
The Radiographer

A publication of the Missouri Society of Radiologic Technologists

Volume 56, Issue 2
July 1997



The Missouri Society of Radiologic Technologists was founded in 1931, chartered as a professional and scientific society dedicated to education, communication and patient care.

As a not-for-profit corporation, the Missouri Society of Radiologic Technologists Inc. is a chartered affiliate of the American Society of Radiologic Technologists.

The M.S.R.T. is nonsectarian, nonpartisan, and noncommercial, and adheres to a policy of nondiscrimination regarding nationality, race, color, creed or age.

Missouri Society of Radiologic Technologists

1997-1998 Board of Directors and Appointments

- **President**
Donita Shipman
27210 Highway W
Smithton, MO 65350
- **President-Elect**
Ed Passman
4943 South Peck Ave.
Independence, MO 64055
- **Vice President**
Carole Urbanski
10324 Ash
Overland Park, KS
- **Secretary**
Barbara Hente
3708 Joyce
Granite City, IL 62040
- **Treasurer**
Debra Hurst
5700 Waterfront Drive North
Columbia, MO 65202
- **Senior Board Member**
Stephanie Whisler
6306 North Indiana
Gladstone, Mo 64119
- **ASRT Senior Affiliate Delegate**
Cindy Daniels
2816 Terrace View Lane
Imperial, MO 63052
- **ASRT Junior Affiliate Delegate**
- **1st District Representative**
Sherry Bellafiore
201 Pope Lane
Smithville, MO 64089
- **3rd District Representative**
Mel Ravenscraft
2604 Oakland Ridge Drive
Columbia, MO 65202
- **4th District Representative**
Coretta Schroer
627 Nirk Ave.
Kirkwood, MO 63122
- **5th District Representative**
Peggie Sanders
3705 North Pickwick
Springfield, MO 65803
- **6th District Representative**
Deana Middleton
Route 1, Box 1471
Advance, MO 63730
- **7th District representative**
Kay Glass
18710 Old Highway 63 North
Sturgeon, MO 65284
- **8th District Representative**
Brenda Matthews
621 North Shenandoah Drive
Columbia, MO 65201
- **Parliamentarian**
Norman Hente
3708 Joyce
Granite City, IL 62040
- **Publications**
- **Essay Chair**
Kristi Littleton
3525 North River
Sugar Creek, MO 64050
- **Exhibit Chair**
Joan Hedrick
10122 West Farm Road
Republic, MO 65738
- **Historian**
Martin Henson
1220 Mark Drive
Florissant, MO 63031
- **Conference Coordinator**
Norman Hente
- **Program Chair**
Barbara Hente
- **Student Activities**
Carole Urbanski
- **Membership**
Brenda Matthews
- **Student Bowl**
Cathy Valenza
10133 Morgan Ridge Drive
St. Louis, MO 63123
- **Nominations**
Coretta Schroer
- **Public Relations**
Pat Vanderhaas
4410 Tourquoise
St. Louis, MO 63123
- **Ways and Means**



From the president . . .

Fellow Technologists,

I want to start by thanking you, my peers, for putting your trust in me to lead this great organization. I will do my very best to move the MSRT forward and improve member services.

Unfortunately, we did not have a technologist scientific paper that qualified for the competition at this year's conference. Therefore, the winning student paper will be printed, but is not eligible for ASRT credit as a directed reading. I know that several members (over 90) took advantage of last year's "free credit" for the winning technologist paper.

I hope that all technologists will consider writing a paper for the 1998 Conference. As the winning author the technologist is not only awarded a cash prize (\$300 was available in 1997) but also receives ASRT Category A credits for having your paper published as a Directed Reading. So all you technologists, put on your thinking caps and write a paper for the competition. The rules are available any time from the MSRT Board of Directors. **STOP PROCRASTINATING . . . start your winning paper now!!!**

As many of you know, this *Radiographer* will be the last one published by Editor Denise West. Denise is leaving our great state for the beaches of North Carolina. I know you will all agree with me when I say that Denise has done a remarkable job with our publications. She published all the pertinent information in a timely and efficient manner. Her absence will leave a large hole in our membership services and I hope to find another volunteer to fill her position. If you know of anyone who might be interested, please contact me immediately!

The Planning Committee is working on developing an Educational Committee. The responsibilities will be to: maintain a speakers bureau, maintain a list of educational activities happening across the state, and maintain an "Educational Hot Line." If you know of any person who would like to volunteer in this capacity or if you have any questions about these duties, contact me ASAP!

Now, on to the national news . . .

The ASRT is actively pursuing National Licensure. Please consider the following and "ask not what the ASRT can do for you, but what you can do for YOUR profession!!!":

The ASRT is initiating a campaign to secure mandatory Federal Minimum Standards, and your help is necessary to make the effort a success. Every technologist is being asked to provide information that will support the argument that the practice of individuals dispensing ionizing radiation should be controlled, and that this control is best achieved by mandated national standards of practice.

