



IAMERS Newsletter

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February 15, 2008

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IAMERS Reception at ECR in Vienna

**9 March 08
7 PM – 9:30 PM**

Grand Hotel Vienna

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Letter from the President

This May IAMERS will host its 15th Annual Meeting. It seems like yesterday that Dave Band put IAMERS together. Many trade associations never make it to the 15-year mark. I believe that IAMERS in 2008 is stronger than it's ever been.

We have a lot to share with members at this upcoming meeting in Charleston, SC. You will see the highlights of the meeting on Page 3.

There are several important topics to bring to your attention in Charleston. Included among them is IAMERS' newly formed labeling initiative. During this presentation, Casper Uldriks of the FDA will be present. This is a subject that many of our members fear. We want you to be comfortable with this program; and to see it as a benefit. We believe that it's a program that can put IAMERS members ahead of the competition.

As always, we will go over the financial state of IAMERS. We want you to know how we spend your dues money; and how we finance the events that IAMERS has. As well we want to share with you our long-range plans for IAMERS – specifically how we intend to grow the association. This is particularly important when you consider the state of the US economy.

We want all members to have a positive experience at all the IAMERS functions they attend – both from a networking perspective and from a value-added business perspective.

Between now and the IAMERS meeting in Charleston, I hope to see many of you at the ECR reception in Vienna. We appreciate your letting us know as soon as you can, when you plan to attend IAMERS events. It helps us deliver a better event for you.

We appreciate the comments that members make. We try to take into consideration the desires of all members. We realize that every initiative we undertake will not be applicable to everyone. Still we try to make the associate beneficial to all.

Cheers,

Diana Upton

IAMERS Welcomes 2 New Members

REMETRONIX

Russ Knowles, President
Nicholas Gallanzo, VP
Ron Cortamilia, Dir of Logistics
Philip Banashek, CFO
2190 Reserve Park Trace
Port St. Lucie, FL 34886
Phone: 800-875-0856
Fax: 772-460-8355
Email: nick.gallanzo@remetronix.com
Website: www.remetronix.com

DECCAID SERVICES, INC.
Edward Mulvihill, President
94 J East Jefryn Blvd.
Deer Park, NY 11729
Phone: 631-586-9762
Fax: 631-586-9781
Email: deccaid@aol.com
Website: www.deccaid.com

Diagnostic imaging sales and service

Transportation, rigging, installation, calibration, de-installation and relocation of medical imaging equipment for Fortune 100 OEM's.

Top 10 Valentine's Day Gifts for Her

Roses
Candles
Perfume
Dinner at her
Favorite Restaurant

Living Plant
Lingerie
Romantic Getaway

Chocolate
Jewelry
Champagne

Arab Health in Dubai Don Bogutski

Dubai UAE is the gateway city to the region. It is young, rich, assured, and friendly to Americans and Europeans, a fascinating visit. It is the wide open door to business in the Middle East.

Arab Health already attracts many of IAMERS most forward thinking members. This is because of the flourishing healthcare regional market it attracts buyers from. Arab Health is a sales and marketing meeting with plenty of buying and selling.

Whenever I return to a medical convention it's time to reflect upon past experiences and prepare mentally for the upcoming meeting. Every year when I am packing the day after Thanksgiving for RSNAs, I mentally revisit past RSNAs, (there have been 28 visits for me). Each spring our business reaches it peak focus at the SNM (Society of Nuclear Medicine) meeting. I have been to 31 Society of Nuclear Medicine annual meetings. These have brought many opportunities, sales and profit.

Dubai and Arab Health are different. There was almost no time for me to prepare and no memories to review. The decision to go was taken almost on a whim, less than a week before the trip.

This was to be a first visit to the meeting and the region. Information on what to expect was limited and prejudiced by the daily news from that part of the world. To me Dubai was a part of the complicated and dangerous Middle East. The Middle East thought to be a place to be avoided by Americans. Was I wrong about that?

