

MR Urography in Children Workshop

Presented by
The Society for Pediatric Radiology



Jointly sponsored by the American College of Radiology



February 24-25, 2007

HYATT REGENCY ORLANDO INTERNATIONAL AIRPORT

One-Time Event

MR Urography in Children Workshop

Target Audience

This program has been designed for Pediatric Radiologists, Pediatric Nephrologists, Pediatric Urologists and General Radiologists with an interest in genitourinary radiology and pediatric radiology.



Objectives

The MR Urography in Children Workshop will provide an opportunity to do the following:

1. Understand MR techniques for MR urography in children.
2. Understand renal pathophysiology underlying MR findings for pediatric MR urography.
3. Post-process MR images to provide functional renal information in children.
4. Describe the findings of MR urography in renal disorders in children



At the conclusion of the experience, participants should come away with an improved understanding of the technologies discussed, increasing awareness of potential applications of MR urography as well as the skills needed to perform quantitative analysis of MRU data sets.

Continuing Medical Education

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the American College of Radiology and The Society for Pediatric Radiology. The American College of Radiology is accredited by the ACCME to provide continuing medical education for physicians.

The American College of Radiology designates this educational activity for a maximum of 13 AMA PRA Category 1 credit(s).™ (7.5 Course/5.5 Hands-On Workshop.) Physicians should claim only credit commensurate with the extent of their participation in the activity.

Program Planning Committee



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Emory University School of
Medicine
Atlanta, Georgia

John R. Votaw, PhD

Emory University
Atlanta, Georgia

Program

SATURDAY, FEBRUARY 24, 2007

Session I: MRU Technical Aspects

- 8:00 – 8:10 AM Welcome and Introduction – *Tom Slovis, MD*
- 8:10 – 9:00 AM MR Urography overview –
J. Damien Grattan-Smith, MBBS
- 9:00 – 9:30 AM MRU Post-processing – *Richard Jones, PhD*
- 9:30 – 10:00 AM Extracting Quantitative Physiological Information –
John Votaw, PhD
- 10:00 – 10:30 AM Break

Session II: Obstructive Uropathy

- 10:30 – 11:15 AM Chronic Partial Ureteric Obstruction –
Robert Chevalier, MD
- 11:15 AM – 12:00 PM What it Takes to Accurately Diagnose Chronic
Partial UPJ Obstruction in Children –
Stephen Koff, MD
- 12:00 – 12:45 PM MRU and Hydronephrosis –
J. Damien Grattan-Smith, MBBS
- 12:45 – 1:00 PM Discussion
- 1:00 – 2:00 PM Lunch

Session III: Renal Dysplasia, Pyelonephritis and Renal Scarring

- 2:00 – 2:30 PM The Nephrologist's Perspective –
Larry Greenbaum MD, PhD
- 2:30 – 3:00 PM The Urologist's Perspective – *Edwin Smith, MD*
- 3:00 – 3:45 PM Imaging of Dysplasia, Pyelonephritis and Scarring –
J. Damien Grattan-Smith, MBBS

3:45 – 4:00 PM Discussion

4:00 – 4:15 PM Break

Session IV: Potpourri

4:15 – 4:45 PM Evaluation of the Post-operative Kidney –
Stephen Little, MD

4:45 – 5:30 PM Evaluation of Renal Transplants –
Diego Martin, MD, PhD

6:30 PM Dinner

SUNDAY, FEBRUARY 25, 2007

8:00 – 9:00 AM Renal Functional Analysis Demonstration –
Richard Jones, PhD

9:00 – 11:00 AM Hands on Session 1 – Analysis of Simple Data Sets

11:00 – 11:30 AM Break

11:30 AM – Hands on Session 2 – Analysis of Complex Data Sets
1:30 PM

1:30 – 2:00 PM Alternative Imaging Processing Strategies –
Richard Jones, PhD

Meeting Contact

The Society for Pediatric Radiology

1891 Preston White Drive

Reston, VA 20191-4397

SPRmeetings@acr.org

Facsimile: (703) 648-1863

For assistance with registration issues, please contact (800) 373-2204. For all other inquiries, please dial (703) 648-0680 ext. 4691



If you have any special needs, please contact The Society for Pediatric Radiology at the above address or E-mail address, in writing, at least two weeks before the meeting to ensure that your needs are met.

