

Radiology Japan

Japan Industries Association of Radiological Systems

July 2000, No. 41

Report on the 4th JIRA/CQC Annual Meeting

Introduction

The International Technology and Regulations Committee invited the leading members of the China Quality Certification Centre for Import & Export Commodities (CQC) to the JMCP 2000 exhibition in Japan, and the 4th annual meeting was held at JIRA headquarters for the exchange of information. The report of their visit and news obtained from CQC follow below.

JMCP 2000 Exhibition Inspection

The Committee invited 6 leading members of CQC to the JMCP 2000 Exhibition in Pacifico Yokohama on April 8 (Saturday). This visit fulfilled a wish of Mr. Li Huailin, President & CEO of CQC, from the 1st JIRA/CQC meeting.

At the exhibition site, Mr. Takuma, Chairman of JIRA, and other JIRA executives met with CQC members, and Mr. Ito, Executive Director, JIRA and Mr. Ishikawa, Committee Chairman, provided a guided tour. Different members assisted at particular booths in explaining the systems and devices on display. After the 3-hour tour, Mr. Li gave us his candid comments.

“Of course, there are also exhibitions in China, but the Japanese ones are of such a large scale, demonstrating the enthusiasm of the participating companies. Particularly impressive was the attitude of all the companies, i.e., always seeking innovation. It was also comforting to see many familiar companies certified by the China Commodity Inspection Bureau (CCIB). This exhibition is a good indication of the scale of JIRA, how it leads well and profoundly influences the industry. I sincerely hope that a friendly relationship with JIRA will be maintained in the future. In closing, I would like to express my appreciation to all the members of JIRA for granting my wish to convene an annual meeting during the cherry blossom season.

Fourth JIRA/CQC Annual Meeting

The 4th annual meeting was held in Room 304 on the 3rd floor of JIRA Headquarters from 10:00 a.m. till 5:00 p.m. on April 10 (Monday), presided over by Mr. Saida. First, Mr. Ito gave the opening remarks to greet the CQC members, followed by the report of JIRA activities by Mr. Ishikawa and those of CQC by Mr. Li. After Mr. Miura outlined the global trend, the members had a lively discussion during the Q & A session.



Chinese members.

CQC

■Mr. Li Huailin (President & CEO) ■Mr. Jin Liping (Director, Certification Supervision Department) ■Mr. Yang Jiaqi (Director, Product Certification Department) ■Mr. Li Chuan (Director, Liaoning Review Office (X-ray)) ■Ms. Song Jian Ping (Deputy Director, Hubei Review Office (Ultrasound)) ■Mr. Cao Shi (Business Manager, Product Certification Department)



Mr. Ito, Executive Director, greeting the members.

JIRA

■Ito Atsushi (Executive Director) ■Ishikawa Hiroshi (Committee Chairman, The International Technology and Regulations Committee) ■Miura Shigetaka (Vice Committee Chairman, The International Technology and Regulations Committee) ■Saida Teruhiko (Vice Committee Chairman, The International Technology and Regulations Committee) ■Others (seven members)

Outline of the discussion

Opening speech (by Mr. Ito)

Let me express a sincere welcome to the CQC members visiting JIRA. The members of this JIRA committee have been to China three times to date. I myself participated in the 2nd meeting in 1998, and was strongly impressed by the sincere welcome. This is a very valuable meeting for enhancing friendship and mutual understanding between the two organizations. It is also a good opportunity for us to understand the certification system of China and to provide the relevant information to our membership companies. It is also a good time of the year, with cherry blossoms in full bloom, and I truly hope that the meeting this year will also be a great success.

Opening speech (by Mr. Li)

I am very honored to receive this heartfelt invitation from JIRA to visit Japan. This year's visit is special for me because it coincides with the coming of a new millennium and also the time of the cherry blossom season. I am very pleased to see both familiar and new faces here. The third general meeting of the 9th National People's Congress has been held recently. All the people in China have been working together to meet the primary objectives of improving the economy, since last year. Despite the Asian economic crisis, there has been a sign of recovery in exports, with the exports in the 2nd half of fiscal 1999 exceeded those of the last year. Effective measures are planned again this year to boost the economy. The Chinese economy is considered to be playing an important part in the world economy. Exports to Japan are large, making it possible to adopt policies of mutual benefit.

