



# IAMERS Newsletter

Editor – Diana Upton

Technical Editor – Wayne Webster

March 25, 2008

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Woody Whetstone Jr., 62

## Letter from the President

We are greatly saddened by the loss of Woody Whetstone, founding member, former President, Board member and generous patron to our association. For all IAMERS members I wish to express our deepest sympathies to Sandra, Sherry, David, Tony, Woody's grandchildren; and his extended family. IAMERS intends to honor Woody's memory by establishing a charitable foundation in his name.

On Saturday night at the IAMERS Annual Meeting, we will have a special dedication to Woody. We invite his family and friends to join us. We have more about Woody, and our plans to honor him, on page 3.

This upcoming IAMERS Annual Meeting in Charleston will be the 15<sup>th</sup>. Our focus for this meeting will be to help you make the most of this bad economic time. There are some terrific opportunities in declining economic times, particularly for exporting equipment.

For those of you who have never been to an IAMERS Annual Meeting, this is the one to attend. We think you will find it beneficial to your business. We will discuss opportunities that can set you apart from those who aren't members of IAMERS. At the same time, it's a great opportunity to spend time with your colleagues; and enjoy the beautiful city of Charleston.

The complete agenda for the IAMERS Annual Meeting will be sent to everyone, by email, within the next two weeks. It will also be updated on the web. Please contact us, if you have any questions or comments about the meeting.

I look forward to seeing everyone in Charleston.

Cheers,

Diana Upton

## IAMERS Welcomes 4 New Members

NEW MEDICAL CO. LTD  
Shoki Karasawa, President  
2-19-24-4F Showa Cho Abeno ku  
Osaka, 545-0011, Japan  
Phone: +81 6-6621-8800  
Fax: +81 6-6621-8500  
Email: [info@new-medical.net](mailto:info@new-medical.net)  
Website: [www.new-medical.net](http://www.new-medical.net)

Buys & sells pre-owned imaging equipment

ALTAIR IMAGING LLC  
George Tyler Fower, COO  
2500 E. Ball Road, Suite 200  
Anaheim, CA 92806  
Phone: 800-503-6078  
Fax: 866-816-2630  
Email: [altrairimaging@gmail.com](mailto:altrairimaging@gmail.com)  
Website: [www.altairimaging.com](http://www.altairimaging.com)

Buys & sells MRI & CT

TRIDENT IMAGING SERVICES LLC  
Will Martinez CEO  
1909 Hwy FM 646 North  
Santa Fe, TX 77510  
Phone: 281-614-0790  
Fax: 281-385-9716  
Email: [www.wmartinez@tridentimaging.com](mailto:www.wmartinez@tridentimaging.com)  
Website: [www.tridentimaging.com](http://www.tridentimaging.com)

Sales & service of imaging equipment

HOSPITAL EQUIPMENT SERVICES  
Tijl Simons, CEO  
PO Box 397  
Kampen, Netherlands 8051CJ  
Phone: +31 38-332-5278  
Fax: +31 38-332-9077  
Email: [hes@hospitalequipmentservices.nl](mailto:hes@hospitalequipmentservices.nl)  
Website: [www.hospitalequipmentservices.nl](http://www.hospitalequipmentservices.nl)

Buys, sells, refurbishes & services imaging equipment



## IAMERS Annual Meeting in Charleston, SC • May 1<sup>st</sup> – 3<sup>rd</sup>

The 15<sup>th</sup> IAMERS Annual Meeting is fast approaching. If you are planning on attending, we need you to register as soon as possible. More importantly, you should make sure you have a room. There are several meetings going on in Charleston at the same time as the IAMERS meeting. We are told by our hotel, The Francis Marion, that they are running out of rooms. At right is a list of hotels nearby the Francis Marion. They are all within walking distance (distance to the Francis Marion is noted at right). All of the hotels listed here are in the same price range as the Francis Marion.

If you are having problems getting a room, and you cannot get into one of the hotels at right, please let us know. We will do our best to help you.

At the time of this writing, all of the hotels we have listed here had availability.

We appreciate your early registration and look forward to seeing everyone at the IAMERS 15<sup>th</sup> Annual Meeting in Charleston.

