

The scientific program for the 1974 Annual Meeting of the Society of Nuclear Medicine was planned by a large, broad-based scientific program committee appointed in the Fall of 1973. The committee exchanged ideas within its constituency and with the broader nuclear medicine community. As a result several dilemmas became apparent; for example, the split of plenary over specialty sessions, basic science versus clinical practice sessions, quantity versus quality, academic topics versus community topics, and so forth. Initially, the 1974 program committee felt that they should be flexible and open-minded in the development of the program. It seemed desirable that the meeting fulfill the diverse needs of the members, and this diversity necessitated compromises. Past program committees have shown ingenuity and diligence which resulted in increasing excellence of the annual meeting. This committee attempted to retain all areas of past excellence and innovative only when necessary.

The program is divided into the broad categories of clinical practice and clinical research, and is organized along organ systems, with papers on radiopharmaceuticals, instrumentation, etc., included insofar as possible in the appropriate organ systems. This approach was taken to provide integration and exchange among the nuclear medicine team. In an effort to promote broader perspectives and alert the members to recent developments which might influence the practice of nuclear medicine, the program committee scheduled several sessions with invited speakers from abroad and with keynote speakers on oncology, cardiology, immunology, legal affairs, ultrasound, and computerized transaxial tomography. Works in progress are also integrated into the main body of the program.

As is the custom of the Society, new records were established with respect to the number of regular submissions (380) and works in progress (120). Most of the papers were of excellent quality with abundant supporting data (Table 1). This placed the program committee in the enviable but difficult position of rejecting more than half of the papers because of limitations of time. Each abstract was judged anonymously on a scale of 1 through 5 by at least five committee members and in selected instances by consultants to the committee. These grades were averaged and the abstracts divided into a group which was automatically accepted by virtue of grade, a group which was automatically rejected by virtue of grade, and a small intermediate group which was regarded as optional. The chairman and five vice-chairmen of the committee met for two days in February and reviewed each abstract in order to assure their consideration. Abstracts were accepted from the optional category with a view to provide balance and integration to the program.

The scientific program committee wishes to assure you that every effort was made to develop a program of excellence and diversity in a fair fashion so that each of you could enjoy and participate actively in the meeting. We have undoubtedly made mistakes, but they have not been intentional. We encourage you to advise James Christie, program chairman for 1975, of your wishes with respect to that meeting.

As chairman of the committee I wish to sincerely thank each of you who have contributed to this meeting and wish every member a fun learning experience in San Diego.

GERALD L. DE NARDO, M.D.
 Chairman, 1974
 Scientific Program Committee

TABLE 1. ABSTRACTS SUBMITTED FOR SCIENTIFIC PROGRAM AT SNM 21st ANNUAL MEETING

Category	Total	Accepted	Accepted by title	Category	Total	Accepted	Accepted by title
Total	500	226	123	Neurology	34	15	10
Regular	380	190	92	Hematology	18	7	6
Work-in-Progress	120	36	31	Metabolism	34	16	4
Instrumentation/Ultrasound	52	24	14	Pulmonary	22	7	10
Computer/Data Analysis	32	17	5	Cardiovascular	60	26	18
Dosimetry	12	5	1	Gastroenterology	40	19	5
Radiopharmaceutical	78	36	20	Oncology	40	18	11
Bone/Joint	31	14	10	Renal Electrolyte	29	13	7
				Miscellaneous	18	9	2