I had learned from several IAMERS members, whom I respect as path finders for our industry, that they too would attend Arab Health - some even with booths. This is considered the most important meeting for a wealthy region with a prosperous economy and growing needs for high tech medical equipment. GE, Gold Seal, Siemens, Toshiba and Philips would be there in strength. More importantly, so would many familiar names from our IAMERS membership. Our pre-owned imaging industry was well represented.

Saturday January 27, I met my friend and IAMERS legal counsel, Rob Kerwin, at JFK and we were on our way. When we arrived twelve hours later in Dubai, we found an ultra modern, wealthy, first world city that is wide open for business and tourism. It is safe, efficient, and fascinatingly different from anything that I have experienced in the USA, North, South, Central America or Europe.

Our first business activity was a luncheon with Apex Juris, a Dubai law firm, member of the IBLC (International Business Law Consortium), and an international counterpart to IAMERS legal counsel TBH&R (Rob Kerwin). They let us know Americans and American companies are welcome in Dubai. This Emirate is a gateway for business into the Middle East - a duty free zone. These English speaking savvy attorneys are prepared to work with IAMERS members interested in establishing a presence, navigating uncharted legal and regulatory territory and establish themselves in this opportunity rich, profit driven market.

[Continued on Page 6](#)

IAMERS 15th Annual Meeting Charleston, SC • May 1st – 3rd

We are in the final stages of our plans for the 2008 IAMERS Annual Meeting. All members have been sent an information packet on the upcoming annual meeting, at the Francis Marion Hotel in Charleston – May 1st – 3rd.

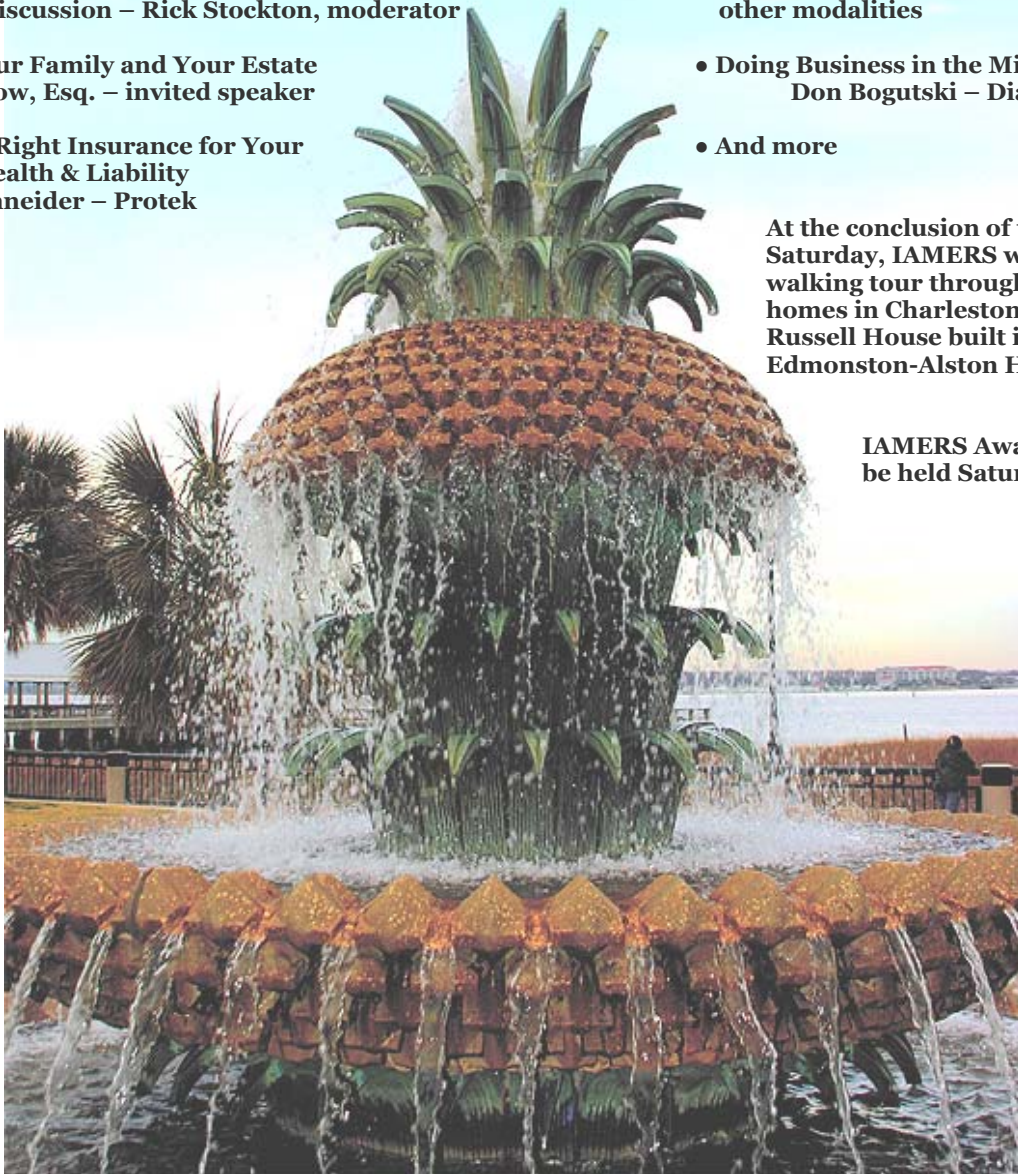
IAMERS begins the meeting with the Annual Golf Tournament – to be held Thursday May 1st. Tee-off time will be at noon. Thursday night IAMERS Welcomes participants to a reception at 6:30 PM at the Francis Marion Hotel. Cocktails and hors d'oeuvres.