Hampton Inn – 2 blocks  
345 Meeting Street  
843-723-4000

Renaissance Charleston Historic District – 4 blocks  
68 Wentworth Street  
800-527-6298

Holiday Inn Charleston – 2 blocks  
125 Calhoun Street  
877-270-6397

Embassy Suites – 2 blocks  
337 Meeting Street  
843-723-6900

Best Western King Charles – 3 blocks  
237 Meeting Street  
800-527-6298

Doubletree – ¾ mile  
181 Church Street  
843-577-2644

## Remembering Woody Whetstone

IAMERS will miss Woody a great deal because he's such an important part of our history. Woody was a founding member of IAMERS, and served as our previous president. Woody brought many of our members to the organization. He also was a regular and major contributor to IAMERS.

Not only was Woody always sponsoring IAMERS' events; he also was a soft touch for the neighbors. Woody's daughter, Sherry Hannon, tells me another cute story of Woody's generosity. Diagnostic Parts Exchange is in a lower-income neighborhood. Sherry says the neighbors were always borrowing money from Woody. When asked to help, Woody helped them all.

We want to honor Woody in some special way. After tossing out a lot of ideas, and speaking to Sherry, we have tentatively decided on an annual memorial contribution to the "Fresh Air Fund" in honor of Woody. The Fresh Air Fund, an independent, not-for-profit agency, has provided free summer vacations to more than 1.7 million New York City children from low-income communities since 1877. For more information on the Fresh Air Fund, their website is [www.freshair.org](http://www.freshair.org).

It is not IAMERS intention to continuously ask the membership for contributions to *Woody's Fresh Air Fund*, the money that you, the members, contribute to the fund in 2008 will be put into an interest bearing account to honor Woody on an annual basis. This year's contribution to the Fund will be paid by IAMERS out of the general funds. We will ask for contributions in 2008; but not thereafter.

Please help us by contributing to Woody's Fresh Air Fund. If you are able to give us \$500 or \$1000, it will go to a good cause – and for years to come. Of course, we appreciate whatever you give. If you would like to contribute, please let me know by email, fax or phone: [dupton@optonline.net](mailto:dupton@optonline.net), fax +1.201-833.2021, or phone +1.201.833.1157. We take checks and credit cards. If you need it, we can invoice you for your tax-deductible contribution. All contributors will be recognized in IAMERS publications. The amount of your contribution will not be made public.

As self effacing and modest as he was generous, each of us has experienced a better IAMERS because Woody cared and backed his feelings with generous contributions. Woody, we will miss you. We hope, in some way, that you'll know that your generosity will bring smiles to some little kid's faces.

### How to contribute:

- Fax me your credit card info @ +1.201.833.2021
- Send a check (made out to IAMERS) to →→→ Diana Upton  
85 Edgemont Place  
Teaneck, NJ 07666
- Request an invoice for the amount of your contribution by email to [dupton@optonline.net](mailto:dupton@optonline.net)



Woody w/good buddies in Ft. Lauderdale 2002



Amsterdam 2006



IAMERS' previous presidents in New Orleans 2003

During the IAMERS Annual Meeting in Charleston, we will let you know how our progress with *Woody's Fresh Air Fund*.

# The Changing Fortunes of CT and the Democratic Primary

## Wayne Webster

As the technical editor for this publication I decided in this issue I would stray from my usual captivating technical exposition and share with you my thoughts on people who expertly predict the future in our fast changing market and world.

I don't know about you, but I'm tired of listening to the self proclaimed experts. It seems that no matter what the subject, politics, the economy, the war, the price of gasoline, the state of our infrastructure or the latest and greatest medical diagnostic imaging device there's an expert who is more than happy to offer predictions for the future.

So how do the Democratic Primary and the Changing Fortunes of CT relate? It's the never ending irony. The Democratic Primary is paralleling the advances and retreats of CT imaging. Think about it. The logic used by the medical experts is comparable to the analysis of the current state of affairs for Senators Obama and Clinton.

The Democratic Primary is now a two person race. Senator Obama is ahead in the popular vote and the delegate count. The experts are predicting Senator Obama would be better off if he'd throw in the towel and become the vice presidential candidate for Senator Clinton. Does this make any sense? The leader should quit when it's possible he could win? If he doesn't win he still comes in second and could be vice president anyway. It's a two person race! I'm just glad these same experts aren't managing traffic at a major intersection. In my humble opinion the reason for this twisted logic is that these are the same people who predicted Senator Clinton's winner before the primary season began.

