

# Newsletter



Spring Issue, April 2003

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HS LAM  
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J KHOO  
TL KWAN  
CY LUI  
Y WONG

## President's Jottings

Dr. Lilian Leong

### SARS

It has been a very hectic time for the healthcare profession recently, especially for those working in the public sector.

This new syndrome named by WHO as Severe Acute Respiratory Syndrome (SARS) has taken Hong Kong by surprise. Globally case numbers are growing every day. In Hong Kong, we are facing a situation and hardship which we had never anticipated, nor had the experience to deal with. How much do we know by now? There had been question like: Is the virus a mutant from the common virus? The answer we now have is NO. Thanks to our clinicians/scientists, in a short period of 3 weeks after the outbreak, they gave us the information on the pathogen: *This is a coronavirus and is a novel virus with very different genetic sequences from all the existing human and animal coronavirus. The new coronavirus is strongly associated with SARS.*

Though there is continuous revelation of new information and new measures to the healthcare workers and the public, many questions are yet to be answered. So far, at the time of writing, we have little success in tracking down where the disease originated: somewhere in the mainland? Does the coronavirus infect via droplets only? How sensitive and specific is a particular diagnostic test? Is the virus stable enough for vaccine production? How significant is the role played by animal and insect vectors? Is infection control the most important factor to prevent an epidemic or is it the population density in the long term? The epidemiology, the disease spectrum, the diagnosis, the treatment, the long-term management, the economic implication.....

The healthcare profession, the public, the administrators and the world want answers to the many questions and solution to the problem. As of today, most of the questions are at best only partly answered. Furthermore, the more information we gain from experience with management and control of this disease, the more questions we are likely to raise. For healthcare workers, many are working hard to tackle the disease in order to save lives; meanwhile, they themselves are dangerously exposed to the pathogen and may become infected.

Though in the first instance, clinical alertness and assessment are of prime importance, we radiologists indeed play a very essential role in the diagnosis and management of SARS. Plain chest radiographs remain the most commonly used modality of investigation and management. Apart from the suspected and indexed cases, our colleagues and staff who are working at high-risk zone and have mild respiratory symptoms or generally feeling unwell will usually have their chest films taken. That Chest X-ray can serve as a baseline film even if the individual is not a case of SARS.

Direct digital radiography allows immediate image viewing by radiologists, especially for those attending the A & E department. There has been an escalating need for portable service. The portable service includes setting up of a temporary area for taking films for patients located in an isolated zone. This service comprises the portable machine, mobile chest stand and a team of staff highly trained in infection preventive measures. HRCT can be the investigation used for early determination of pulmonary involvement. All personnel have to prepare to go to the frontline to fight this battle. Most importantly, one has to learn to protect oneself and to teach others how to protect themselves. For our profession, cleaning the equipment and protecting the equipment from contamination are also mandatory measures.

For the last few weeks, I have witnessed our colleagues, radiologists, radiographers, nursing staff, supporting staff and our supply companies all devoting their utmost dedication to combat SARS. From those who work in the frontline, I have heard little complaints. Yes, we all are worried, we all are anxious but I have not heard complaints about overwork. For those involved in management, I see the sharing of useful working tips, valuable personal experience through conversation, telephone communication, e-mails and task force meetings. Radiological findings and equipment are shared, operative protocols are disseminated, teaching courses are convened and useful details on protection for our daily activities are dispensed. Though it is a time of turmoil, SARS has also given the opportunity for us to demonstrate how cohesive and helpful we can be. Personally, I am very proud to be one of us.

I have asked Dr. Ahuja to share his experience with us. For this he has written a short article, which I have included here. I am grateful for his contribution.

Lastly, may all of you enjoy good health and maintain your high spirits! And may this SARS be controlled in no time!

*Dr Lilian Leong*  
*11<sup>th</sup> April, 2003*

## ***Radiology in Severe Acute Respiratory Syndrome***

*Dr. Anil T. Ahuja*

The current crisis of Severe Acute Respiratory Syndrome (SARS) has brought out a few important and perhaps neglected points about modern radiology. First, radiology is still frontline medicine and is an integral part of clinical practice. The profession has periodically taken a back seat to other disciplines, being regarded by some as non-clinical or purely technical. Its indispensable role in the diagnosis and management of SARS has shown our non-radiological colleagues, young and old, how much we contribute to medicine. Second, in the recent years, high-tech imaging such as magnetic resonance imaging, computed tomography, ultrasound etc., have taken away most if not all interest from radiographs. This epidemic has shown why radiography is still the core of our practice. It is fast, cheap, widely available and, most importantly in an epidemic, not labor intensive. We, as radiologists, must maintain our expertise with radiographs, as we will no doubt need to rely on it over and over again. Third, we must acknowledge the tremendous efforts made by our radiographers. They have exhibited great professionalism and selflessness in the way they have accepted the challenge in front of them. They have remained calm while working in a high-risk environment, and are truly a credit to the society. Last but not least, this crisis has shown how radiology can be adapted to excel in the present Age of Information.

