Registration
No registration fee is charged.

Language
The conference will be held in English.

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Conference Web Page
Background and Objectives

The first International Conference on Clinical PET and Molecular Nuclear Medicine (IPET 2007) was held in 2007 in Bangkok, Thailand, and attracted 286 participants from 76 Member States. Four years later IPET 2011 was held in Vienna, and was attended by over 300 participants from 79 Member States. IPET 2015 will again be held in Vienna, and will focus on reviewing important clinical aspects and appropriate use of medical imaging for the entire spectrum of cancer management and other diseases.

Its specific objectives are:

— To review the important clinical aspects of cancer and other diseases, and evaluate the role of streamlined and emerging multimodality imaging techniques in providing best practices in the clinical management of these diseases;

— To evaluate, using a clinical systems based approach, the current status of clinical positron emission tomography-computed tomography (PET-CT) and other relevant imaging modalities;

— To improve the performance of clinical practice through ‘read with the experts’ sessions and discussions;

— To interact with the user community (nuclear physicians, radiologists, oncologists, radiation oncologists, technologists, radiographers, radiopharmacists, radiochemists, medical physicists and other scientists working in all aspects of molecular imaging) and provide them with the most important information in the field;

— To provide theoretical tools on ethics, leadership and education which will prepare participants to be future leaders in the field of medical imaging.

— To exchange information in the field of radiopharmaceutical sciences.

List of Topics

Both academic and practice based papers in the following areas are welcomed:

— Applications of PET-CT, molecular imaging and diagnostic imaging for different types of cancer: breast, lung, colorectal, melanoma, neuroendocrine, etc.;

— PET-CT for radiation treatment planning;

— Radiopharmaceutical production: good manufacturing practices and quality assurance;

— PET and single photon emission computed tomography (SPECT) physics, instrumentation and data analysis;

— Quality management in nuclear medicine and diagnostic imaging;

— Radiation protection for personnel and dose reduction for patients;

— Member State experience with PET, multimodality imaging and newer applications in diagnostic imaging; and

— Ethics, leadership and education for nuclear medicine and diagnostic imaging professionals.

Programme Structure

The entire scientific programme is tailored using a clinical systems based approach for every session with an initial discussion on the important clinical aspects of the disease or condition to which the session is devoted, followed by sessions on the role of PET-CT and other imaging modalities. In the early afternoon on each day of the conference, breakout sessions for physicians, physicists, technologists, radiographers, radiopharmacists and radiochemists will be conducted in parallel. Each clinical session will include a main lecture and a related ‘read with the experts’ session. The sessions on radiopharmacy and on physics and instrumentation will include workshops on selected topics.

Target Audience

— Nuclear medicine physicians;

— Radiologists;

— Radiation oncologists;

— Technologists and radiographers;

— Medical physicists;

— Radiochemists and radiopharmacists; and

— Other scientists working in all aspects of molecular imaging.

Key Deadlines

15 February 2015 Submission of abstract (including Forms A and B)

15 February 2015 Submission of grant applications (Forms A and C)

March 2015 Notification of acceptance of abstract

Any participant not submitting an abstract should submit Participation Form A through the appropriate authority as soon as possible (see conference web page for further details).

Abstract Submission

Abstracts must be submitted in electronic format through the IAEA’s browser-based file submission system available at the conference web site.