Unfortunately for all of us the same kind of twisted logic is being used in medical diagnostic imaging. The predictions made or the support given to a particular imaging technology is done with little regard to the issues driving the changes. When it doesn't happen the same experts change the playing field to match the prediction.

In the October issue I wrote about Virtual Colonoscopy (VC). This particular application has certainly been controversial. The issues surrounding it are not insignificant. Gastroenterologists perform the gold standard tests, colonoscopy and sigmoidoscopy, without the use of CT or conventional X-ray imaging support. These techniques demonstrate high sensitivity and specificity as small lesions are identified. Over the past years several studies have been published and show VC not specific enough to demonstrate the absence of disease nor sensitive enough to identify disease sufficiently well to replace the gold standard tests. In fact it has been repeatedly pointed out that VC is not able to find cancerous lesions as well as colonoscopy and sigmoidoscopy.

A typical surgery can cost from \$35-65,000. The reimbursement for the scan is about \$400. It's only a brain scan. As fMRI 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.

Remember the logic proposed for Senator Obama's resignation? If performance as calculated in votes and delegates is an indication most would say he is the more successful candidate. But, the experts want him to resign and take a back seat to Senator Clinton who is in second place. I've heard the experts say he should do this for the good of the party.

In the same way earlier this month the American Cancer Society announced it was recognizing the benefit of virtual colonoscopy as a screening tool. They added VC to its five-year colon screening guidelines. And the suggestion by the media (the experts covering this announcement) is that with this endorsement VC is on its way to replacing the tests which have historically demonstrated a better outcome for screening for colon cancer. For the good of medical diagnostics we are supposed to put another test in place that does not equal the sensitivity or specificity of standard colonoscopy or sigmoidoscopy. Are we being asked to do this for the good of radiology?

So, where does this test fit? It is a great screening test for those who do not have polyps or cancerous lesions. If VC can be proven to be more cost effective as a first screen then it should be implemented. If I understand what's been written, this test will potentially identify those without evidence of cancer or potential cancer and put them in a low risk group that will be screened every 5-years with VC. However, all of those who undergo VC and are found to have polyps or who are suspected of having disease will have to then undergo the more invasive colonoscopy. It should be mentioned that the test will be done on another day and a second bowel-cleansing prep will be required.

If the stated goal of screening for colorectal cancer is to identify early as many cancers and precancerous lesions as possible, I fear the second bowel-cleansing prep will not be tolerated by many people who need the colonoscopy most after being identified as having suspicious lesions with VC. How many people have you heard say, "Never Again" after going through their first colonoscopy preparation?

Another application for CT that seems to be obvious to most hit a snag in December, and while writing this editorial it recovered with the swipe of a pen. Maybe this is akin to the Michigan and Florida Democratic Primary do-overs?

Over the past two years, in fact with the introduction of volume CT detectors, CT angiography (CT-A) has been proposed by the experts to be the next greatest application for CT. If it works as demonstrated on small patient groups then I think I'd rather suffer the increased radiation exposure rather than undergo an invasive cardiac catheterization.

This month's cover story in *Diagnostic Imaging* magazine is "Coronary CTA...Can It Survive?" This is an eye catcher. Once again, like the election, CTA was chosen the winner by the experts before the clinical studies (the election) were produced. At the time of publication there was some controversy about the outcome.

The short story is that CMS (Medicare) decided in December 2007, to overturn local coverage of CTA. Without reimbursement by Medicare the other third party carriers dropped their coverage too. And although the technique has been touted as the best for assessing the condition of blood flow to the heart, it won't be used. If it's so good why was Medicare not paying for its use?

In the *Diagnostic Imaging* article expert individuals were interviewed to gain a perspective. DI interviewed executives from GE, Siemens, Philips and Toshiba. Their anecdotal evidence of the clinical and cost effectiveness of CT-A is interesting and worthy of consideration. But, do you think these representatives of industry may be a bit biased? I don't think they'd lie, but just like those proposing that Senator Obama throw in the towel while he is ahead, I suspect they have an ulterior motive.