The primary role of all medical professionals is clinical and, especially at a time of crisis, has

traditionally taken precedence over education and academia. However, it is also our role to educate the community about the disease, particularly as imaging plays a vital role in the diagnosis and management of this disease. In the very early days of this epidemic, the Department of Diagnostic Radiology and Organ Imaging of the Chinese University of Hong Kong set up a webpage about SARS (<http://www.droid.cuhk.edu.hk>). This webpage was continually updated with the latest images and information as the crisis went on. It served as an effective interface to educate the worldwide community about the disease, disseminating important information literally at the speed of light. This was not previously possible with print or any other means. At the time of writing this article, 18 days after its launch, this SARS webpage has played host to over 55000 visitors.

In summary, this crisis has bought the old and the new in radiology together, emphasizing the importance of retaining radiographic skills, being professional, and moving with the times. The future of radiology continues to shine.

***Exit Assessment in January 2003***

Date: ***20 January 2003 (Radiology) and  
21 January 2003 (Clinical Oncology and Nuclear Medicine)***

Venue: ***Room 10, 2/F, Hong Kong Academy of Medicine Jockey Club Building  
99 Wong Chuk Hang Road, Aberdeen, Hong Kong***

***RADIOLOGY***

Chairman of Assessment Panel	<i>Dr. F.L. Chan</i>
Assessors	<i>Dr. Susan Chan</i>
	<i>Dr. K.H. Fung,</i>
	<i>Dr. Philip Kwok</i>
	<i>Dr. H.S. Lam</i>

***CLINICAL ONCOLOGY***

Chairman of Assessment Panel	<i>Dr. W.H. Lau</i>
Assessors	<i>Dr. Gordon Au</i>
	<i>Dr. Anne Lee</i>

***NUCLEAR MEDICINE***

Chairman of Assessment Panel	<i>Dr. W.H. Lau</i>
Assessors	<i>Dr. W.Y. Ho</i>
	<i>Dr. C.M. Tong</i>

There were 14 successful candidates, including 3 from Clinical Oncology, 9 from Clinical Radiology and 2 from Nuclear Medicine.

## Changes in HKCR Subscription and Fees

### Hong Kong College of Radiologists Subscription and Fees (Effective 21 January 2003)

<i>Subscription and Fees</i>		<i>Admission Fee HK\$</i>	<i>Annual Subscription HK\$</i>
<b>(A)</b>	<b><i>Full Subscription</i></b>		
	<b>1) Fellows*</b>	3,000	3,000
	<b>2) Members*</b>	300	300
	<b>3) Trainee Members*</b>	300	300
	<i>* The admission fees are applicable if normal pathway is followed, otherwise additional admission fees will apply as described in the following notes.</i>		
	<b>4) Associate Members</b>	5,000	2,000
<b>(B)</b>	<b><i>Reduced Subscription</i></b>		
	<b>5) Fellows reaching the age of 65 or more</b>	N/A	1,000
	<b>6) Retired Fellows</b> <i>Have reached the age of 55 and retired from remunerative radiological practice</i>	N/A	1,000
	<b>7) Fellows/Members/Trainee Members/Associate Members residing overseas</b> <i>Treated as local</i>	Subscription as Cat. A 1, 2, 3 & 4	
	<b>8) Fellows with financial hardship</b> <i>Members concerned need to apply to the College stating reasons. Applications will be considered on individual basis</i>	To be considered on individual basis	
<b>(C)</b>	<b>9) Reinstatement of Fellowship</b>	Reinstatement fee of 3,000	