In the field of diagnostic imaging, the communication with JIRA is highly valued for facilitating smooth imports. The three JIRA/CQC meetings held in the past are believed to have been very effective for promoting the export of Japanese radiology equipment to China, responding to the need of the two countries. Since the first meeting in 1997, JIRA has been contributing a great deal to promoting Sino-Japanese trading as the liaison for Japanese companies. The collaboration with JIRA has permitted us to hear comments and opinions from the Japanese side, establishing the base for future trade promotion. The three meetings proved to be effective, providing opportunities to discuss points of mutual interest, to exchange opinions regarding the systems, and to mutually recognize important issues. The effects of such exchange was also apparent in JMCP 2000. I anticipate that more and more products will be introduced and certified by CCIB in the future.

In closing, I would like to express my gratitude to you for

your great contribution to the research and introduction of CCIB marking to your member companies. Since there is a lot more to do, your continuing cooperation is greatly appreciated. I wish for further success in the development of exports to China, and the consolidated communication between us.

JIRA activities and global trend

The outline of JIRA activities was presented by Mr. Ishikawa, and the current status of the Global Harmonization Task Force (GHTF) was illustrated by Mr. Miura. CQC also gave an explanation on global harmonization, stating that YY/T 0287/0288 corresponds to ISO 13485/13488. There was also a comment that there is awareness of international standards and global harmonization in China.

Summary of discussion

● *Modification of the enforcement regulations of CCIB certification*

Three years have passed since the regulations were first enacted, generating a need for modifications. The modified regulations are scheduled to be finalized, with reference to the contents of the discussion in this meeting, within the 3rd quarter. The finalized draft will be sent to JIRA before the official announcement of the regulations. The modifications under way include items regarding the guidelines for changes in model types, critical components for safety testing, CCIB labeling requirements (including that for putting labels on all the five main units of an X-ray system).

● *Addition and correction of standards*

China employs a basic policy to adopt the same standards as international standards whenever possible. The following 8 standards are either added or modified.

- GB 9706.9-1997: (idt IEC 60601-2-37: 1994)
- GB 9706.11-1997: (idt IEC 60601-2-28: 1993)
- GB 9706.12-1998: (idt IEC 60601-1-3: 1994)
- GB 9706.14-1997: (idt IEC 60601-2-32: 1994)
- GB 16846: (idt IEC 1157)
- YY 0309: (idt IEC 60601-2-44-1999), scheduled to be a national standard (GB) in the near future.
- IEC 60601-1-1-1999: (translation completed, waiting for approval to become a national standard)
- IEC 60601-2-45-1998: (translation completed, waiting for approval to become a national standard)

● *Use of the Chinese language*

- a. Operation manual can be written in English.
- b. Labeling

Chinese is required for labeling, based on the Chinese law (Articles 15 and 16 of the Product Quality Control Regulations of the People's Republic of China: Zhong Guo

Chan Pin Zhi Liang Fa). However, there is a transitional period for existing certified products, all of which must have Chinese labeling by the end of December 2000, with regard to the following items. For new applications, products must have labeling in Chinese.

Items requiring Chinese labeling:

- External packaging: labels on packages and external containers, such as warnings or cautions for transportation.
e.g. This side up. Temperature limits.
- Plates: device identification plates
e.g. Product identification, model name, manufacturer's name/address/country (Japan), serial number, voltage, current, phase (single, triple).
- Warning labels: safety requirements
e.g. Warning on catching fingers, high voltage, high current, and high toxicity

Safety-related items must be written in Chinese either on the warning label or described in the operation manual. If there are harmonized and internationally-recognized symbols or pictographs on the warning labels, they may be used. JIRA has requested CQC to send samples of the symbols and pictographs employed in China.

● *Unit application*

CQC accepts a CCIB application per unit, when requested by a manufacturer. However, the fee for unit application cannot be disclosed.

● *Submission of components*

Previously, the manufacturer was required to send components when installation tests were performed locally, in case any problems arose, but not when the product was tested in Japan. Currently, however, all the key components are considered to be indispensable for performing safety tests, and must be submitted.

