The Society for Computer Applications in Radiology

THE CAR and IMACS meetings recently held in Berlin in June were very successful. SCAR was delighted to have been an active cosponsor at both meetings.

A portion of the SCAR governance committee, in conjunction with several individuals from Bowman Gray, Department of Radiology, have held one meeting to preview the meeting site for the 1994 SCAR meeting in Winston-Salem NC in 1994. Next year's meeting plans to be an exciting event. There will be an emphasis on scientific presentations, as well as tutorials, and manufactures' exhibits. The exhibition space, lecture space, and hotel accommodations are first rate, and are reasonably priced. There are many arts related activities to be pursued in the Winston-Salem area. I encourage you to begin planning now for this meeting, and to respond to the request for papers that should be sent out in the late summer or early fall.

The emphasis on membership is continuing: Dr John Boehme, has completed work on a revised membership brochure that will go a long way towards making an easier task of encouraging colleagues to join our society. These should be available for widespread distribution in the near future. At the same time, we are reemphasizing the efficiency of our societal operations, and Journal-related activities through the management office in Harrisburg, PA.

I would like to introduce an interesting question that Dr Dave Pickens mentioned to me in the hallway a few weeks ago. The question was originally raised by another Vanderbilt researcher, Dr Mike Fitzpatrick. It seems that a

fellow researcher at another institution has requested a 3-D data set of CT or MRI data, on which to perform research. In discussing back and forth questions of patient confidentiality, it was assured that there would be no problems as the patient's name could be removed from the data file. However, there remains one interesting and possibly controversial point. Namely, even if one has thoroughly scrubbed the patient's name, history number, etc, from the file, with a high quality 3-D data set one can reconstruct a skin surface, which is a very reasonable facsimile of the patient's face. Therefore, the question is "Is it possible to preserve patient confidentiality with a 3-D data set with the current sophisticated reconstruction methods that are available?" If it is not possible, we should look into the ways in which we are handling 3-D data. If it is possible, perhaps we should think of ways to safeguard this portion of our patient's privacy. If you have any comments or observations on this issue, I would be glad to discuss them in the next President's Page.

Finally, let me repeat my invitation at any time to discuss matters relating to the society. Particularly, any difficulties with membership, dues, publications, or delivery of the journal, I would be glad to handle and route to the appropriate individuals.

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