**\*Notes :**

1. This table of subscription and admission fees are subject to the additional conditions as follows:
  - a. **Additional** admission fee will be applied if:
    - (i) Trainee Member applies to be a **Member** more than 2 months after passing Part I Examination: the admission fee will be **HK\$2,000.00**
    - (ii) Trainee Member applies to be a **Member** after passing Part II Examination: the admission fee will be **HK\$10,000.00**
    - (iii) Trainee Member applies to be a **Fellow directly**: the admission fee will be **HK\$15,000.00**
  - b. **Additional** admission fee will be applied if **Non-member** applies to be a:
    - (i) **Member** directly.
      - a) For candidate holding Part I but not yet obtaining Part II, the admission fee will be **HK\$4,000.00**
      - b) For candidate holding Part II, the admission fee will be **HK\$10,000**
    - (ii) **Fellow** directly. The admission fee will be **HK\$15,000.00**
2. All applications for reduced rates will be considered only upon formal written request.
3. Age will be counted to 31 December of the current year.
4. All reduced rates will be effective from the next subscription year after approval of application.
5. All subscriptions will be subject to a surcharge of 5% if settled after 31<sup>st</sup> March of the subscription year.
6. Any amendments in fees and subscription can be made according to the Constitution-by-laws without prior notification of those affected.

## ***Joint Examination Schedule***

THE ROYAL COLLEGE OF RADIOLOGISTS AND HONG KONG COLLEGE OF RADIOLOGISTS

### **JOINT EXAMINATIONS FOR THE FELLOWSHIP** **CLINICAL RADIOLOGY**

***EXAMINATION DATES 2003***

#### **JOINT FINAL EXAMINATION FOR THE FELLOWSHIP - PART B**

<b>Autumn 2003</b>	
<b>Examination Dates</b>	Week commencing 13 October 2003
<b>Application Closing Date</b>	14 July 2003 – 5:30p.m.
<b>Examination Fee</b>	HK\$11,315.00
<b>Venue</b>	Hong Kong
<b>Apply to</b>	Hong Kong College of Radiologists

#### ***NOTES***

1. Please read Guidance Notes for Examination Candidates carefully before submitting an application. This document contains important information to assist with submission of an acceptable application.
2. Cheques for the Joint Examination for the Fellowship should be made payable to “Hong Kong College of Radiologists”.
3. Please address any queries, correspondence and application forms concerning the Joint Examinations for the Fellowship to the Hong Kong College of Radiologists.
4. The Royal College of Radiologists will additionally hold its own examinations as detailed below.

First FRCR Examination in Clinical Radiology (New Format)	Spring 2003, Summer 2003 and Winter 2003
Final FRCR Examination Part A in Clinical Radiology	Spring 2003 and Autumn 2003
Final FRCR Examination Part B in Clinical Radiology	Spring 2003 and Autumn 2003

It will be possible to sit Part A of the Final FRCR Examination in Clinical Radiology in Hong Kong at both the Spring and Autumn 2003 sittings. Full details of all 2003 FRCR Examinations may be obtained from the Examinations Secretary at the Royal College of Radiologists, to whom applications must be submitted.

Hong Kong College of Radiologists  
Room 909, 9/F, The Hong Kong Academy of Medicine  
Jockey Club Building  
99 Wong Chuk Hang Road, Aberdeen, HONG KONG  
Telephone: +852-2871 8830  
Facsimile: +852-2554 0739  
E-mail: enquiries@hkcr.org

The Royal College of Radiologists  
38 Portland Place, London, W1B 1JQ  
UNITED KINGDOM  
Telephone: +44-20-7636 4432  
Facsimile: +44-20-7631-4257  
E-mail: enquiries@rcr.ac.uk

**JOINT EXAMINATIONS FOR THE FELLOWSHIP**  
**CLINICAL ONCOLOGY**

***EXAMINATION DATES 2003***

**JOINT FINAL EXAMINATION FOR THE FELLOWSHIP**

<b>Autumn 2003</b>	
<b>Written Papers</b>	6 October 2003
<b>Oral and Clinical Examinations</b>	Week commencing 13 October 2003
<b>Application Closing Date</b>	7 July 2002 – 5:30p.m.
<b>Examination Fee</b>	HK\$13,125.00
<b>Written Paper Venues</b>	Hong Kong, Singapore
<b>Oral and Clinical Examinations Venue</b>	Hong Kong
<b>Apply to</b>	Hong Kong College of Radiologists

***NOTES***

1. Please read Guidance Notes for Examination Candidates carefully before submitting an application. This document contains important information to assist with submission of an acceptable application.
2. Cheques for the Joint Examination for the Fellowship should be made payable to “Hong Kong College of Radiologists”.
3. Please address any queries, correspondence and application forms concerning the Joint Examinations for the Fellowship to the Hong Kong College of Radiologists.
4. The Royal College of Radiologists will additionally hold its own examinations as detailed below.

