

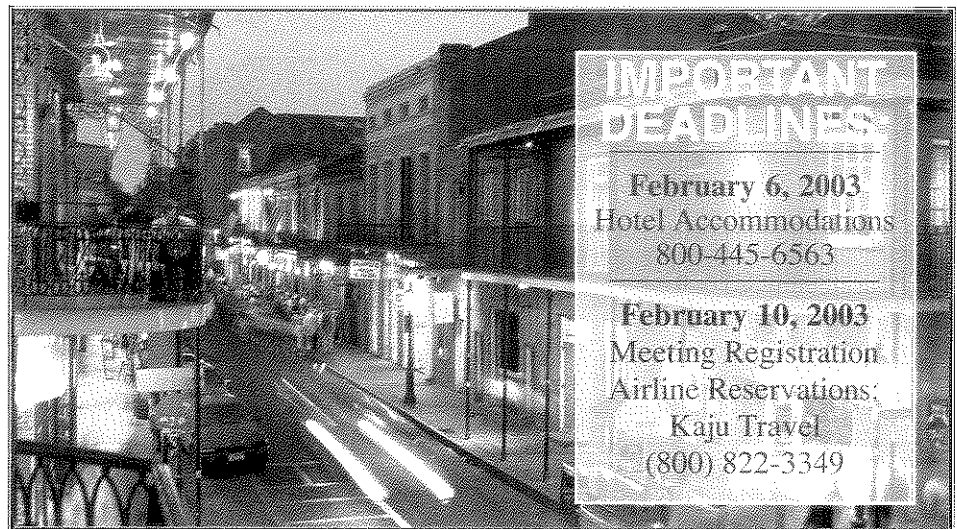
# AMERICAN SOCIETY OF NEUROIMAGING NEWSLETTER



January 2003

## 26TH ANNUAL MEETING MARCH 6-9, 2003 HOTEL INTER-CONTINENTAL – NEW ORLEANS, LOUISIANA

Register now! The 26th Annual Meeting promises to be the best educational event ever with over 50 scientific poster presentations, exhibitors featuring the latest in laboratory accreditation, MRI, transcranial Doppler and Optical Topography technology. Please visit our website at [www.asnweb.org](http://www.asnweb.org) for up-to-date information or for registration materials. You may also contact the ASN Administrative Office with any questions at (952) 545-6291.



### President's Address



**John B.  
Chawluk, MD**

It is hard for me to believe, but my two years serving as President of the ASN will end in just a few weeks.

First let me personally thank each of you for your support and assistance during my time as President. It has been a privilege and an honor to serve in this capacity.

I am happy to report that a lot has been accomplished in the past two years, but as usual, much is yet to be done. Active participation by a growing membership is the key to the long-term success of the ASN. I know that our incoming President, Dr. B. Todd Troost,

and all the ASN officers and staff welcome and request your input on ways to improve and expand the ASN.

In recognition of our efforts during my term as President I would like to refer back to my first ASN Presidential Address in July 2001. I commented on the "millennia" acronym to emphasize the role and mission of the ASN. The letters I chose to share with you were "M": Membership, "N": New mindset for Neurologists, and "L": Lab accreditation and physician certification. Please allow me to update you on these areas.

#### "M" Membership

The ASN experienced its largest influx of new members ever, 88 total, in 2002. My first job in the ASN was Membership Committee Chair in the late

1980's and I am pleased at how much the Society has grown. Although our record keeping has improved significantly in this department, it appears that membership has increased 20-25% over the past 10 – 15 years and should continue to grow even more rapidly over the next few years. The efforts made by each of you in recruiting your professional colleagues will ensure a strong Society for all of us.

#### "N" New Mindset for Neurologists

In 2002, the AAN, ANA, Association of University Professors of Neurology, Child Neurology Society, and Professors of Child Neurology joined forces to create the United Council for Neurologic

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# 26TH ANNUAL MEETING MARCH 6-9, 2003

## PROGRAM AT-A-GLANCE

Thursday, March 6, 2003

8:00 am – 2:00 pm	ASN Committee Meetings
3:00 – 6:00 pm	ASN Board Meeting
3:00 – 7:30 pm	Registration Open
6:00 – 7:30 pm	Welcome/Poster Stand-by Reception

Friday, March 7, 2003

6:00 am – 5:00 pm	Registration Open
6:30 – 8:00 am	MRI Physics
6:30 – 8:45 am	Applied Principles of Physics and Fluid Dynamics in Neurosonology
8:15 am – 12:30 pm	MRI Course (Part I)
9:00 am – 12:30 pm	Basic Neurosonology Course
8:00 am – 4:00 pm	Exhibits and Posters
12:30 – 2:00 pm	General Business Meeting
2:15 – 6:00 pm	Frontiers in Endovascular Interventional Neuroimaging
6:30 – 9:30 pm	Neurosonology Hands-on Workshop
6:30 – 9:30 pm	MRI Hands-on Workshop