The most valid information is documented cases of misdiagnosis, overexposure, and misutilization of the radiologic services due to the employment and practice of non-R.T.s. Sources of information may be newspaper articles, news video, court documents, previous testimony at licensure hearings, etc. Basically, anything that can be validated is acceptable. This may include data that shows a negative impact on patient outcomes as a result of non-credentialed individuals performing radiologic procedures.

Any information you have may be helpful and should be provided directly to the ASRT office to the attention of Greg Morrison, staff advisor to the Task Force on Data. Should you have any questions or need assistance in following up leads, please contact me.

Thank you in advance for your assistance in this effort to secure the public safety through the control of radiologic practice.

Sincerely,

Donita Shipman, RT(R)(M)(QM)
President
27210 Highway W
Smithton, MO 65350
(816) 343-5376 (home)
(816) 827-9530 (work)



MISSOURI DEPARTMENT OF
HEALTH

Mel Carnahan

Governor

Ronald Cates

Interim Director

Medical Radiation Control Program P.O. Box 570, Jefferson City, MO 65102-0570 573/751-6083 FAX 573/751-6158

January 21, 1997

Stephanie Whisler
Avila College
11901 Wornall Road
Kansas City, MO 64114

To: Radiation Control Task Force Members and Affected Stakeholders:

Re: **New Proposed Radiation Control Regulations that potentially interest you and/or your facility/association.**

On November 14-15, 1995, the Missouri Department of Health, Medical Radiation Control Program held a two-day "brainstorming" session devoted to the topic of the current state of radiology in Missouri with an ad hoc Task Force of 22 members of the private sector, including radiologists, physicists, technologists, and equipment service reps. Specifically, the discussion was over what, if any, changes needed to be made in the way medical sources of radiation were regulated in Missouri.

You are receiving this letter because either you attended that meeting, or have since expressed interest in the review/proposal of radiation regulations. (In several cases, we are sending this notice because we consider you or your organization a significant stakeholder that we wish to involve in the design of a new regulatory framework as soon as possible.)

As implied above, the Medical Radiation Control Program, together with the Task Force assembled at that meeting, has been working on a new set of regulations to govern the use of radiation in medical facilities that we feel brings the level of radiation protection up to a par with most other states in the nation.

These regulations are still in the final stages of active development. We plan to formally propose them and publish them for publication midway through 1997. However, we would like to offer this opportunity for you and/or your organization to "beat the rush" and comment upon the proposed regulations and offer your own ideas at this early time.

The proposed regulations are in five sections: (1)Registration and other General provisions, (2)Radiation Protection, (3)X-rays in the healing arts, (4)Radionuclides in the healing arts[non-NRC sources], (5)Radiation Therapy. They are largely based on the Council of Radiation Control Program Directors' *Suggested State Regulations for the Control of Radiation*, considered the national standard.

These regulations can be downloaded as Microsoft Word 6.0 documents from the Medical Radiation Control Program's Internet site, located at: "<http://members.aol.com/modohmrpc/home.html>". I apologize about the size of the address. Any comments you have are welcome. Feel free to mail them, fax them, or email them to us at the site. After we begin to receive comments, I will summarize the comments and upload them as a downloadable file to the site so that you can review what others are saying. I plan to update the comments file on a weekly basis. Also, unless you request that your name be withheld, I will identify the person/organization making the specific comment.

In order to meet several rulemaking deadlines, I ask that you get your comments to me as soon as possible. At some point, probably in February, I will be gathering up the comments and making whatever changes seem to be supported by the evidence of the comments. However, I wish to stress that this is not your only or last chance to have input, only the first. There will be another, official period when the rules are published. However, it will be easier to make any changes now rather than later. So I urge the interested to make their comments as soon as possible.

Hopefully, this internet site will allow us to continue our productive dialog as we have had in the past without putting an undue burden on you to come to a central physical meeting place. If there are any suggestions about ways to improve the Home Page, feel free to make suggestions on that as well as the regulations. Again, that address is "<http://members.aol.com/modohmrpc/home.html>". Our email address at the site is "modohmrpc@aol.com".

If you do not have access to the internet and would like a disk copy of the proposed regulations, please contact my office.

Sincerely,

John Langston, Supervisor
Medical Radiation Control Program
Missouri Department of Health

District Data . . .

■ District 3:

The ASRT is now accepting nominations for office, and wants to make sure ASRT members are aware of the offices, necessary qualifications and duties for each position. Deadline for nominations is November 1, 1997.

For a list of criteria for ASRT president-elect, vice-president and secretary-treasurer, or a copy of the 1997-98 Travel/Time Commitment Schedule, please contact:

Connie Slomczewski, R.T (R)

Zone 3 Nominations Committee representative for the ASRT
4225 West Madison Blvd.