First FRCR Examination in Clinical Oncology  
Final FRCR Examination in Clinical Oncology

Spring 2003 and Autumn 2003  
Spring 2003 and Autumn 2003

It will be possible to sit the First FRCR Examination in Clinical Oncology and the written papers of the Final FRCR Examination in Clinical Oncology in Hong Kong at both the Spring and Autumn 2003 sittings. Full details of all 2003 FRCR Examinations may be obtained from the Examinations Secretary at the Royal College of Radiologists, to whom applications must be submitted.

Hong Kong College of Radiologists  
Room 909, 9/F, The Hong Kong Academy of Medicine  
Jockey Club Building  
99 Wong Chuk Hang Road, Aberdeen, HONG KONG  
Telephone: +852-2871 8830  
Facsimile: +852-2554 0739  
E-mail: [enquiries@hkcr.org](mailto:enquiries@hkcr.org)

The Royal College of Radiologists  
38 Portland Place, London, W1B 1JQ  
UNITED KINGDOM  
Telephone: +44-20-7636 4432  
Facsimile: +44-20-7631 4257  
E-mail: [examinations@rcr.ac.uk](mailto:examinations@rcr.ac.uk)

***Teaching Ultrasound to Non-radiologists – after a referendum  
Hong Kong College of Radiologists***

In response to the request from Accident & Emergency physicians for training in Ultrasound examination, a work group was commissioned by the Council of Hong Kong College of Radiologists in December 2001. The members were: Dr W Foo, Dr YL Chan, Dr MT Chau, Dr J Khoo, Dr BM Lai, Dr HS Lam, and Dr CK Law. They were given the task of looking into this issue and define a position for the College.

There has been so far no restriction, by law or otherwise, on non-radiologists to perform and interpret Ultrasound examination. The need and application of Ultrasound is growing in many specialties of Medicine. Colleges of radiology in the USA, the UK, Australia and New Zealand all have provisions for non-radiologists to perform and interpret Ultrasound examination. Policies in these radiology colleges all depicted and emphasized that adequate training was essential for anyone to practice diagnostic ultrasound. Details of the required training to attain a certain level of competence were spelled out in the policy statements in these Colleges. The common ground is that the standard must be attained and maintained.

There was no consensus in the working group on whether radiologists should teach non-radiologists to perform and interpret Ultrasound examination. The Council members also had different opinions. A referendum was organized to compile the views of members of the College. The questionnaires were distributed in late September 2002

Out of the 369 questionnaires sent, there were 128 returns (34% response rate). Among the 128 respondents, there were 103 Fellows, 18 Members and 6 Trainees (one did not specify). By specialty 108 were from Radiology, 17 from Clinical Oncology and 1 from Nuclear Medicine (two did not specify). Of all the respondents, 119 (93%) showed their full names and signed on the questionnaire.

Most (96%) agreed that radiologists were the best-qualified personnel to perform and interpret diagnostic Ultrasound.

Opinion was divided on whether there should be 24-hour radiological coverage in Accident & Emergency departments. 46% percent agreed while 35% disagreed. 19% percent had no preference. Still on this issue, most (65%) did not think that 24-hour radiological coverage was feasible in Hong Kong.

66% percent thought that it was not appropriate for Accident & Emergency physicians to perform and interpret general diagnostic Ultrasound. 18% percent thought it was appropriate. A slightly high proportion (38%) thought that it was appropriate for them to perform and interpret targeted or focused diagnostic Ultrasound. However the majority (48%) still disagreed on this idea on targeted / focused Ultrasound.

The majority (63% vs 25%) thought that appropriately trained Accident & Emergency physicians would be able to perform and interpret targeted / focused Ultrasound.

On the issue of whether specialist radiologists have the responsibility to teach Accident & Emergency physicians to perform targeted / focused Ultrasound, most (49% vs 28%) disagreed while 23% had no preference.

On a similar issue of whether specialist radiologists have the responsibility to teach non-radiologists to use Ultrasound, 74% disagreed while 11% agreed.

Most (95%) thought that there was a higher priority to teach trainee radiologists than non-radiologists. Only 5% agreed that specialist radiologists in their hospital had the time to teach Ultrasound to both trainee radiologists and non-radiologists.