The submission for safety testing can be exempted when the manufacturer can prove, at the time of application, that the component in question is identical to that sent previously, or is employed in the previously applied or certified product.

The following components are required for safety testing:

- Key components for safety testing of electrical equipment. Those affecting the human body, e.g., a transformer, a switch.
- Fragile components. It was not required to submit such components for factory inspection because they were available at the site.

A question has arisen as to whether the data submitted for the registration by Japanese Pharmaceutical Affairs Law (PAL) can be substituted for the submission of the component for safety testing. CQC has replied that it is possible to

do so once the Mutual Recognition Agreement (MRA) is made to offset differences between countries in pharmaceutical affairs laws and testing methods.

To the question whether the manufacturer can prepare the data if the testing method is open to the public, CQC has answered that the testing method is based on IEC and can be made open.

● *Modification of inspection fee*

JIRA argued about the fee required for certification. "It is a common complaint from many countries that the test fee for a CT system, US\$14,100, is too high. There is a way to lower the total fee required for an X-ray system by utilizing unit-based application. This is possible with an X-ray system because it is actually an assembly of different units, but not so with a CT system because it is a complete system or unit by itself. Furthermore, the fee required for an ultrasound system seems too high when the system structure, test items, testing processes, and the number of circuit boards are compared against those of a CT system.

There was also a request from JIRA to reduce the number of follow-up inspections to once every two years. CQC replied, "We had to adhere to the principle of the regulations, which requires surveillance inspection to be conducted at least once a year. JIRA requested to streamline the procedure by giving the example of FDA, but the suggestion was not accepted.

However, CQC has responded to these issues in a positive manner, stating that, if they receive data on the fees of other registration bodies, they will submit them to a higher authority. Therefore, we would like to ask for the cooperation of each member company in sending us such data.

● *Possibility of performing product testing of ultrasound systems in Japan*

There is no plan to perform testing of diagnostic ultrasound systems in Japan. All the tests must be done in the testing units in China. Testing of CT and X-ray systems may be conducted in Japan because of the problems of transport, but small equipment, such as ultrasound systems, must be sent to and tested in China.

● *CCIB labels*

The quality of labels has been improved by employing those made in Japan. In addition, three different sizes have been unified to one size, i.e., 20 mm. If there are any quality problems, labels can be replaced, but sufficient attention should be paid when attaching labels.

● *Relation between "CCIB Certification" and "The Medical Device Control Regulations (Yi Liao Qi Xie Jian Du Guan Li Tiao Lie)"*

The State Drug Administration enforces the registration

system of medical devices (document review). On the other hand, CQC is responsible for issuing the certificate for CCIB marking (safety review). There is an agreement between China and Japan to remove any work duplication between the two systems.

There is no change in the document control system by the National Pharmaceutical Control Bureau in accepting the same documents as those for the Japanese PAL registration. The focus of CQC is mainly on imports and exports, and is not affected by "Medical Device Control Regulations".

● **Global harmonization.**

CQC expresses its wishes to participate in GHTF activities when opportunities arise. In addition, CQC filed an application for accreditation to the International Electrotechnical Commission of Electrical Equipment (IECEE), but it has yet to be granted. Consequently, certification body (CB) reports can be made available after IECEE accreditation.

● **Others**

- The new web site (<http://www.cqc.com.cn>) now offers a search program for the acquisition status of CCIB certificates, which was a request from JIRA to CQC in the 3rd meeting.
- CCIB certificate acquisition status (from October 1999 till March 2000)
 - X-ray diagnostic systems: 38 systems (24 from Japan, 11 from Europe, and 3 from USA)
 - Diagnostic ultrasound systems: 6 systems (4 from Japan, and 2 from USA).
- CQC designate JET as a follow-up inspection body, and currently there is no plan to designate another agent.
- The official name of the higher authority of CQC has been changed from SAIQ to CIQ SA (State Administration for Entry-Exit Inspection and Quarantine for the P. R. China).