Highlights of the business sessions at IAMERS Annual Meeting in Charleston are:

- **Deficit Reduction Act Update**
Wayne Webster – Proactics Consulting
- **IAMERS Labeling Initiative**
Casper Uldriks/FDA – invited guest
- **2008 Economic Outlook & Industry Impact**
Panel Discussion – Rick Stockton, moderator
- **Protecting Your Family and Your Estate**
Ed Tarlow, Esq. – invited speaker
- **Choosing the Right Insurance for Your Company – Health & Liability**
Dan Schneider – Protek
- **Top 10 Legal Problems IAMERS Members May Encounter & How to Avoid Them**
Robert Kerwin, Esq.
- **Technology Review**
1.5T versus 3T MRI
PET/PET-CT
other modalities
- **Doing Business in the Middle East**
Don Bogutski – Diagnostix Plus
- **And more**

At the conclusion of the meeting on Saturday, IAMERS will host a walking tour through two historic homes in Charleston: The Nathan Russell House built in 1808, and the Edmonston-Alston House from 1825.

IAMERS Awards Dinner will be held Saturday night.



If you need registration forms or have questions, call IAMERS at +1.201.833.1157 or contact Bob Feldman at +1.508.560.3700 or iamersmembers@aol.com. Hotel space is limited, so don't delay. When making your reservation at the Francis Marion, please specify that you are attending the IAMERS Annual Meeting.

Intraoperative MRI (iMRI)

Wayne Webster

Intraoperative MRI or iMRI is an interesting new application in medical imaging for neurosurgeons. As the prefix, *intra*, implies, this clinical imaging application occurs within the operating room and within the neurosurgical procedure itself. There are several tools available for accomplishing iMRI within the surgical suite. The cost and complexity of implementing iMRI has this application of MRI emerging as somewhat of a cottage industry.

Before we get to the actual instruments being promoted for iMRI let me present a little background on performing imaging in the neurosurgical suite. In the 1980's I was involved with a company that developed intraoperative radiation therapy. The concept behind intraoperative radiation therapy and intraoperative imaging is about the same. Once the patient is in the sterile field and surgery has begun there is a wise hesitancy to move the patient to an imaging room. The risk of infection and the time wasted in moving the patient make remote imaging impractical. However, the neurosurgeon and ultimately the patient are left with the same problem...Was the lesion fully removed?