**Conclusion:**

*Specialist radiologists are the best-qualified personnel to use Ultrasound as a diagnostic tool.*

*There should be 24-hour radiological coverage in Accident & Emergency departments, although most thought that this was not currently feasible in Hong Kong.*

*In general it would be inappropriate for any physician, without appropriate training, to use Ultrasound, both general and targeted / focused as a diagnostic tool.*

*However, a fair proportion of radiologists believed that appropriately trained A&E physicians would be able to perform targeted / focused diagnostic Ultrasound in A&E departments.*

*The majority believed that it was not their responsibility to teach non-radiologists to perform diagnostic Ultrasound; nor that specialist radiologists have the spare capacity to do so. Teaching trainee radiologists and radiographers have a much higher priority.*

**Membership Status**

*Please be informed that the College has the following numbers of members as at 27 March 2003:*

<i>Status</i>	<i>Number</i>
Honorary Fellow	<b>8</b>
Fellow	<b>299</b>
Member	<b>62</b>
Trainee Member	<b>14</b>
Associate Member	<b>1</b>
<b>Total</b>	<b>379</b>

*List of Trainee Members admitted from 21 December 2002 till 27 March 2003:*

<i>Admission date</i>	<i>Name</i>	<i>Specialty</i>	<i>Training Center</i>
21 Jan 2003	LUI, Cheuk Yu	CO	QMH
21 Jan 2003	NG, Wan Ying Alice	CO	TMH



***List of Members admitted 21 December 2002 till 27 March 2003:***

<b><i>Admission date</i></b>	<b><i>Name</i></b>	<b><i>Specialty</i></b>	<b><i>Training Center</i></b>
21 Jan 2003	CHU, Leysia	DR	PYNEH
21 Jan 2003	HUI, Wai Yi Joyce	DR	NDH
21 Jan 2003	KAN, Yee Ling Elaine	DR	PMH
21 Jan 2003	LAM, Suk Yee Judy	DR	PWH
21 Jan 2003	SIU, Chi Wai Jimmy	DR	TMH
25 Feb 2003	LO, Shing Wai Sherwin	DR	PYNEH
25 Feb 2003	SIU, Yung Woon	DR	PWH
25 Feb 2003	SO, Chiu Kui	DR	KWH
25 Feb 2003	TAM, Hiu Tung	DR	PWH
25 Feb 2003	TSANG, Tsz Kan	DR	QEH
25 Mar 2003	TSANG, Hin Ling Abby	CO	PYNEH
25 Mar 2003	WONG, Ka Kin	DR	QMH
25 Mar 2003	WU, Ka Pik	DR	QMH

***List of Fellows admitted from 5 October 2002 till 27 March 2003:***

<b><i>Admission date</i></b>	<b><i>Name</i></b>	<b><i>Specialty</i></b>	<b><i>Training Center</i></b>
21 Jan 2003	KWAN, Chung Kong	CO	QEH
21 Jan 2003	LO, Sing Hung	CO	TMH
21 Jan 2003	YEUNG, Wing Kay	CO	PWH
21 Jan 2003	CHAN, Hei Lun Helen	DR	QMH
21 Jan 2003	CHEUNG, Chi Wai Stephen	DR	QMH
21 Jan 2003	HO, Wing To	DR	QMH
21 Jan 2003	IP, Chei Bing	DR	PWH
21 Jan 2003	LEE, Raymand	DR	QMH
21 Jan 2003	LEUNG, Lai Yin John	DR	QEH
21 Jan 2003	WONG, Yuen Yee	DR	PWH
21 Jan 2003	WONG, Ka Tak	DR	PWH
21 Jan 2003	YUEN, Hing Fai	DR	QMH
21 Jan 2003	CHEUNG, Shing Kee William	NM	TMH
21 Jan 2003	LOK, Chiu Ming	NM	PYNEH

***Announcement***

Please note that in the future, educational material will be put up on MLMS for the education and self-study CME by our fellows. There will be MCQs for the case of the month and CME Points will be awarded. The details of such arrangement will be announced later. Please look out for this.

## ***HKMA Lounge & Leung Kau Kui Medical Library***

### **Hong Kong Academy of Medicine Jockey Club Building: Academy Lounge & Leung Kau Kui Medical Library**

The opening the Academy Lounge & Leung Kau Kui Medical Library was officiated by Dr. Zhang Wenkang, Minister of Health, PRC and Dr. Annie Wong, donor of the Leung Kau Kui Medical Library, on 22 March 2003.

