT-MR to build its social media presence

Congratulations to

Albert Cho, MD

who was the recipient of a FREE Meetings-by-Mail 2012 Annual Meeting DVD-Rom

From our "Like SCBT-MR on Facebook" prize drawing.

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SCBT-MR-Members
2013 NEW ACR FELLOWS

Geoffrey D. Rubin, MD, FSCBT-MR

Geoffrey D. Rubin, MD is the George B. Geller Professor for Cardiovascular Research and the past Chairman of the Department of Radiology at the Duke University School of Medicine. Prior to joining Duke in 2010 he was Professor of Radiology, Chief of Cardiovascular Imaging, and the Associate Dean for Clinical Affairs in the Stanford University School of Medicine, where he pioneered the development of CT angiography.

Judy Yee, MD, FSCBT-MR

Judy Yee, MD is Professor and Vice Chair of Radiology and Biomedical Imaging at the University of California, San Francisco and Chief of Radiology at the San Francisco Veterans Affairs Medical Center. She is also Director of the 3D Imaging Laboratory. Dr. Yee received her medical degree from the Albert Einstein College of Medicine in New York. Dr. Yee is considered a pioneer of CT Colonography (Virtual Colonoscopy) and has extensive experience and numerous landmark publications in the field. She is on the Board of Directors of the Society of Abdominal Radiology (SAR) and will become President in 2015. Dr. Yee is Chair of the American College of Radiology (ACR) Colon Cancer Committee and a member of the Body Imaging Commission and the Gastrointestinal Appropriateness Criteria Panel. She serves as Chair of the Public Information Committee for the Radiologic Society of North America (RSNA). She has served on multiple committees for SAR, ACR, RSNA, SCBT-MR, and AAWR. She is on the Editorial Boards of Radiographics and JCAT and has served on the Editorial Boards for Radiology and AJR. Dr. Yee also serves as an active mentor for medical students, radiology residents, fellows, and faculty. She is the recipient of many awards including the Excellence in Teaching Award from the Academy of Medical Educators, the Visiting Professorship Award from the Society of Gastrointestinal Radiologists, and the Best Speaker Award from the American Roentgen Ray Society.

Dr. H. Page McAdams, MD, FSCBT-MR

Dr. H. Page McAdams, FSBCT-MR, was inducted as a Fellow of the American College of Radiology, at the May 2013 ACR-AMCLC Convocation. Dr. McAdams completed his undergraduate education at NC State University (Raleigh, NC) in 1982 and his medical degree at Duke University (Durham, NC) in 1986. Dr. McAdams completed internship at Walter Reed Army Medical Center (Washington, DC) in 1987, and, after completing residency in Diagnostic Radiology (1991) he joined the faculties of Walter Reed and the Uniformed Services University of the Health Sciences (Bethesda, MD). He returned to Duke University in 1994 where he rose through the faculty ranks and was named Professor of Radiology in 2004. His teaching, research and service activities have focused on thoracic imaging, having published over 120 peer-reviewed manuscripts and numerous book chapters on the subject. He served as a visiting lecturer at the AFIP from 1992 – 2002, as Chief of the Division of Cardiothoracic Imaging at Duke from 2007 – 2012 and was the president of the Society of Thoracic Radiology in 2006. He was named a fellow of the SCBT-MR in 2011 and of the American College of Chest Physicians in 2012.

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Ruth Darr Snow, MD

Ruth Darr Snow, a native of Columbia, SC, earned her MD at University of Arkansas for Medical Sciences. Her radiology residency and fellowship in Neuroradiology were earned at University of South Alabama. She served on the radiology faculty at University of South Alabama and later at University of Alabama at Birmingham. She is now in private practice in Birmingham, AL.

Julie Ann Gubernick, MD

Julie Ann Gubernick, MD graduated from University of Pennsylvania School of Medicine in 1990, and completed a residency in diagnostic radiology at Albert Einstein Medical Center in Philadelphia. She remained on staff at Albert Einstein until 1999, and since that time has been a staff radiologist at Lehigh Valley Health Network, where she is also serves as Chief of Chest Radiology and Medical Director of Lehigh Valley Diagnostic Imaging. She is a longtime member, executive committee member, and past president of the Philadelphia Roentgen Ray Society. She has served multiple terms as a councilor from the State of Pennsylvania to the American College of Radiology and is currently the secretary of the Pennsylvania Radiologic Society. Dr. Gubernick lives with her husband, Alan, in Maple Glen, PA and is the proud mother of 2 daughters.

Giles W.L. Boland, MD

Giles Boland is Vice Chair (Business Development) of the Department of Radiology at the Massachusetts General Hospital (MGH), Boston, MA a Professor of Radiology at Harvard Medical School and a Fellow of the American College of Radiology. His clinical area of expertise is within abdominal imaging, interests in liver and the pancreas, and particularly the adrenal gland. He is the sole author of the upcoming new edition of *The Requisites: Gastrointestinal Imaging*. He also directs several product lines at MGH including imaging centers, teleradiology and drug trial development a Principal of the Radiology Consulting Group, an imaging consulting service to Hospitals nationally and internationally. His current focus is the deployment of best practices across the Imaging Value Chain to help deliver better patient outcomes, particularly as it relates to personalized or precision medicine.

and

William L. Harrison, MD
University of Nebraska Medical Center

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Upcoming Events

Note from 2013 Annual Meeting Program Chair
Richard L. Ehman, MD

The SCBT-MR 36th Annual Masters in Body Imaging Course will be held in a stunning location in Tucson, Arizona from October 12 to 16, 2013. More than 50 expert faculty members will provide an exciting program of nearly 100 short presentations, workshops, roundtables, and interactive sessions. The course will focus on practical, timely, and cutting-edge topics in body, cardiovascular, and musculoskeletal CT and MRI and will provide a rewarding experience for attendees and faculty alike. Additionally, there will be many opportunities for informal discussion.

Leaders in the imaging industry will be in attendance at the on-site technical exhibition, and the course includes two receptions for all attendees. The meeting venue is the Hilton Tucson El Conquistador Resort, which features breathtaking views of the mountains and the colorful high Sonoran Desert. A remarkable array of unique attractions relating to the natural environment, history, aviation, and astronomy are nearby.

Please join us for a rewarding educational experience, a chance to see the latest advances and concepts in body imaging, and a wonderful change of pace at a beautiful venue.

2013 Annual Meeting

October 12 – 16, 2013
Hilton Conquistador Golf & Tennis Resort
Tucson, AZ

CME

Physicians
Up to 29.25 *AMA PRA Category 1 Credit(s)™*

Technologists
Up to 20.5 Category A credit hours of the ARRT

View Program

Meeting Information

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www.scbtmr.org