Requests from CQC

- Please send a complete set of necessary documents and samples to CQC from the beginning so as to reduce the time required for certification. To do so, direct communication should be encouraged between CQC and the factory (applicant), rather than through an agent who is not familiar with CCIB.
- More time is required for the certification of diagnostic ultrasound systems due to the delay in sample delivery, compared with other systems. We ask for prompt delivery of samples.
To this request, JIRA explained to CQC that all the member companies were requested to send the required

component samples of ultrasound systems urgently.

- Please fill in the survey form in advance. The quality manual should also be sent in advance.
JIRA told CQC that each member company was informed of these requirements in the 2nd study meeting.
- When another manufacture's unit is incorporated in the system, please notify us prior to factory inspection. When the system includes an OEM unit or another company's unit, venter inspection is required (inspection of the venter's factory and the inspection of the product).
JIRA requested more understanding of the current global situation in which many products of overseas companies are incorporated in the system, and asked CQC to regard each product as one complete system.

Conclusion

The 4th Meeting was held in Tokyo for the first time, resulting in efficient and productive exchange of information because of the well-planned arrangement whereby CQC prepared answers to the questions sent by JIRA in advance. Both parties agreed to continue the meetings in the future, but the venue for the next meeting has yet to be decided. The Meeting was a great success and ended with a closing address by Mr. Li, President & CEO of CQC: "I would like to return to China with the constructive comments I heard from JIRA during this meeting, representing the voices of the member companies, and hope that they can be reflected in actual business practice. In addition, if you have any questions, please do not hesitate to contact me. I shall be very pleased to assist you in clarifying those points. In closing, I would like to express my deep appreciation to JIRA for inviting us to Japan."

Finally, all the participants are very grateful to Mr. Ye Xiao Feng for his excellent work in interpreting in appropriate and clear expressions.



Commemorative photograph of the meeting participants.

Development of Japanese Radiological Equipment in the Post-World War II Period (6)



Sumio Makino
Advisor, JIRA

Development of Fluorographic Systems

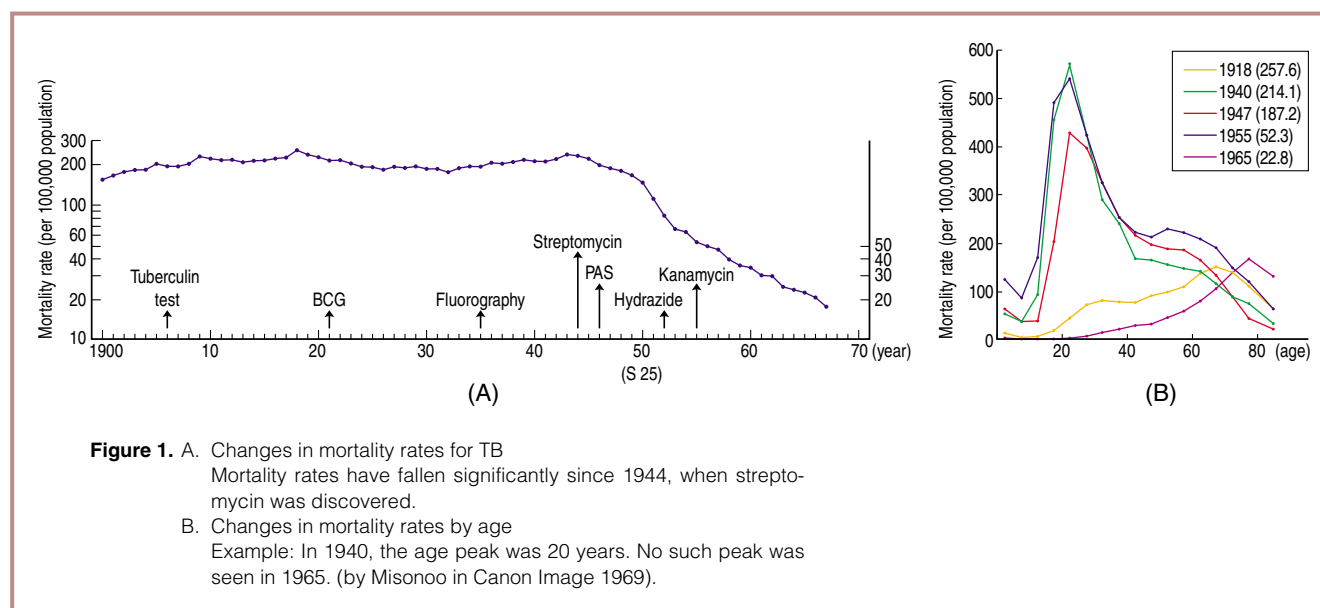
Chapter 1 – Chest Fluorographic Systems –