Operating on the brain presents some unique circumstances for the surgeon. Along with needing to know about the various functional parts of the brain and how surgery might affect them, the lesion takes up space. It pushes other brain tissue aside. The brain has little room to expand within the skull. So when the lesion is excised, the surrounding brain tissues moves back into the space created by the removal of the lesion. Now the preoperative images, no matter how well prepared are not representative of this new situation. How is the neurosurgeon to judge if the lesion is fully removed?

It's common for the neurosurgeon to complete the operation and send the patient to imaging a day or two following the surgery. Statistics show that more than 30% of these patients present some time in the future with another lesion which requires additional therapy or surgery.

The surgeon who wishes to image the patient before finalizing surgery can do so by sending the patient to an imaging suite. Assuming that this can be accomplished without compromising the sterile field, no matter how well planned and performed this movement can result in a spatial distortion of the brain. This can cause the newly acquired images to be useless if upon return to the operating suite the brain tissue position is now somewhat different than when the images were taken.

Each of these options seem a bit old fashioned and risky for the patient and the doctor. But unfortunately, decisions based on partial logic do not always support wise decision making, especially when the decision demands a radical change in medical practice. Moreover, when adding the financial burden required for modifying medical practices, obvious decisions no longer seem so obvious.

Unlike diagnostic imaging decisions adding iMRI is not based upon reimbursement rates. From reading the literature and speaking with the vendors of the equipment it appears that clinical outcome is driving this market. Why the difference?

A typical surgery can cost from \$35-65,000. The reimbursement for the scan is about \$400. It's only a brain scan. As iMRI is considered for inclusion in the neurosurgery suite, the patient outcome is the important issue. Some insurers are encouraged by the improved outcomes. And I believe they too, would like to reduce the number of additional surgeries and therapies that are often required after the surgeon has failed to remove the entire lesion. Knowing where things were and are, is important to the patient's and the surgeon's success.

The practical issues of conducting iMRI in the operating suite are not very surprising. As you know an operating suite is filled with ferrous objects such as tables and surgical instruments. Metallic objects are everywhere. To avoid flying instruments and tables, adding MRI to an operating suite requires some careful consideration.

There are surgical instruments that can be used in a magnetic field, but what about all of the other equipment? Every instrument and the table or boom that supports it is metallic. iMRI may solve many surgical problems but its magnetic field introduces many others. These problems and others can be fixed, but at a considerable cost.

Another issue a hospital must consider is that neurosurgery takes place in a reasonably standard operating suite. To employ iMRI, a special single use suite is required. As a result we have the question of how, or if the hospital uses the single-use suite when neurosurgery is not being performed. Expanded facility costs and low utility of the facilities are genuine concerns for the hospital administrator. As you can imagine there are vendors trying to solve these problems. Like most applications at this stage of market acceptance there are a number of ways to approach the solution.

The National Center for Imaging Guided Therapy is investigating iMRI and many other image modalities for use in the operating suite. The Center's investigations and their findings will surely have an important impact on the acceptance of iMRI.

The companies working on the solutions to *i*MRI imaging each seem to have a different approach. Each vendor is focused on minimizing the movement of the patient, and on providing real time images of the surgery. This is about the only approach that is common to the solution they offer. Let's review a few of these approaches.



Medtronics acquired a device from Odin Medical Technologies called the Pole Star 10 as part of their \$9 million acquisition of Odin. This device is an open, low field magnet at 0.15-T. The Pole Star 10 is a small device that fits around the patients head. Unfortunately the image quality generated by this low field-strength many not be competitive with other vendors. These images may be useful to a surgeon, but may not have the appeal of those produced by higher field MRI's used in diagnostic imaging.

Although the images from the Medtronics Pole Star 10 are of lower quality than those from a higher field magnet (1.5-T or greater) the Pole Star 10 is an economical way to introduce *i*MRI. Also with the low magnetic field there is less concern about most of the metallic objects in the operating suite.