Franklin, WI 53123

Home: (414) 421-6829 / Work: (414) 747-4366

Fax: (414) 747-4308.

■ District 4:

Congratulations to Fourth District member Barb Hente, who was awarded Life Membership in MSRT during the annual meeting in April. She also received the Mallinckrodt Award of Excellence for 1997!

The following new Dist. 4 officers were installed May 21 at a meeting at the Mallinckrodt Diagnostics Complex in St. Louis:

President: Monica White

President-Elect: Jon Hartwein

Vice-President: Linda Pressley

Secretary: Michael Ritter

Treasurer: Mary Ainley

Member-at-Large: Chris Block

Program Chair: Michael Cullinane

Representative to the MSRT: Coretta Schroer

Guest speaker at the meeting was Norm Hente, who presented the educational program "Health Alternatives."

Fourth District meetings will resume in September.

■ District 8:

The following new officers were elected at the state meeting in St. Louis:

President: Lori Schultz, RT (R)(M)

Vice-President: Tammy Coryell, RT (R)(M)

Secretary-Treasurer: Lisa Jenkins, RT(R)(M)

District Rep: Brenda Matthews, BSRT(R)(M)

A seminar is tentatively planned for Sept. 13 in Springfield; mark your calendars now and more information will be forthcoming.

Eighth district members of Central Missouri held a Mother's March for Mammography April 20 in Columbia.

■ Remember . . .

Share your news with friends!

If you have news of your district, please share it with your district representative, listed above! We want to know what's going on in your area.

South Carolina reunion

Attention! Midlands Technical College in Columbia, South Carolina, is planning a Columbia Hospital Radiography Reunion Aug. 23, 1997, at the Sheraton Hotel at Bush River Road and I-20 in Columbia.

The committee is trying to reach all radiology graduates of Columbia Hospital School of Radiologic Technology, which started in the 1950s and in 1972 became the Midlands Technical College's program.

To receive an invitation, call Dr. Bill Mulkey's office at (803) 434-6343 or (803) 434-4585 to add your name and address to the reunion list. Can't wait to celebrate your success!

Have you moved?

■ Has your name or address changed?

If so, please notify the MSRT membership chairman immediately so you will continue to receive your MSRT information—including The Radiographer and the MSRT newsletter—while they're timely! Don't be left out!

Send any changes to:

1997-98 Membership Director

Brenda Matthews

621 North Shenandoah Drive
Columbia, MO 65201

Or call:

(573) 884-6063 (work)

(573) 474-6602 (home)

1997 Winners of MSRT Competition

Congratulations to the following winners of the 1997 MSRT Student Essay Contest! These were chosen from a total of 24 student entries. The complete text of the winning student entry appears on pages 7-12.

■ **First Place:**

"Gugliemi Detachable Coils and Aneurysms"—**Renee Kitch**, Avila College, Kansas City

■ **Second Place:**

"Osteoporosis"—**Jennifer Vaught**, Avila College, Kansas City

■ **Third Place:**

"Paget's Disease"—**Diane Fogleson**, Barnes-Jewish School of Radiologic Technology, St. Louis

■ **Honorable Mention - Tie**

"Carbon Dioxide as a Negative Contrast Medium"—**Charley Cox**, Avila College, Kansas City

■ **Honorable Mention - Tie**

"Osteogenic Sarcoma: The Radiologic Modalities Used to Diagnose and Methods of Treatment"—**Lezlie Walker**, Barnes-Jewish School of Radiologic Technology, St. Louis

Congratulations to the Student Bowl winners! The 1997 team winners were:

■ 1st Place

Cox Health Systems, Springfield

■ 2nd Place

Rolla Technical Institute, Rolla

■ 3rd Place

Barnes-Jewish Hospital, St. Louis

Student winners in the Exhibit competition were:

■ 1st Place

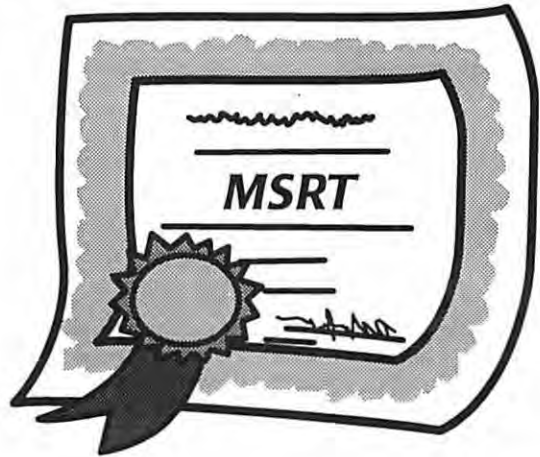
CARDIOLOGY
Melinda Melton, Avila

■ 2nd Place

MRI
Jeanie Froman, Nichols Career Center

■ 3rd Place

ENTRUVIS
Anna Eager, Avila College, Kansas City



Technologist winners in the Exhibit competition were:

■ 1st Place

Norman Hente and **Jennifer Larizadah**, Mallinckrodt Institute

■ 2nd Place

Kristi Littleton, Columbia Independence Regional Health Center

■ 3rd Place

CHARACTERISTICS
Maggie Ogden, Rolla Vocational Institute

■ Winner of the 1997 Technologist Scholarship was:

Terry Ashley, Kansas City

■ Winner of the 1997 MSRT Student Scholarship:

Brooke Williams, Barnes-Jewish Hospital, St. Louis

■ Winner of the Robert Feldhaus Scholarship:

Benjamin J. Morris, Barnes-Jewish Hospital, St. Louis

■ Winner of the 1997 Mallinckrodt Institute Award of Excellence was **Barbara Hente**. She also was presented with a lifetime membership in MSRT.



Guglielmi Detachable Coils and Aneurysms

By RENEE KITCH

“In the United States during 1989 alone, nearly 40,000 individuals with aneurysms were hospitalized.” (Wieber, Do, Torner, IC, and Meissner) The GDC is a fairly new procedure that prevents patients with intracranial aneurysms from having surgery. The initials GDC stands for Guglielmi Detachable Coil. This soft platinum alloy micro-coil is designed to treat intracranial aneurysms in those patients who are considered to be high risk or inoperable. A neurosurgical team decides if the patient is too ill to undergo surgery. This procedure is offered at over twenty hospitals in the United States. Currently, US Target Therapeutics is training practitioners at more than seventy US hospitals. There are many questions to be asked when considering the use of the Guglielmi coil and hopefully by the end of this paper your questions will be answered and a new interest will be sparked.

As stated earlier, the GDC is a soft platinum alloy micro-coil that treats intracranial aneurysms. The GDC must be placed in a controlled manner, and doing this involves the use of a micro-catheter by Target Therapeutics Tracker. The catheter is a guide for the coil. The physician accesses through a tiny incision in the femoral artery where the catheter and coil will enter. Once the coil is positioned properly, a very low voltage current will cause the coil to detach from the wire used to position it. By the coil filling the aneurysm, pressure is reduced and the likelihood of a rupture occurring is less. The average number of coils used to treat an aneurysm is approximately five to six. The size and length of the coils used depends on the size of the aneurysm.

How effective is the GDC?

As a fairly new procedure, one must ask, “how effective is the GDC?” First, we must remember that the GDC is used to prevent hemorrhage from an aneurysm. “In clinical testing, treatment with the GDC resulted in a 3.3% rebleed rate in patients with previously ruptured aneurysms during an average follow-up period of 7.3 months. This is in comparison to a 30 to 40% rebleed rate reported in the literature for medically managed patients.” (Target Therapeutics) The GDC was found to be effective with unruptured aneurysms that were diagnosed as being giant and symptomatic. The mortality rate of these giant and symptomatic aneurysms that had undergone the GDC

treatment was 12.8%. This percentage was compared to an overall mortality rate of 62% over two years on patients with the same type of aneurysms. Before an aneurysm can be treated it must be diagnosed and we ask how are they diagnosed and what happens if they are left untreated.

An unruptured aneurysm can be asymptomatic and until it has ruptured, a diagnosis is difficult. Some symptoms a patient might experience when an aneurysm ruptures are, the patient suddenly has a headache, can lose consciousness, have nausea, and vomiting. Some aneurysms that have not ruptured may have

symptoms, such as headaches, dizziness, visual deficits, nausea, vomiting and numbness. Ruptured aneurysms can be diagnosed through magnetic resonance imaging (MRI), angiography and computed tomography. Unruptured aneurysms are often detected during MRI screenings that are

**Renee Kitch is
the author
of the winning
student essay
printed here.**

being performed for other conditions. If the aneurysm is non-ruptured and untreated, it will over time become enlarged and may even bleed. Large aneurysms are found to rupture more often than small aneurysms. Fifty percent of cases where an aneurysm has ruptured are fatal. Of those 50% that survive the rupture of an aneurysm, only 30% have a chance of developing some neurological damage. Treatment becomes a life and death situation and practically any procedure has some risk.

“The most feared complication of endovascular treatment of acutely ruptured aneurysms has been the threat of aneurysm rupture during catheterization or packing of the sac.” (J. Neurosurg. vol. 86, 215) One important factor that can decrease the risk is having a properly trained doctor. Neurologists and neurosurgeons who have been trained in endovascular therapy have or are being trained to use the GDC System. Because the coil is made of platinum, one of the most stable and biocompatible materials, the risk of the coils dissolving or breaking is low. “In GDC patients followed for up to three years, the coils have remained stable within the aneurysms.” (Target Therapeutics)

Approximately 70% of the people treated with the GDC

(Continued on page 8)

Guglielmi Detachable Coils and Aneurysms . . .