Saturday, March 8, 2003

6:00 am – 4:00 pm	Registration Open
6:30 – 8:00 am	Practice Issues in MRI/CT
6:30 – 8:00 am	Practice Issues in Neurosonology
8:15 am – 5:30 pm	MRI Course (Part II)
8:15 am – 12:30 pm	Neurosonology Case Interpretation Course
2:00 – 5:00 pm	Pediatric Neurosonology Applications Course

Sunday, March 9, 2003

6:00 am – 12:00 pm	Registration Open
6:30 – 8:00 am	Role of MRI in the Management of Multiple Sclerosis
6:30 – 8:00 am	Multimodality Imaging in Acute Stroke
8:15 – 11:45 am	Integrated Neuroimaging
To Be Determined	Neurosonology Certification Examination
To Be Determined	MRI/CT Certification Examination

## SUPPORT ICAMRL

### *Why is it important for you to support the Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories (ICAMRL)?*

By Frank Hussey

Neurologists should be aware of the potential danger of having only one accreditation program – The American College of Radiology (ACR) - for MRI outpatient medical imaging facilities.

Prior to the formation of the Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories (ICAMRL), only those outpatient medical imaging facilities with radiologist medical directors and interpreting physicians were eligible for accreditation. This was despite appropriate educational background and MR training of other non-radiologist physicians. The ACR excluded Neurologists, Neurosurgeons, Cardiologists, Orthopedists and other specialists. As a result, with the support of the ASN and AAN as well as other specialty societies, the ICAMRL was established. The ASN and AAN are both founding sponsoring organizations of the ICAMRL.

After the formation of the ICAMRL, the ACR changed their policy and began accrediting facilities that employed non-radiologists as readers. As neurologists, we need to keep it changed and make certain that there is an alternative accreditation program that embraces other specialists by supporting the ICAMRL certification process.

The philosophy behind the creation of the ICAMRL is that all specialties involved in the performance and interpretation of magnetic resonance imaging should be included in the process of setting the standards for interpretation, examination performance, indications and equipment with the goal of working

together to develop an accreditation program that will ultimately benefit the patient.

Development of the ICAMRL accreditation program has been a relatively streamlined task due to the fact that the ICAMRL is managed under the umbrella of Intersocietal Accreditation Commission (IAC). The IAC has ten years of experience with developing and administering similar accreditation programs for other imaging modalities and offers an “intersocietal” approach to accreditation by uniting all involved specialties when developing an accreditation program.

**It is the philosophy of the Intersocietal Accreditation Commission that a single specialty should not set the standards for interpretation, performance, indications and equipment but rather all specialties should work together to develop standards and accreditation processes that will ultimately benefit the patient. Each of the IAC organizations has developed a comprehensive, peer-review accreditation program for its respective specialty and is recognized for providing a mechanism for facilities to voluntarily demonstrate their commitment to quality care.**

The other members of the IAC include the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL), the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) and the Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories (ICANL). All other IAC accreditation processes have been recognized, and in many cases

required, by Medicare carriers, third party payers, referring physicians and the public.

Through ICAMRL accreditation, all providers of magnetic resonance imaging, including cardiologists, neurologists, orthopedic surgeons and radiologists, now have a method for demonstrating the quality of care provided by their facilities.

The accreditation programs for magnetic resonance facilities offered by the Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories (ICAMRL) and the American College of Radiology (ACR) share some similarities but their differences are significant. The major difference between the two programs is in the underlying concept and focus of review. The ICAMRL is “multispecialty” and the ACR is “single “ specialty.

The ICAMRL accreditation program places emphasis on the evaluation of the final product produced by the MR facility: the magnetic resonance examination and its report.

In particular, the case studies are crucial to the determination of compliance with the Essentials and Standards and are the basis for the judgement of the quality of work that the facility is performing.

You can obtain more information on the ICAMRL Web site at [www.icamrl.org](http://www.icamrl.org).

To order materials, go to: <http://www.icamrl.org/ordermaterials.htm>

## President's Address

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Subspecialties. The UCNS is an independent, non-profit organization whose mission is to enhance the quality of subspecialty training in Neurology, and provide certification for physicians trained in neurologic subspecialties. While the UCNS is still in the development stage, it will be a major ally in recognition of the ASN's credentialing examinations for years to come.

### **"L": Lab Accreditation and Physician Certification**

The ASN's MRI/CT and Neurosonology examinations are paradigms in the neurologic subspecialty arena. Nevertheless, when I assumed the presidency in 2001 the ASN's certification process carried very little specific clout. We have come a long way since then, however. Last year the ASN's Neurosonology examination was recognized by the Intersocietal Commission for the Accreditation of Vascular Laboratories as an appropriate and sufficient credential for the Technical Director and technical staff members of an ICAVL accredited laboratory.

In recognition of ICAVL's Essentials and Standards the ASN has developed a recertification method for individuals to guarantee that our certified members maintain adequate and current knowledge in noninvasive vascular testing. Certification must be renewed every three years through the submission of 15 Category 1 CME credits to the ASN along with the applicable processing fees.