The tastefully decorated lounge area on the 3<sup>rd</sup> floor of the Hong Kong Academy of Medicine Jockey Club Building serves snacks and drinks, and opens from 12 noon to 10pm on Mondays to Saturdays, and 9am to 10pm on Sundays and Public Holidays. Other facilities include a fitness centre, the Leung Kau Kui Medical Library, a VIP room which is available for private functions, a sauna room, and the Fellows Garden whereby barbecue services are available on advance booking.

The decorative partitions of the Leung Kau Kui Medical Library consist of hugely magnified radiological images, including angiography of a multifocal hepatocellular carcinoma, three-dimensional MR image of a human brain, and a three-dimensional reconstructed image of a large coeliac artery aneurysm.

Academy Fellows / members, and family members holding a supplementary HKAM / Manhattan Platinum Visa Card, are eligible to use the premises.



*From left to right: Dr. CH Leong, Dr. Lilian Leong, Dr. Annie Wong (Donor of the Academy Lounge & Library), Prof. Richard Yu, Mr. Felix Wong (Designer of the Academy Lounge & Library), Mrs. Wong, and Ms Wong*

As in previous years, RSNA 2002 was held at the McCormick Place in Chicago. The conference was of interest to everyone related to the practice of radiology. There were different activities to suit the different needs of the participants. There were formal lectures delivered by experts from all over the world. For those interested in keeping up with the newest research developments in the field, there were many scientific and poster sessions covering many areas in radiology. For those who would like to refresh their knowledge, the education exhibit area opened until late everyday allowing people to visit them a time that was convenient to them. New technologies and applications of information technology in radiology were shown in the infoRAD area. Equipment and products related to radiology were on display in the two technical exhibit halls by different vendors. Shuttle buses transported the attendees to and from the hotel and the venue everyday. On the last day of the conference, the presenters of the technical exhibits and some of the presenters of the education exhibits and infoRAD exhibits would be removing their material, so those attending on the last day of the conference could be missing out on some of the presented material. Overall, the conference would be a valuable experience to those in training as well as those who were trained. But the weather could be a bit too cold for those not accustomed to the sub-zero temperature.



*A snapshot taken from McCormick Place showing the snow in the street nearby.*

My overseas training in the US was well spent. During the summer last year, I went to the Abdominal Imaging (AI) and Radiology Informatics Division of the University of Pittsburgh Medical Center (UPMC) Radiology Department, and the Jefferson Ultrasound Research and Educational Institute of the Thomas Jefferson University Hospital Radiology Department.

The UPMC health system was a large facility consisting of more than 10 hospitals, with most of the activities taking place at the Presbyterian University Hospital (PUH). The PUH radiology department was staffed with more than 40 consultant radiologists, 7 CT and 3 MR scanners, and the AI division faculty consisted of 8 consultants. Organ transplantation, hepatobiliary disease and trauma represent the major emphasis of research for the division. It was both my pleasure and honour to have the opportunity to learn from prominent radiologists in abdominal imaging, including Prof. Michael Federle (Chief of AI division), Prof. Richard Baron (presently the Chairman of the University of Chicago Radiology Department), and Prof. Scott Mirowitz (Chair of the UPMC Radiology Department). In addition to CT & MR imaging, I also had the chance to learn about the abdominal applications of PET/CT, since UPMC Radiology was also one of the pioneers in clinical PET/CT imaging.

Radiology informatics has always been one of my interests. UPMC is a completely filmless facility. It was exciting to see a filmless enterprise PACS system in action. The PACS system that they used was unique among the various PACS systems available on the market. The main difference was that it allowed the distribution of original fidelity medical images throughout the enterprise using relatively modest network and remote client resources. This was possible because of a novel lossless wavelet-based image distribution mechanism, Dynamic Transfer Syntax (DTS), which was first developed within the UPMC Radiology Informatics Division. The technology has been licensed to and commercialized by Stentor ([www.stentor.com](http://www.stentor.com)), Inc.

I also underwent a one-month training programme in vascular and abdominal Doppler ultrasound imaging at the Thomas Jefferson University under the supervision of Prof. Barry Goldberg, Alfred Kurtz, and others experts in the field. The time spent in their vascular laboratory with experienced vascular technologists was certainly rewarding, and highly applicable to my daily practice.

## ***Congratulations to Dr. L. Leong***

Our College President, Dr. L. Leong was awarded honorary membership of European Congress of Radiology (ECR) for her outstanding contribution to radiology on 7th March in Vienna, Austria.