(Continued from page 7)

System had no adverse effects. Thirty percent of the patients had some mild or moderate adverse effects. There have been some serious adverse events and death occurrences. These more serious events may have occurred from rebleeding, thromboembolic events and perforation of the aneurysm during placement of the coils. Fifteen percent of patients with ruptured aneurysms resulted in death. The death rate from patients having non-ruptured aneurysms was 5.6%. (Target Therapeutics)

Bed rest and medications

In the past, patients who were considered to be high risk were put on bed rest and medications. In these bed rest and medicated patients was a high rate of rebleeding, mortality and significant morbidity. "The GDC is the first medical device used for the endovascular treatment of high-risk or inoperable intracranial aneurysms that has demonstrated efficacy in preventing rebleeds and reducing the signs and symptoms of aneurysms." (Target Therapeutics)

To ensure that the risk factors remain constant, the patients have follow-up treatments. At one and six months posttreatment, the patient will undergo clinical evaluations. After that they will be evaluated yearly. The type of clinical evaluation used a six months and yearly posttreatment is a controlled angiography procedure.

Target Therapeutics has published some statistics from a study they have performed. To reach these statistics, the study evaluated 735 treated patients. Out of these 735 patients, 770 aneurysms were treated. The average age of these patients treated for aneurysms is 54.5 years. The percentage of females treated was 71.5, a greater percentage than 28.5 percent treated in male patients. Of the 735 patients treated 48% had ruptured aneurysms. Fifty-two percent of the patients' aneurysms were not ruptured, and of those unruptured, 88% had symptoms before the treatment.

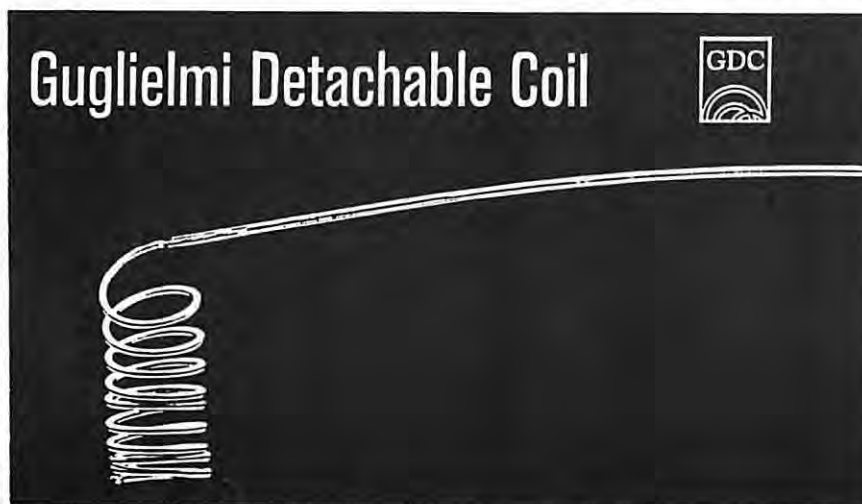
Sixty percent of the patients had aneurysms that were located anteriorly, 38% were in posterior locations, and the remaining 2% were located elsewhere. Aneurysms can have a wide variety of sizes differing from patient to patient. Within this study: 51% were smaller than 10mm; 38% range from 11-25mm; and 11% are greater than 25mm. The percentage of patients that received the GDC treatment once was 80%; 20% had to receive more than one treatment. Sometimes retreatment may be deliberate because of circumstances requiring staged treatment. Retreatment may also be because of regrowth. In this study a range from 1-42 coils were used. The average number used was 5.6. Out of the 735 patients in this study 92% were symptomatic before treatment and at their last follow-up, 59% were symptomatic. During the treatment, 3.3% rebled and out of that percentage, 50% died.

Posttreatment had 3.7% rebleed with a 75% death rate. The bleed rate in those patients who had unruptured aneurysms was less. Those that bled during treatment equaled .94% with a 33% death rate. Only 1.9% bled after treatment, resulting in a 60% death rate. The clinical findings from this study done by Target Therapeutics demonstrates that the GDC System

provides significant advances in safety and effectiveness compared to common treatment of non-surgical patients. Because of these advances, we owe thanks to many of the doctors for their participation, but we also owe a great big thanks to Dr. Guido Guglielmi, the creator of the coil procedure.

Father played important role

Dr. Guglielmi's father was a urologist who played an important role in his son having a wide variety of interests. Dr. Guglielmi had a fascination with electronics. He intended and signed up to major in engineering. On his first day of school, he changed his mind and signed up for medical school. While in medical school, he became interested in the central nervous system. Dr. Guglielmi was the first person to measure intercranial



(Continued on page 9)

Guglielmi Detachable Coils and Aneurysms ...

(Continued from page 8)

pressure using transducers placed between the dura mater and the skull. While in his neuroradiology rotation, his father entered the hospital for a subarachnoid hemorrhage from a posterior communicating aneurysm. His father's aneurysm was clipped, he was in a comatose state for three weeks, but within a year he had fully recovered.