Unfortunately, as with many low cost solutions, there are tradeoffs. The Pole Star 10 restricts the space in which a neurosurgeon must work. The device gets in the way. There is no question that cost is important, but the usefulness of instruments in a hospital is critical to the successful outcome for the patient. Cost is important but not exclusive.

Siemens and GE are taking a different approach from the compact, low field, low cost device. They have promoted open MRI designs at varying field strengths. I am inclined to believe that a 1-T or less would be sufficient for generating useful images, but with the availability of 1.5 and 3-T MRI's in diagnostic radiology, the lower field magnets will most likely be regarded as less desirable.

Siemens offers an open device that can be installed in most operating suites. Interestingly enough, Siemens can pivot the table out of the MRI field, allowing the surgery to be performed outside of the 5 gauss line. According to Siemens this pivoting of the operating table allows the use of conventional metallic instruments preferred by neurosurgeons.

The open MRI, with its dual position table that can be rotated out of the scanner area appears to be a practical cost effective approach.

GE has been in the *i*MRI market since 1998. At that time GE was developing low field open magnets. Today, GE is a collaborator with the National Center for Image Guided Therapy. But, from information on GE's WEB Site, it's not evident they are offering an identifiable product for *i*MRI. It appears instead that due to the early adoption of the application GE may still see *i*MRI as an evolving requirement, and may not be quite ready to define a single product for such a small market.

Last November another vendor became a player in the *i*MRI market. A small company which had been promoting an approach to *i*MRI, IMRIS, Inc. of Winnipeg, Manitoba, Canada, announced a public offering of its stock. IMRIS offers a unique solution for this highly specific application. They didn't invent a new magnet or anything else. IMRIS integrated a Siemens magnet into their complete operating suite and then added all of the high tech imaging, display and recording systems and components required by today's neurosurgeon.

They also added an intriguing twist. IMRIS figured out how to get maximum usage from the MRI. To do this they move the magnet into and out of the operating suite, returning the magnet to a docking station or to a radiology suite when not in use by the operating room personnel.

The MRI moves along ceiling rails. The IMRIS approach provides the greatest flexibility for use of MRI in the operating suite, but for an existing hospital, it is the most capital demanding of all of the vendors.

ECR in Vienna

On March 9th IAMERS will host its second reception at the ECR in Vienna.

The ECR is the second largest dedicated imaging congress in the world, after the RSNA. Many of the same people will go to Vienna as go to Chicago. Additionally, the ECR gets more attendees from Eastern Europe. Eastern Europe is a growing market for IAMERS members.

The ECR is March 7th – 11th.

IAMERS ECR Reception
Sunday, March 9th
7 PM – 9:30 PM
Grand Hotel Vienna
Kärntner Ring 9 – Vienna

As always, please RSVP if you are planning on coming to the IAMERS reception. RSVP to:

dupton@optonline.net or
+1 201 833 1157

If you would like to sponsor the ECR, please let us know. Sponsors make these receptions possible. We could not have any of the gatherings we do without the dedication of our sponsors.

IAMERS members with booths at the ECR are:

	<u>Booth #</u>
Dunlee	C324
GE	B202 & 213
Radiology OneSource	C304



The MRI moves along ceiling rails. The IMRIS approach provides the greatest flexibility for use of MRI in the operating suite, but for an existing hospital, it is the most capital demanding of all of the vendors.

A full field magnet of 1.5T or larger in a standard geometry can be employed. Having the ability to image with this geometry may be superior to the other approaches. In addition the MRI can be used in radiology when not deployed in the operating suite.

Unfortunately, to get this versatility requires major construction and RF shielding. The cost for reconstructing the operating room suite and the radiology area to accept this solution can exceed the cost of acquiring the magnet.

There are many factors for those considering the adoption of *i*MRI for their facility. Near and long term costs as well as patient outcomes demand a delicate balance of these factors. Where will this all lead? I don't know, but I suspect there is still more to come as medical imaging reaches beyond diagnostic radiology to begin its impact on other medical services.