The honorary membership conferment took place after the opening ceremony of ECR. Dr. Leong was honoured for her devotion to the promotion of radiology and her outstanding contributions to Asia-Oceanian radiology throughout her illustrious career as a respected radiologist, administrator, educator, presidents and key figures of various influential regional radiological organizations. The famous Vienna Boys' Choir then paid tribute to Dr. Leong by singing the Chinese folk song "Jasmine Flower". This was followed by presentation of the diploma of Honorary Membership to Dr. Leong by Prof. Dr. Gourtsoyiannis, the president of the European Congress of Radiology. Dr. R. Nick Bryan, the president of RSNA, Dr. Morton Meyers, the founding editor of renowned journal "Abdominal Imaging", and the late Dr. Yuji Itai, a well-known researcher in abdominal imaging were also awarded the honorary membership in the same session.

Honorary membership of ECR is awarded to individuals who have made exceptional contribution the field of radiology. Only twenty-seven radiologists have received this honour, including Prof. Alexander Margulis and Prof. Li Guozhen. As an internationally renowned radiologist, Dr. Leong has earned the admiration from his colleagues in this field worldwide, which extends far beyond Hong Kong and Asia-Pacific region. The Chinese Society of radiologists awarded honorary membership to Dr. Leong in year 2001. The Radiological Society of North America has also nominated Dr. Leong as honorary member this year.



*Prof. Dr. Gourtsoyiannis presented the diploma of Honorary Membership to Dr. Leong during opening ceremony in ECR*



*Vienna Boys' Choir singing "Jasmine Flower" in Chinese paying tribute to Dr. Leong.*

## Conferences

### **UK Radiological Congress 2003 (UKRC)**

Organizers: British Institute of Radiology, The College of Radiographers, The Institute of Physics & Engineering in Medicine, and The Royal College of Radiologists

Date: 15-17 June 2003

Venue: International Convention Centre, National Indoor Arena & Austin Court, Birmingham, UK

Enquiry: UKRC 2003 Registration, 19 Stoney Street, The Lace Market, Nottingham NG1 1LP, UK  
Tel: +44 (0)870 873 0338  
Fax: +44 (0)870 873 0337  
Web: www.ukrc.org.uk

### **Royal Australian & New Zealand College of Radiologists – Annual Scientific Meeting**

Date: 18-21 September 2003

Venue: Brisbane Convention & Exhibition Centre

Enquiry: Web: www.ranzcr.edu.au

### **Asian Chapter Congress – International Union of Angiology**

Organizer : Department of Surgery, The University of Hong Kong and International Union of Angiology (I.U.A.)

Date: 25-26 November 2003

Venue: Hong Kong Convention and Exhibition Centre

Enquiry: Department of Surgery, University of Hong Kong Medical Centre, Queen Mary Hospital, Hong Kong  
Tel: (852) 2818 0232 / 2855 4235  
Fax: (852) 2818 1186  
E-mail: iuahko3@hkucc.hku.hk  
Web: www.hku.hk/surgery

### **Musculoskeletal Trauma- 26<sup>th</sup> Annual General & Scientific Meeting (College of Radiology, Academy of Medicine of Malaysia) and 5<sup>th</sup> Annual Scientific Meeting (Asian Musculoskeletal Society)**

Date: 19-22 June 2003

Venue: Berjaya Langkawi Beach Resort, Langkawi, Malaysia

Enquiry: The Secretary, College of radiology, Academy of Medicine of Malaysia, c/o Department of Radiology, University of Malaya Medical Centre, 59100 Kuala Lumpur, Malaysia  
Tel: 603-7950 2069  
Fax: 603- 7958 1973  
E-mail: secretariat@radiologymalaysia.org  
Web: www.radiologymalaysia.org

### **1<sup>st</sup> Asian Pacific Conference Against Stroke**

Organizer: Hong Kong Stroke Society

Date: 12-22 June 2003

Venue: Kowloon Shangri-La Hong Kong 64 Mody Road , Kowloon

Enquiry: The Federation of Medical Societies of Hong Kong 4/F., Duke of Windsor Social Service Building 15 Hennessy Road Wanchai, Hong Kong  
Tel: (852) 2527 8898  
Fax: (852) 2866 7530  
E-mail: cos@fmshk.com.hk  
Web: www.stroke.org.hk

### **The 4<sup>th</sup> Biennial meeting of Asian Breast Cancer Society & The 2<sup>nd</sup> Taipei International Breast Cancer Symposium**