The history of the development of chest fluorographic systems parallels the advances made in mass screening for tuberculosis (TB), the details of which are described in an audio recording entitled “Measures against TB and fluorography...Canon Image 1969” by Keisuke Misonoo (1912-1995) (Note 1). The development of fluorographic systems is outlined below from the introduction to this audio recording.

History of strategies against TB in Japan: Excerpt from the above-mentioned recording

A clue to the eradication of TB, which had long been an invisible enemy of the human race, was finally found in 1880 with the discovery of the tubercle bacillus by Robert Koch (1843 to 1910). Later, the tuberculin test began to be employed (between 1906 and 1908), followed by the development of BCG (between 1908 and 1921). The morbidity and mortality rates of TB fell dramatically following the introduction of streptomycin in 1944 and the development of other antituberculous drugs (Figure 1).

X-ray fluorography, which was developed during the same period, began to show excellent results.



Development and Evolution of X-ray Fluorographic systems

Birth of X-ray fluorography – Yoshihiko Koga's concept and experiments

Studies involving methods for displaying X-ray images on a fluorescent screen began in the early 1900's.

In Japan, Yoshihiko Koga, then an assistant professor at Tohoku University (Note 2), presented a report entitled "Study on X-ray imaging method for deep regions and fluorography" at the general assembly of the 14th Japan Society for Tuberculosis, held in Sendai, Miyagi, in April 1936. This is recognized as the first report on "fluorography". In 1938, Koga published a study entitled "Study on the application of X-ray fluorography" in the journal *Practical Medicine* (Jissen Igaku, No. 8-5), in which he described in detail how he became involved in the study of fluorography. Excerpts from that report are given below.



Introduction

Initially, fluorography was in opposition to direct radiography. In the conventional method, a plain X-ray image is obtained directly by employing the effects of X-rays on photographic film. In contrast, a new method has been developed in which an image on a fluorescent screen is photographed using a camera with an ordinary converging lens after the X-ray image has been focused on the fluorescent screen, without employing the direct photographic effect of X-rays. The former and latter methods are therefore called direct radiography and fluorography, respectively. Later advances in X-ray imaging methods led to a dramatic reduction in the differences between these two methods. In other words, most patients could be examined using the indirect method, and the direct radiographic method was used only for the detailed examination of selected cases. In the former method, the photographic effects of X-rays are not used to obtain images. Instead, images are obtained by the contact method without using a lens, as in the direct-indirect method, after the X-ray image has been focused on an intermediate imaging screen (which is called an intensifying screen), as in fluorography. As a result, there are no longer any differences between conventional X-ray imaging and fluorography when an image intensifier is used, which implies that the fluorescence effects (in this case, ultraviolet rays and visible light) induced by X-rays are used rather than the direct effects of X-rays on photographic film. The contact method is used for conventional X-ray imaging, and the convergent reduction method is used for so-called fluorography.

Trials involving fluorography were first performed independently by Kohler and by Lomon, who suggested making a reduced copy using an ordinary camera in 1907. Then, Lomon et Commondon, Roynolds, Janker, Danville, and others followed their lead. In Japan, it is widely recognized that Kawaishi and Makino succeeded in obtaining excellent moving X-ray images. Many researchers became interested in applying these techniques to moving images, and remarkable advances were made in fluorography. However, I began to become involved in such research for different reasons.

The purpose of this research was as follows. In Japan, the promotion of public health and the eradication of tuberculosis are essential due to fundamental changes in social conditions, and programs to achieve these goals are about to be put into practice. The most effective, and perhaps essential, method is to detect lesions by X-ray examination in advanced countries. However, we recognize that it is difficult to carry out such projects as only "paper plans", as we have learned from experience in foreign countries. In other words, we have encountered serious financial difficulties in performing conventional X-ray examinations based on routine chest X-ray studies. If fluoroscopy were to be used instead of routine chest X-ray, various problems might arise, such as missed findings, difficulties in recording, and excessive exposure of the examiner to X-rays.