Electric current experimentation

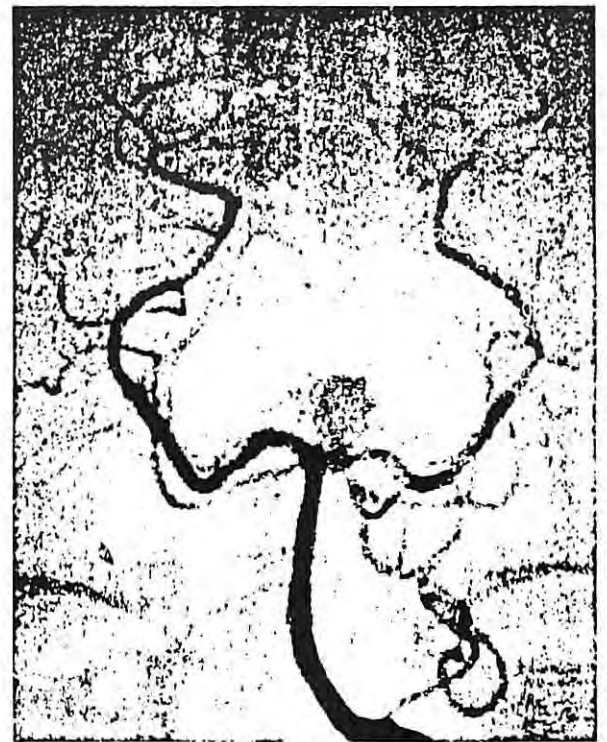
Dr. Guglielmi continued on his residency, where he performed tumor resections and placed ventricular shunts. He did continue to study his interest in electrothrombosis and endovascular concepts, considering changing his career to these specialties. In 1979 he was creating aneurysms in rats and applying electric current to thrombose the aneurysm. During the experiment, Dr. Guglielmi noticed that when current was applied to the electrode, the electrode separated from the wire. He was making progress but had not won complete support yet. Dr. Guglielmi had made friends with Dr. Vinuela who tried to help him with funding, but was unsuccessful. In 1987, when he was introduced to the Tracker-18 Micro-Catheter, he had then found his solution. After this discovery, progress was made. Between May 1989 and February 1990, the GDC really took shape. What once started out as being a simple guidewire developed into a helical, platinum coil that had a stainless steel delivery wire. In March of 1990, Dr. Guglielmi and Dr. Vinuela were attempting to treat a patient with detachable balloons, but after the balloons failed the two decided it was time to try the GDC System. The Doctors placed two coils in the fistula and the procedure was a complete success, and Dr. Guglielmi had finally reached his goal.

Every medical procedure begins with controlled experiments, and once the experiments have been performed, the next step is to determine the success of the procedure. All of this was done by Dr. Guglielmi and fellow doctors. Because this is such a new procedure, the long term effects and long term survival rates are unknown. The number of hospitals doing this exam is increasing. Statistics show that this procedure is much safer to those patients who are high risk or considered to be inoperable, and would normally be on bed rest and medicated. In conclusion, a sizing chart, a picture of a Guglielmi Detachable Coil, a before and after picture of an aneurysm that has been treated with a GDC System, and a list of hospitals who perform this procedure are provided from Target Therapeutics.

Actual Angiographic Images



Before GDC Treatment



After GDC Treatment

(See Sizing Charts on page 10)

Hospitals That Participated in GDC Clinical Trials

(Continued from page 10)

Baptist Memorial Hospital
Memphis, TN

The University of Illinois at Chicago
Chicago, IL

Columbia Presbyterian Medical Center
New York, NY

UCLA Medical Center
Los Angeles, CA

Massachusetts General Hospital
Boston, MA

UCSF Medical Center
San Francisco, CA

Mayo Clinic
Rochester, MN

Methodist Hospital
Indianapolis, IN

University of Cincinnati Hospital
Cincinnati OH

University of Minnesota Hospital
Minneapolis, MN

Millard Fillmore Hospital
Buffalo, NY

University of Utah
Salt Lake City, UT

New York University Hospital
New York, NY

Oregon Health Sciences University
Portland, OR

Swedish Medical Plaza
Englewood, CO

University of Virginia Medical Center
Charlottesville, VA

University of Washington Hospital
Seattle, WA

University of Wisconsin Hospital & Clinics
Madison, WI

The Methodist Hospital
Houston, TX

UT Southwestern Medical Center
Dallas, TX

Bibliography

Raymond, Jean M.D., et al. "Endovascular treatment of acutely ruptured and unruptured aneurysms of the basilar bifurcations, *J. Neurosurg* 1997; volume 86 211-218. Target Therapeutics. *GDC Reference Library*. California

Wiever, DO, Torner, JC, and Meissner, I. *Impact of Unruptured Intracranial Aneurysms on Public Health in the United States*. 23;10 (1992)

Calendar of upcoming events . . .