## ICAMRL

We have very encouraging news with regard to ICAMRL as well. A year ago it looked like the Intersocietal Commission for Accreditation of Magnetic Resonance Laboratories was going to collapse due to inadequate funding. An 11th hour meeting was held before last year's ASN meeting and a rescue plan was initiated.

Thanks to commitments from the ASN, AAN, American College of Cardiology, and Society of Cardiac MR, ICAMRL has received funding to allow full operations for 3 years. It is now imperative that all of us that perform clinical neuroMRI request ICAMRL applications and complete the application process. In so doing we will support this independent accreditation process and enhance the quality of our MRI laboratories. Remember, without ICAMRL accreditation we will be dependent on the American College of Radiology as our sole resource for future laboratory accreditation needs (please read Dr. Hussey's article in this newsletter on why it is important to support the ICAMRL)!

It was thrilling to see such a large number of enthusiastic attendees at last year's 25th Annual ASN Meeting. Major progress is being made in legitimizing the presence of neurologists as neuroimagers and this is clearly increasing the importance of the ASN.

I look forward to seeing all of you in New Orleans, along with friends and colleagues whom we will be introducing to the ASN this year!

## Announcing NeuroJOBS!

NeuroJOBS is a new way to advertise for Private Practice Positions on the web. The NeuroJOBS program, sponsored by the American Society of Neuroimaging, will allow you to list or search available positions in Neurology.

Mention this newsletter and receive your first job posting for free. Please give us your feedback on our site. We have a variety of position types, but welcome your suggestions.

Please visit NeuroJOBS at [www.asnweb.org/neurojobs](http://www.asnweb.org/neurojobs)

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## Attention Certified Members

In recognition of ICAVL Standards and potential UCNS membership the ASN will begin its' recertification process beginning with the 2003 examinees. All examinees that pass the examinations in 2003 will be up for certification renewal in 2006.

*Fees and requirements for recertification are as follows: ALL applicants for recertification must submit 15 Category 1 CME credits obtained within the 3-year certification period. Fees for recertification, \$50 for ASN members and \$100 for non-members, fees are due at the time of application for recertification. For those members who became certified prior to 2003, recertification will also be due in 2006.*

If you have any questions regarding recertification, please contact Renee Molstad at (952) 545- 6291.

# MRI course to be held at the AAN meeting in Hawaii

(For information/registration visit: <http://am.aan.com/registration/index.htm>)

**Saturday, April 05, 2003 Half-Day Course 9:00 AM–12:45 PM**

**Title:** New MRI Techniques: Clinical Applications

**Course #** 8AC.007

**Director:** Rohit Bakshi, MD; Buffalo, NY

**CME Credit:** 3.5h

**Recommended Audience:** Practitioners, Residents, Nurses, Fellows, Academicians, Scientists, Students

## Overview:

Recent advances in MRI have given neurologists powerful tools to non-invasively diagnose brain disorders and study brain structure, chemistry, and function more sensitively and accurately. However, with so many new techniques, there is potential for confusion in knowing which tests are most relevant to a given clinical situation. Some techniques are widely available while others are not. This course will serve as an update and overview of new imaging techniques including basic principles and most importantly the role of these imaging techniques in clinical neurology. The course should help neurologists decide how to use these techniques in order to optimize patient care and advance the understanding of brain diseases.

## Objectives:

- Understand the role of fluid-attenuated inversion-recovery (FLAIR) imaging in clinical neurology including how to distinguish normal findings/artifacts from true lesions
- Have a basic understanding of how diffusion and perfusion MRI are acquired and the indications for ordering these sequences in a variety of brain disorders, especially cerebrovascular disease
- Explain what is magnetization transfer MRI and how it can be used to more sensitively detect structural brain injury
- Discuss the role of magnetic resonance spectroscopy in the differential diagnosis of brain lesions and the detection of disease in areas appearing normal on conventional MRI
- Understand the clinical utility of functional imaging, including functional MRI and PET

## Lectures:

Fluid Attenuated Inversion Recovery (FLAIR)

Diffusion and Perfusion MRI

Magnetic Resonance Spectroscopy

Magnetization Transfer Imaging

Functional Imaging - fMRI and PET

## Faculty:

Rohit Bakshi, MD, Buffalo, NY

Michael Moseley, PhD, Stanford, CA

Daniel Pelletier, San Francisco, CA

Massimo Filippi, Milan, Italy

Robert C. Knowlton, Birmingham, AL

## Programs in Neuroimaging during the 2003 AAN Meeting - Honolulu, Hawaii

### Program ID Title

3DS.002 Intra-arterial Thrombolysis for Acute Ischemic Stroke *Jose I. Suarez, MD*

3PC.003 Endovascular Therapy and Critical Care *Camilo R. Gomez, MD*

7DS.006 The Diagnosis and Management of Dural Sinus and Cerebral Venous Thrombosis  
*Michel T. Torbey, MD*

1KP.004 New MRI and CT Techniques for Imaging Brain Ischemia *Chelsea S. Kidwell, MD*

8AC.007 New MRI Techniques: Clinical Applications *Rohit Bakshi, MD*

Visit <http://am.aan.com> for more information on these courses.