The author embarked on the study of indirect fluorography for the following reasons. First, it was obvious that this method could help to reduce costs (a major disadvantage of the photographic method) if a smaller film was used, and second, one of the fundamental problems of fluoroscopy (i.e., that recording is impossible) could be completely eliminated. For these reasons, the author felt that fluorography might be a useful method for performing the above-mentioned X-ray examinations for the promotion of the nation's public health.

Thus, the development of fluorography was undertaken. Koga summarized the results of his initial study as the following three main points, and expected that the problems he identified would be overcome with further research.

Summary and Discussion

The results of the present study can be summarized in the three main points below. Further improvements in fluorography for chest evaluation are achievable, and steady progress is being made.

1. The current "Leica"-type film is sufficient in size.
2. The primary image on the intermediate image screen can be further improved by increasing the resolution and luminescence of the screen.
3. In order to minimize the X-ray dose, a brighter lens (for



Figure 2. From "Toshiba Corporation's 50-Year History"

example, f 0.85) should be used, the luminescence of the intermediate image screen should be increased, and the sensitivity of the film should be improved.

Koga's predictions were eventually realized, and the results shown in Figure 1 have been achieved.

Expansion and development of chest fluorography

1. *Expansion of fluorography*

Programs to fight fulminant TB began to expand, and chest fluorography was used for the examination of conscripts before World War II (Figure 2).

It was after World War II that major advances were made in the use of chest fluorography in medical practice, and this method was employed for mass screening throughout Japan, with excellent results.

Excerpts from Misonoo's spoken report are used again to outline the history of the development of fluorography.

- 1) First mass X-ray screening after World War II: "On a hot summer day in July, 1946, at Sukiyabashi in Yurakucho, Tokyo, where war-battered buildings were left open to view, led by Mr. Kumabe from the Kamikitazawa Prevention Center of the Japan Anti-Tuberculosis Association.... The total number of examinees on that day was 5,577 in Yurakucho, of which the number of people who were infected amounted to 637, accounting for 11.4%. Among these, 408 cases of active TB were found, accounting for 7.3%." You can imagine how serious the TB problem was in post-war Japan.
- 2) "In 1947, the Health Center Law was enacted, requiring health care providers to report patients with TB to official authorities. In 1951, the Tuberculosis Prevention Law was enacted, and health checkups, vaccination pro-

grams, patient management by reports, public support of medical costs, and so on were finally put into practice. Fluorography played a major role in such nationwide preventative measures against TB. However, many problems such as malfunction or breakdown of X-ray units, inadequate power supply, etc. were encountered. According to a survey in 1949, X-ray fluorographic units were installed in 82% of 689 health centers throughout Japan. However, many of these X-ray units were not operating properly, mainly due to problems with the X-ray tube. It was the development of the capacitor discharge-type X-ray unit, which had been studied before the war, that made it possible to perform X-ray examinations throughout the nation (in particular, using vehicle-installed X-ray systems)."

With regard to the development of capacitor discharge-type X-ray units, details can be found in Chapter 3 "Development of condenser-type X-ray systems" in "History of X-ray Systems – Their Birth and Growth –" (Edited by the Japan Industrial Association of Radiation Apparatus the predecessor to JIRA).

- 3) Misonoo stated, "In 1967, the mortality rate for tuberculosis was reduced to less than 20 per 100,000 population due to the effectiveness of the New Tuberculosis Prevention Law enacted in 1951, and the mortality rate subsequently fell even further to 10 per 100,000 population."

2. *Development of vehicle-installed X-ray Systems*

A typical configuration of a fluorographic system in about 1948 immediately after the war is shown in Figure 3. The history of the development of such X-ray systems is outlined below.