Wayne Webster is the President of Proactix Consulting and the Managing Director of Diagnostix Plus. He is a recognized expert on technology advancements and DRAs. IAMERS is fortunate to have Wayne as our resident technical guru.



Arab Health – Continued from Page 2

The next morning we arrived at Arab Health and were overwhelmed by the size and sophistication of the venue. Larger than RSNA and more diverse, it was slightly reminiscent of AHA (American Heart Association), containing sixty percent capital equipment (the imaging type) with the remaining 40% dedicated to pharmaceuticals, monitoring devices, durable medical gear, therapy, health food products and the like. Make no mistake, the halls (there are eight halls!) and hallways were packed full of exhibitors and visitors. Each day that I attended the meeting the aisles were packed and the attendees were there to shop and buy! Staff and visitors were all speaking English. The people that I met at Arab Health were polite, friendly and interested in our business.

Investigate it now. Attend next January and expect to profit. Come to the IAMERS annual meeting in South Carolina for a more complete report on this important opportunity to IAMERS Members and more information on Dubai and Arab Health.

*Don Bogutski is the President of Diagnostix Plus
Don is a founding member of IAMERS
and a former president of IAMERS*

IAMERS is considering taking a pavilion at the next Arab Health meeting next January. A pavilion is a grouping of smaller booths all located together. There is already a US pavilion at Arab Health. This could mean that IAMERS might be a part of that; or take its own pavilion. To make this work, we would need a certain amount of participants. This is a way for everyone to save on booth costs. We look forward to your opinion on this opportunity.

Top 10 Valentine's Day Gifts for Him

Media cards/sticks
Car wash gift certificate
Silicone bbq mitt
Duct tape wallet
Supersize remote control

Tires
Drill bits
Beer
Swiss Army knife
Slim Jim bouquet

IAMERS News & Information

- Please note that the date of the European meeting in Amsterdam has been changed. Due to a scheduling conflict, the meeting will be moved to September 18th – 20th.
- The 2008 IAMERS Annual Meeting will be held in Charleston, SC at the Francis Marion Hotel. Those of you who are planning on attending should make your reservations as soon as possible.
- As you can see in "Important Dates in 2008" to the right, IAMERS has lots of planned events this year. As you know your schedule, and what you plan to attend, let us know. It helps us in the planning process.
- If you are planning on exhibiting at any of the shows noted at right, let us know. We will put your booth number in the Newsletter, at the appropriate time.
- IAMERS will exhibit at the SNM (Society of Nuclear Medicine) meeting, for the first time, in June 2008.
- Please let us if you can help on a committee. There's plenty to do in areas such as marketing. The more members that can help, the more we can accomplish. If there is something you would like to do for the association, please let us know.
- Member Directories will be mailed out around March 1st. A request for changes was sent out to everyone. Please be sure to let us know any changes you want to make before February 15th.

Comments and opinions are welcome.

Diana Upton
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2007/2008 IAMERS Board of Directors

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Contact IAMERS @ 877•304•2637 or 201•833•1157

Important Dates in 2008

ECR 08 (European Congress of Radiology)
March 7th – 11th Vienna

IAMERS ECR 08 Reception

March 9th (Sunday) – 7 PM – 9:30 PM
Grand Hotel Vienna
Kärntner Ring 9 – Vienna

AIUM 08 (Assn for Medical Ultrasound)
March 12th – 15th
San Diego

IAMERS 2008 Annual Meeting

May 1st – 3rd 2008
Francis Marion Hotel – Charleston, SC

AAMI 2008
May 31st – June 2nd
Mc Enery Convention Ctr – San Jose, CA
IAMERS Booth # 212

SNM 2008
June 14th – 18th
New Orleans
IAMERS Booth # TBD

CARS
(Computer Assisted Radiology & Surgery)
June 25th – 28th
Barcelona

2008 IAMERS European Meeting
September 18th – 20th **New Date**

EANM 2008
(European Congress of Nuclear Medicine)
October 11th – 15th
Munich

MD Expo 2008
October 23rd – 26th
Orlando

RSNA 2008
November 29th – December 4th