Registration

Fees should be made payable to The Society for Pediatric Radiology in U.S. dollars only. All Foreign payments must be made on a U.S. bank. American Express, VISA, and Master Card are accepted for payment. All fees must be received at the time of registration. Written verification of Radiologist-In-Training, Resident or Fellow status must accompany registration form.

Fees include tuition, teaching materials, continental breakfast and coffee breaks daily, Saturday luncheon and dinner. A \$75 administrative fee will be retained if you cancel your meeting registration. In order to receive a refund of the balance, written notice must be received no later than February 17, 2007; thereafter, no refunds will be made.

Registration may be completed on-line through the SPR website at www.pedrad.org.

Registration deadline: February 16, 2007.

Saturday Lecture Registration Fees

Physicians	\$300
Residents/Fellows/Technologists	\$75

Sunday Hands-On Registration Fees

Physicians	\$150
Residents/Fellows/Technologists	\$50

The Hands-On session has limited availability. Workstations will be set in groups of 5 persons/computer.

Hotel Information

Hyatt Regency Orlando International Airport

9300 Airport Blvd.

Orlando, FL 32827

Telephone: (407) 825-1234 or (800) 233-1234

Fax: (407) 825-1269

When making reservations, please identify yourself with the MRU course in order to receive the group rate of \$165 plus tax per night. Reservations must be received by February 2, 2007. This is a busy season at the hotel and we were able to book a limited number of rooms; we strongly recommend that you make your reservations as early as possible to ensure you receive a room at the group rate.

Reservations may be booked online by visiting <http://orlandoairport.hyatt.com/groupbooking/orlanacor2007>. Reservations will be accepted online until February 2, 2007.

Travel Information

American Airlines will offer special meeting fares with discounts of up to 5%. American Eagle flights are also eligible for discounts. Reservations may be made by calling 1-800-433-1790 from 7:00 AM to 12:00 AM CST or by calling your local American Airlines office. Be sure to reference STARFile Number S3117SS.

United Airlines will offer special discounts for travel to and from Orlando. Reservations may be made through the Meeting Plus Reservation Center at 1-800-521-4041 from 8:00 AM to 10:00 PM ET, Monday-Friday or from 8:00 AM to 8:00 PM Saturday-Sunday. Be sure to reference ID Code 564UF.

MR Urography in Children Workshop

February 24-25, 2007 – Orlando, Florida

(Please print)

Last Name _____ First Name _____ MI _____

Mailing Address _____

City _____ State _____ Zip _____

Country _____ Telephone _____

Facsimile _____ E-mail _____

Badge Name _____ Medical Degree for Badge _____

Please check if you are a: Resident Fellow Technologist

(Letter of verification required)

Saturday Lecture Registration Fees

Physicians\$300

Residents/Fellows/Technologists.....\$75

Sunday Hands-On Registration Fees

Physicians\$150

Residents/Fellows/Technologists.....\$50

Yes, I plan to attend the dinner Saturday night

Amount Enclosed: _____

Credit Card Company

Visa MasterCard American Express

Credit Card # _____ Exp. Date _____

Authorized Signature _____

Registration Disclaimer: The Society for Pediatric Radiology and the American College of Radiology, as planners of this function, claim no liability for the acts of any suppliers to this meeting or the safety of any attendee while in transit to or from this event. The total amount of any liability during the precise hours of the meeting will be limited to a refund of the attendance fee. Your signature below acknowledges acceptance of this provision of registration. If applicable, your signature below also gives your consent to participate in the tours, and by so doing releases those involved in the organization of these events from any liability in case of injury or accident to yourself.

Signature _____ Date _____

Checks should be made payable to **The Society for Pediatric Radiology**. Please return this form with your check or credit card information to:

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Reston, VA 22091

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