The problem with CT-A was that the vendors and those who would benefit most financially from the adoption of CT-A as a screening tool had not done the work to prove to Medicare that this technique is better than any other. Medicare has a process for approving and paying for new medical procedures. It's ingenious and easy to understand.

Several years ago the director of Medicare said that they would approve any new technology or procedure that was FDA approved. He said Medicare would provide a reimbursement code and begin to reimburse for the procedure as soon as the vendor could demonstrate that the procedure was better than that being used presently by Medicare for its clients. In a definitive statement he said he wanted to make certain that no road block stood in the way of Medicare recipients getting the best medical services.

Sounds simple, doesn't it? No more squabbling with Medicare after an FDA approval. The market now had a straight forward path to adoption and reimbursement. There was cheering from the Board Room's of the vendors of medical devices. There was just one catch. Medicare wants the best for its clients. But to determine what is best it requires that the entity proposing the new procedure prove that it's better than what they are using now. That means to get CT-A approved the studies needed to be conducted on large groups of people of Medicare age. Since this wasn't done Medicare overturned the local carriers' decision to reimburse.

There's another small fact that everyone ignored in trying to get this very useful technique reimbursed by Medicare. Not only did they need to prove that CT-A is better than conventional cardiac catheterization, CT-A can not be an immediate drain on the Medicare budget. If a new medical technique is added it is reimbursed at the expense of all of the other useful procedures in the budget. Let's not forget the experts proclaiming the need for a balanced national budget. When we balance the budget we do it on the back of large budgets like Medicare.

The fortunes of CT have changed over the past few years and as we continue to advance technology we will be confronted with the realities of budgets and the marketplace. The experts will continue to support those technologies that allow them to extract the most from the system.

Now the experts claim that Medicare was looking at studies from earlier dates. Now that we know more about CT and CT-A Medicare should vote again. They did. Knowing the outcome and without significant new information they turned over the December 2007 decision and will now reimburse. The turnover of the Medicare December 2007 decision not to reimburse sounds a lot like the do-overs requested by Michigan and other States in the Democratic Presidential Primary.

Whether it's the Democratic Primary race or the adoption of new medical imaging devices, be a bit skeptical of the experts' opinions and recognize there are many forces at work defining our marketplace and our world. Examine the possibilities and weigh the potential for change and impact based upon all that you know and less of what the experts tell you.

*Wayne Webster will be one of the speakers at the IAMERS Annual Meeting in Charleston this May. Wayne's presentation will be on the Deficit Reduction Act. In his consulting company, Proactics, Wayne is a recognized authority on the DRA.*

## How Much Can You Deduct in Your Retirement Plan?

It's tax time and the last chance to contribute to your retirement plan for 2007. Whether you contribute to a retirement plan for yourself or for your employees, you can deduct contributions (except Roth contributions, which are after-tax contributions), subject to limits.

Here are the 2007 limits, listed by the type of plan that you sponsor:

- **SIMPLE IRA Plan:** Maximum employee salary reduction contribution for 2007 is \$10,500. If the employee is age 50 or over, an additional catch-up contribution of \$2,500 may be deferred. The required employer contribution is either a 3% dollar-for-dollar matching contribution or 2% of compensation given to all eligible employees.

- **SEP Plan:** Maximum contribution is the smaller of 25% of an employee's compensation (up to \$225,000), or \$45,000. Maximum deduction is 25% of all participants' compensation that does not exceed \$225,000.

- **Profit-Sharing and Money Purchase Pension Plans:** Maximum contribution is the smaller of 25% of an employee's compensation that does not exceed \$225,000, or \$45,000. Maximum deduction is 25% of all participants' compensation that does not exceed \$225,000.

- **401(k) Plan:** Because a 401(k) plan is part of a profit-sharing plan, the same 25% deduction limit applies to regular profit-sharing contributions. Contributions can be both employer and employee. The maximum employee salary reduction contribution is \$15,500 for 2007. If the employee is age 50 or over, an additional catch-up contribution of \$5,000 may be deferred. You can deduct the employees' elective deferrals in addition to the 25% limit (for employer contributions) as long as an individual's total contributions do not exceed \$45,000 (\$50,000 for those aged 50 and over).