■ **July 26, 1997**—Columbia, Missouri

MSRT Board of Directors meeting, 10 a.m., Ellis Fischel. Discussion will include legislative action, etc.

All members welcome!

■ **August 23, 1997**—Columbia, South Carolina

Midlands Technical College Columbia Hospital Radiography Reunion.

(See story, page 5)

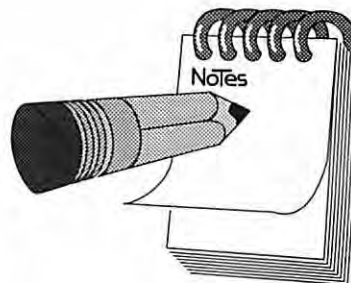
■ **Sept. 11-13, 1997**—Davenport, Iowa

Advanced Level Program in mammography, Genesis Medical Center.

(See story, page 15)

■ **APRIL 1998**—Columbia, Missouri

MSRT Annual Conference. Plan now to attend!!!



Ward named vice president of ASRT at June meeting

Dr. Michael Ward, Florissant, Mo., was elected the ASRT Junior Affiliate Delegate for 1997-98.

At the ASRT meeting in June, members passed a bylaw change that stated delegates could not sit on the ASRT Board of Directors.

Ward was elected Vice President of the ASRT, so he had to resign as Junior Affiliate Delegate.

The MSRT Board will appoint his replacement at our July meeting.

Free to a good home . . .

I have 20 years of ASRT journals available to anyone who wants them. I don't have any problem with them going to an individual, but would give preference to a school. Thanks.

Norm Hente

Get involved . . . join your district!

Don't miss
a moment.
Contract
your district
rep today,
and
become
active!





THE MISSOURI SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Application for Membership

July 1, 1997 - June 30, 1998

Please complete ALL sections and return to MSRT with payment today!

New Applicant Renewal (Other name membership under) _____

First Name: _____ M.I. _____ Last Name: _____

Mailing Address: _____

City / State / Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Present Employer: _____

Business Address: _____

Certified in:

- Radiography
- Nuclear Medicine
- Radiation Therapy
- Sonography
- Cardiovascular-
Interventional
- Mammography
- MRI
- CT
- Quality Management

Position Title:

- Staff Technologist
- Special Procedures
- Supervisor
- Director/Education
- Instructor
- Administrator
- Chief Administrator
- Assistant Chief Administrator
- CT Technologist
- MRI Technologist
- Mammographer
- Not Employed
- Other _____

Education Level:

- Certificate
- Associate
- Baccalaureate
- Major _____
- Masters
- Major _____
- Doctorate
- Major _____

Check All That Apply:

- ASRT Member
- MSRT Member
- District Member

Work in:

- Hospital
- Clinic
- Office
- School
- Commercial _____
- Other _____

MSRT District: Please circle all that apply

1 2 3 4 5 6 7 8

ACTIVE MEMBER: Radiologic Technologist registered by and in good standing with a nationally recognized certifying body. \$35 _____

SUPPORTING MEMBER: Those persons interested in Radiologic Technology but not having qualifications for other categories. \$35 _____

IN-ACTIVE MEMBER: Certified Technologists not engaged in any area of the field of Radiologic Technology. \$20 _____

STUDENT MEMBER: Students enrolled in a training program recognized by ARRT and of 24-month duration. This is a 2-year membership, due on or before Sept. 1. \$20 _____

Name of School: _____ Graduation Date: _____

Make your check payable to: MSRT

Submit to: Debra Hurst • MSRT Treasurer • 5700 Waterfront Drive North • Columbia, MO 65202

Past presidents honored at special April breakfast meeting

Past MSRT presidents were honored at a special Past President breakfast April 27 at the St. Louis Airport Marriott. Thanks to all of them for their work throughout the years! Attending were:

Beth Anderhub (1980) St. Louis—Directs the ultrasound program at St. Louis Community College, Forest Park. Beth continues to pursue her Ph.D. and for something extra to keep her busy is working on the development of an ultrasound training simulator.

Dan Cantrell (1992) Springfield—Continues to work with Cox Health Systems where he is department administrator.

Cynthia K. Daniels (1994) St. Louis—Was conference and program co-chair of this year's annual conference, which hosted 547 registrants and 4.5 days education. She is Program Coordinator with the Barnes-Jewish School of Radiologic Technology. Cindy presented the 1997 Murray Memorial Lecture at this year's annual conference.

Pamela S. Fulmer (1986) Kansas City—Was not able to be at the Past Presidents breakfast, but was at the meeting, during which she presented a lecture. It seems she is on the road a lot (28 weeks out of the year) and also has a daughter getting married son, so she is incredibly busy. Pam is with Clayton X-ray in Kansas City.