1) Development of X-ray systems: The development of X-ray systems was promoted by manufacturers. Figure 3 shows an X-ray system built in 1948 with the following specifications: ratings for radiography, 75 kV, 300 mA, 1 s; ratings for fluoroscopy, 85 kV, 4 mA continuous; and ratings for general radiography, 60 kV, 100 mA, 1 s. During the war, in 1942, the idea of installing a fluorographic system in a converted passenger bus (i.e., a mobile fluorographic system) for mobile examinations had been realized (Figure 4).

However, the problem was that it was difficult to achieve the rated X-ray output levels given above, because it was

not possible to ensure an adequate power supply in Japan at that time due to the widespread destruction following the war. “Capacitor discharge-type X-ray systems” as described above were then introduced, and mobile fluorographic systems were developed to permit mobile X-ray examinations to be performed throughout the nation. Misonoo reported the results as follows:

“Capacitor discharge-type X-ray systems were developed in 1949 based on the work of Dr. Bekku and others, and were first manufactured in 1950 by Osaka Roentgen Co., Ltd. The introduction of such systems strongly promoted fluorographic examination, which had been suf-

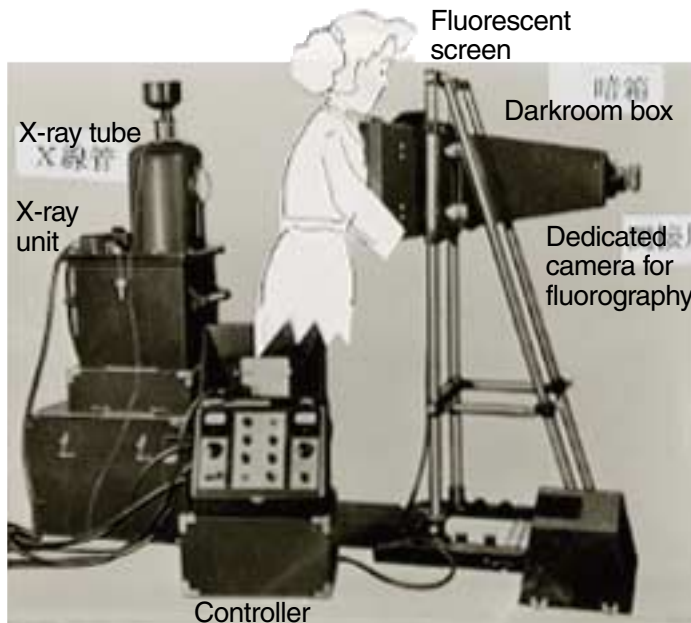


Figure 3. Fluorography system in about 1948. Each component is clearly separated.



Figure 4. A. The birth of vehicle-installed X-ray (1942)
The substitute fuel tank brings back memories.



B. Morikawa's X-ray system

fering from problems related to the inadequate power supply. With regard to condenser-type systems, wavetail-cutoff technology using a phototimer was developed in 1957. As a result of this technology, condenser-type systems became the mainstream of current fluorographic systems, and was stated in WHO Technical Report Series No. 306 that condenser-type systems are useful when the power supply is unstable.”



Conclusion of Part 6

We have reviewed the history of X-ray systems from the introduction of fluorography. Koga's foresight and pioneering spirit are truly amazing, and we must appreciate that it was the work of such brilliant and hard-working pioneers that led to the many benefits that we enjoy today.

Part 6 is almost finished, and only now have I finally stepped into the history of the development of X-ray systems. However, this history will be continued on the following part.

I would like to express my appreciation to Mr. Yuichiro Koizumi, (then of Canon Inc.) for his invaluable assistance and for providing me with very helpful materials related to the history of the development of X-ray systems.

- Note: 1) Keisuke Misonoo (1912 to 1995) was the virtual founder of the Japan Anti-Tuberculosis Association, subsequently made great contributions to the safety of nuclear power in Japan as the Chairman of the Nuclear Safety Commission, and later served as Director General of the National Institute of Radiological Sciences.
- 2) Yoshihiko Koga (1901 to 1967), after serving as Professor of the Department of Radiology of Tohoku University School of Medicine and the director of an affiliated hospital, served as Dean of Kurume University. The studies he conducted on chest fluorography while he was an assistant professor at Tohoku University are widely recognized throughout the world.



Figure 5. Early bus in which a fluorographic system is installed, and a capacitor discharge-type X-ray unit installed inside the bus.