- **Defined Benefit Plan:** Maximum contribution is the amount needed to provide an annual benefit no larger than the smaller of \$180,000 or 100% of the participant's average compensation for his or her highest 3 consecutive calendar years. The maximum deduction is limited to the amount necessary to fund the plan for the year and is determined by an enrolled actuary. Self-employed individuals and partners must make an adjustment to their deduction for their own contributions on Form 1040, line 28. See "Table and Worksheets for the Self-Employed" in Publication 560 for information on how to make this adjustment to your own contribution deduction.

Source: [www.irs.gov](http://www.irs.gov)

## IAMERS Thanks ECR Sponsors

IAMERS hosted its second ECR reception in Vienna earlier this month. These events give members an opportunity to network with fellow members. As well, they give us an exposure to other markets into which we can expand our business base.

These events are made possible because of our sponsors. We would like to thank the sponsors, without which these events would not be possible.

Anders Jensen  
Agito Medical

Dave Band  
DBI

Don Bogutski  
Diagnostix Plus

Woody Whetstone  
Diagnostic Parts Exchange

Phil Jacobus  
DOTmed.com

Jeff Fall  
Imaging Systems International

Leon Gugel  
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Rob Manetta  
Nationwide Imaging

Ed Gibbs  
North Coast Medical Equipment

Rob Kerwin, Esq.  
Tarlow, Breed, Hart & Rodgers



IAMERS 15<sup>th</sup> Annual Meeting • Charleston, SC

**Maximizing Profits in a Changing Market**

May 1<sup>st</sup> – 3<sup>rd</sup>  
Francis Marion Hotel

## 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 18<sup>th</sup> – 20<sup>th</sup>.
- If you are planning on attending the 2008 IAMERS Annual Meeting in Charleston, SC, please 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.
- Please let us know if you would like to sponsor the IAMERS 15<sup>th</sup> Annual Meeting.
- If you are interested in participating in an IAMERS pavilion at the next Arab Health in Dubai, please let us know. We need lots of lead time to make this happen.

Comments and opinions are welcome.

Diana Upton  
201•833•2203



### 2007/2008 IAMERS Board of Directors

President – Diana Upton • [dupton@optonline.net](mailto:dupton@optonline.net)  
Vice President – Rick Stockton • [rstockton@atlasmedtec.com](mailto:rstockton@atlasmedtec.com)  
Secretary – Catherine Moss-Solomon • [moss-solomon@comcast.net](mailto:moss-solomon@comcast.net)  
Treasurer – Jim Goldner • [firstsourceimage@aol.com](mailto:firstsourceimage@aol.com)  
Founding President – Dave Band • [info@dbicorp.com](mailto:info@dbicorp.com)  
Legislative Affairs Chairman – Ed Gibbs • [ncmegibbs@cs.com](mailto:ncmegibbs@cs.com)  
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Events Chairman – Bob Feldman  
Development Chairman – Anders Jensen • [afj@agitommedical.com](mailto:afj@agitommedical.com)

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Robert Kerwin, Esq. • [rkerwin@tbhr-law.com](mailto:rkerwin@tbhr-law.com)

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

### Important Dates in 2008

#### IAMERS 2008 Annual Meeting

May 1<sup>st</sup> – 3<sup>rd</sup> 2008  
Francis Marion Hotel – Charleston, SC

AAMI 2008  
May 31<sup>st</sup> – June 2<sup>nd</sup>  
Mc Energy Convention Ctr – San Jose, CA  
**IAMERS Booth # 212**

SNM 2008  
June 14<sup>th</sup> – 18<sup>th</sup>  
New Orleans  
**IAMERS Booth # TBD**

CARS  
(Computer Assisted Radiology & Surgery)  
June 25<sup>th</sup> – 28<sup>th</sup>  
Barcelona

**2008 IAMERS European Meeting**  
September 18<sup>th</sup> – 20<sup>th</sup> **New Date**

EANM 2008  
(European Congress of Nuclear Medicine)  
October 11<sup>th</sup> – 15<sup>th</sup>  
Munich

MD Expo 2008  
October 23<sup>rd</sup> – 26<sup>th</sup>  
Orlando

RSNA 2008  
November 29<sup>th</sup> – December 4<sup>th</sup>