Barbara W. Hente (1998) St. Louis—Was elected to Life Membership in the Missouri Society of Radiologic Technologists and received the Mallinckrodt Outstanding Technologist Award for 1997. She is the Program Chairman for the 1998 Annual Conference in Columbia. She also is a board member of the Joint Review committee for Nuclear Medicine Technology. Barbara works for a temp agency.

Norman L. Hente (1979) St. Louis—Wrote a registration program for this year's annual conference and also is Conference Coordinator for the 1998 Annual Conference in Columbia. Norm has been with Mallinckrodt Institute of Radiology for 31 years.

Debra A. Hurst (1984) Columbia—Is with the medical center in Columbia and was re-elected Treasurer of the Missouri Society of Radiologic Technologists.

Darrell E. McKay (1971, 1990) St. Louis—Is Dean of the Allied Health Sciences program at St. Louis Community College, Forest Park. He is a board member of the American Registry of Radiologic Technologists and represented them to our meeting.

Coretta Schroer (1977, 1991) St. Louis—Recently completed her term as Missouri Affiliate Delegate to the American Society of Radiologic Technologists, House of Delegates, and assumed a position on the MSRT Board of Directors as Fourth District Representative.

Donita Shipman (1996) Sedalia—Is beginning her first full term as President of the Missouri Society of Radiologic Technologists. She served as President for the last few months of the 1996 fiscal year and presided at the 1996 annual conference in Kansas City. When the real world intrudes upon her busy life she can be found at Bothwell Regional Health Center in Sedalia.

Shawn N. Snider (1995) Carthage—Works at Freeman Hospital in Joplin and is going to school. He expects to finish his master's degree before our 1999 conference in Springfield.

Michael D. Ward (1983, 1987) St. Louis—Was recently elected Vice President of the American society of Radiologic Technologists. Michael is Chief Technologist for Quality Assurance at Barnes-Jewish Hospital and Director of Technical Education.

Stephanie A. Whisler (1997) Kansas City—Has turned over the gavel that she has wielded with much care and thoughtfulness during her presidential term this past year. She is an educator at Avila College and will be Senior Board Member of the MSRT for this next year.

Ladonna Wolfe (1996) Jefferson City—Was working in nursing home administration until recently, when she joined the Missouri Department of Radiological Health as part of a research project dealing with the quality of x-ray films and the credentials of those taking them.

(Continued on page 15)

Past presidents honored . . .

(Continued from page 14)

Those unable to be there:

Elva A. Falknor (1963) St. Louis—Is in a nursing home and all correspondence is handled by her attorneys.

Ruth C. Hess (1970) St. Louis—Called and thanked me for the nice invitation. Unfortunately, she was out of town and could not attend. She wishes everyone the best.

Ron Ott (1974) Waverly—Left a message on our phone answering machine saying neither he nor Warren R. Ott (1969) could be at the breakfast. Ron is CEO of Fitzgibbon Hospital in Marshall.

Sharon L. (Eisterhold) Rodeman (1975) Jefferson City—Sent a letter of regret and said she is still working in ultrasound. She wished everyone the best of luck for this year's annual conference in St. Louis.

Judith E. Taylor (1993) Kansas City—Was at the annual conference but was not able to attend the breakfast. Judy is program director at Penn Valley Community College.

Clair S. Vincent (1954) Denver, CO—Sent a letter saying he and his wife are doing well, playing bridge and visiting with friends. He wished everyone well.

ISRT plans fall mammography training

The Iowa Society of Radiologic Technologists is providing its fourth year of mammography training courses.

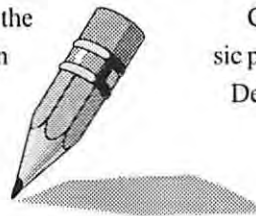
The ISRT will sponsor both basic and advanced level courses. The advanced level is geared for the experienced mammographer and is offered on both the east and west sides of the state. The basic course is intended for the new mammographer or those studying for the ARRT Advanced Level examination.

Note: There is not on-site registration. Registration limits vary at each location, so register early!

Registration refund requests must be made in writing and received two weeks prior to date of meeting to: Marilyn Helling, RT(R)(M), Box 53, Hudson, Iowa 50643.

Continuing Education—The basic program is approved by the Iowa Department of Public Health for 6 points. The advanced level program provides 5 approved points.

For questions or additional information call Helling at (319) 272-7039.



FYI . . .

FYI . . .

FYI . . .

Advanced Level Program

Sept. 27, 1997

Genesis Medical Center, East Campus

1228 East Rusholme

Davenport, Iowa

Deadline Date: Sept. 13

Maximum registration: 80

Get Together!

The ISRT Annual Meeting is set for September 11-13 at the Marriott Hotel in Des Moines.

The Radiographer
Denise M. West, Editor
P.O. Box 881
Columbia, MO 65205-0881

US POSTAGE
PAID

SEDALIA, 65301
Blk. Rte.

Barbara Hente
3708 Joyce
Granite City, IL 62040