Report on JMCP 2000

(Ref: Radiology Japan No. 40, Feb. 2000)

The millennium International Technical Exhibition of Medical Imaging (ITEM 2000) was held in Yokohama from April 7 to 9 in conjunction with the congresses of the Japan Radiological Society (JRS) and the Japanese Society of Radiological Technology (JSRT).

In his opening address, Professor Mutsumasa Takahashi, M.D., President of JRS (which adopted “Radiology: Progress through International Partnership” as its millennium theme), encouraged the participants to present more Japanese radiological studies in other parts of the world. According to Prof. Takahashi, Japanese radiological congresses and the Japanese radiological industry could make a greater international impact by taking a more active approach in presenting advanced scientific and technological information.

In her speech (which adopted “In quest of the high technology and the high quality of medicine – the bridge to the new century” as its millennium theme), Ms. Hisae Hirabayashi, President of JSRT, stressed that it was of utmost importance for top quality equipment and technology to be used in medicine in the 21st century.

ITEM 2000, which was promoted by JIRA, had 104 exhibitors with two other groups (CAR and JIRA) also represented, attracting a total of 32,511 visitors. The breakdown of the participants at the congresses and the visitors to the exhibition is shown in the following table.

Events	Congresses		Exhibition
	JRS Apr. 7 to 9	JSRT Apr. 6 to 9	ITEM 2000 Apr. 7 to 9
Participants			
Radiologists	3319 (2293)		4411 (4255)
Radiographers		3225 (2684)	12241 (5924)
Hospital Staff			1184 (741)
Exhibitor Staff			3993 (4500)
Others			10682 (8908)
Total	3319 (2293)	3225 (2684)	32511 (24328)

- Note: 1) The figures for the number of visitors to the exhibition include repeat visitors.
 2) The corresponding figures for 1999 are given in parentheses.

CyberRAD-2000 was held during JMCP 2000 and consisted of 3 sessions: a theme exhibition, a general exhibition, and a tutorial. In the theme exhibition, which was entitled “HIS/RIS - Modality Connection by DICOM Standard”, 5 pairs of modality and HIS/RIS equipment were used to demonstrate the benefits of data collaboration. In the tutorial, individual vendors presented case studies of “DICOM Inside” systems.

The first JMCP of the 21st century will be held in Kobe from April 5 (Thu.) to April 7 (Sat.), 2001.



Selection of new directors and executives

The first general meeting of FY 2000 was held on June 6, and twenty new directors and two secretaries were approved for the FY 2000-2001 operation of JIRA. Then followed the

board meeting to elect the new Chairman and Vice Chairpersons as follows.



Masamichi KATSURADA

Chairman
The Board of Directors
(Toshiba Corporation,
Medical Systems Company)



Yutaka TAKUMA

Vice Chairman
The Board of Directors
(Hitachi Medical Corporation)



Hidenobu WANI

Vice Chairman
The Board of Directors
(Shimadzu Corporation)



Tadaomi OKAMOTO

Vice Chairman
The Board of Directors
(Okamoto Manufacturing Co.,
Ltd.)



Eugene H. Lee

Vice Chairman
The Board of Directors
(Siemens-Asahi Medical
Technologies Ltd.)



Atsushi ITO

Executive Director
The Board of Directors
Secretariat, JIRA



Hideo TAKEI

Executive Director
The Board of Directors
Secretariat, JIRA

News on deciding new logo marks

New JIRA logo marks were approved by the board of directors in March this year. New logos were chosen for both the acronym and the official name (Japanese and English) of JIRA. The acronym logo is a simple design with the acronym letters encircled by a ring to represent the advent of the network era, and the united circle of medical care and people. The logo for the official name is designed with rounded letters to create a gentle impression. The use of the new logo marks started in June with the printed issues (e.g.,

JIRA bulletin and envelopes) and the electronic media (e.g., JIRA web site and slides).

社団法人 日本画像医療システム工業会
Japan Industries Association of Radiological Systems

Dear readers!

*Contribution of your own opinions or comments
that might be interesting to international readers
of this Radiology Japan is very much welcome.
Please contact the editor.*

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