Date: 28-31 August 2003

Venue: The Grand Hotel, Taipei, Taiwan

Enquiry: Congress Secretariat 8/F, No. 245, Sec. 3, Roosevelt Rd., Taipei, Taiwan 106, R.O.C  
Tel: 886-2-23637980  
Fax: 886-2-23657770  
E-mail: 2003abcc@kungtai.org.tw  
Web: www.abcc.org.tw

### **10<sup>th</sup> Asian Oceanian Congress of Radiology**

Date: 16-19 July 2003

Venue: Raffles City Convention Centre, Singapore

Enquiry: Ms. Wai-Mui Kwok Secretariat, 10<sup>th</sup> AOCC, c/o MP Conventions Pte Ltd, 20 Kallang Avenue, Singapore 339411  
Tel: (65) 6297 2822  
Fax: (65) 6292 7577  
E-mail: aocr@mpgroupasia.com  
Web: www.aocr2003.org

### **New Challenges in Healthcare**

Organizer: Hong Kong Academy of Medicine

Date: 28-30 November 2003

Venue: Hong Kong Academy of Medicine HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Enquiry: Ms. Lenora Yung / Ms. Mimi Ng Congress Secretariat  
Tel: (852) 2871 8787  
Fax: (852) 2871 8898  
E-mail: confdept@hkam.org.hk  
Web: www.hkam.org.hk

### ***1<sup>st</sup> Asian Society of Breast Disease – Teaching Course 2003***

Organizer: Indonesian Society of Oncologic Imaging  
Date: 1-2 October 2003  
Venue: Menara Peninsula Hotel, Jakarta, Indonesia  
Enquiry: Ms. Maria  
Tel: (62-21) 723 2623  
Fax: (62-21) 722 4375  
E-mail: d\_m@cbn.net.id

### ***2<sup>nd</sup> Beijing International Stroke Forum Bisf 2003***

Date: 13-15 June 2003  
Venue: Beijing, China  
Enquiry: C.X. Wang  
Neurology Department of Tiantan Hospital  
No 6 Tiantan Xili 100050  
Beijing PRC  
E-mail: neuroclub2002@yahoo.com

### ***Meetings of North American Spine Society***

#### **(1) Spine Across the Sea 2003**

Date: 27-31 July 2003  
Venue: The Ritz Carlton Kapalua  
Maui Hawaii USA

#### **(2) World Spine II**

Date: 10-13 August 2003  
Venue: Hyatt Regency Chicago,  
Chicago USA  
Enquiry: North American Spine Society  
22 Calandar Court, 2<sup>nd</sup> Floor,  
LaGrange, Illinois 60525 USA  
Tel: (312) 656 1234  
Fax: (312) 565 2648

### ***Rehearsal Courses for Final Fellowship Examination in Clinical Oncology***

#### **1. Course in Canterbury, Kent, London**

Enquiry: Ms. Sandra Lines  
Postgraduate Centre,  
Kent and Canterbury Hospital,  
Ethelbert Road, Canterbury, Kent,  
CT1 3NG, England  
E-mail: sandra.lines@ekht.nhs.uk

#### **2. Course in Velindre, Cardiff, Wales**

Enquiry: Ms. Alison Brewster  
Velindre Hospital, Velindre Road,  
Whitchurch, Cardiff,  
CF4 7XL, Wales  
E-mail:  
alison.brewster@velindre-tr.wales.nhs.uk

### ***ESNR- European Society of Neuroradiology XXVIII Congress & Advanced Course***

Date: 11-14 September 2003  
Venue: Istanbul  
Enquiry: E-mail: ckorkmaz@dedeman.com.tr  
Fax: www.dedeman.com.tr

### ***ECNR-European Course in Neuroradiology***

Date: 24-31 October 2003  
Venue: Malta  
Enquiry: m.carletti@mgr.it

### ***III International fMRI Meeting and Autumn School***

Date: 31 October- 2 November 2003  
Venue: Sorrento Massalubrense  
Enquiry: E-mail: g.p.congress@napoli.com  
Fax: www.fmri.unina.it

## ***Erratum***

In the Winter Issue of the Newsletter, there is an erratum in the Newsletter, January 2003 issue. In page 15, under the "list of Trainee Members admitted from 6 October 2002 till 21 December 2002", Dr. Leung Kwong Chuen should be in Clinical Oncology specialty.

### ***Acknowledgement***

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sponsoring the publication of  
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