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THE OFFICIAL NEWSLETTER OF ACNP

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PRESIDENT'S MESSAGE Why ACNP?



Hadyn T. Williams

Why do we need multiple nuclear medicine organizations? The Society of Nuclear Medicine, rebranded as “SNM” to minimize any pejorative nuance of the word “nuclear,” is the most influential organization. SNM has effective scientific and political arms, provides the premier site for display of new equipment, and has a huge worldwide membership from physicians and scientists. So why do we need the

American College of Nuclear Physicians?

It is beneficial to have separate groups representing common causes. More voices provide more clout. The ACNP recently signed onto a letter opposing an amendment to the Senate Energy Bill (S10), proposed by Senators Chuck Schumer (D-NY) and Jon Kyl (R-AZ), which would phase out the use of highly enriched uranium for the purpose of manufacturing radiopharmaceuticals. Having multiple reputable organizations signing onto a worthwhile letter provides greater legitimacy to the cause.

The ACNP awards fellowship status to worthy physicians; everyone likes to have a few extra letters after their MD and/or PhD. One must maintain membership status in the ACNP in order to be able to claim this honor. ACNP has a Physician Outreach Program designed to educate and familiarize referring physician specialties with the benefits of physiologic imaging, and a resident mentorship program to support residents and to encourage the brightest and best students to enter the exciting field of nuclear medicine. In this issue of *Scanner*, our American Medical Association representatives, Marion Jordan, MD, Terry Beven, MD, and Gary Dillehay, MD, report on the important issues related to nuclear medicine addressed at the national meeting.

Along with presidents and executive directors of 53 radiology societies, I recently attended the American College of Radiology Intersociety Conference, a workshop on the radiology report of the future. Again, ACNP's voice was heard.

How do we keep our turf? PET imaging has become essential in diagnosing, staging, and restaging of cancers. But we should remember when cardiologists established themselves as the “experts,” and by using the technology developed by nuclear medicine physicians and publishing clinical trials and research on the subject, cardiac nuclear medicine became nuclear cardiology. Could the same thing happen with oncologists? A recent series of articles in the *Journal of the American College of Radiology*, “Turf Wars in Radiology,” discusses this process and its relevance to the turf war for CT angiography. We need to keep expertise in PET as our “turf” since this technology will become even more prominent in the future. The Food and Drug Administration recently approved a phase 1 clinical trial of 18-fluorothymidine for early evaluation of response to therapy of cancers at Memorial Sloan-Kettering Cancer Center (New York, NY). The dissemination of new PET tracers has begun—truly exciting times for nuclear medicine—and with it, challenges to our expertise as nuclear medicine physicians.

We need to meet these challenges. One way that we can do that is to continue to come together every year and forge the personal connections that make an organization effective and vital. Another is to maintain our expertise in nuclear medicine techniques and research at its peak. One of our most dedicated and tireless members, Simin Dadparvar, MD, along with the 2008 ACNP Program Chair, Munir Ghesani, MD, is organizing

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SAVE THE DATE!

The **ACNP Annual Meeting** will be held in conjunction with the **SNM Mid-Winter Educational Symposium**, February 14–17, 2008, in Newport Beach, CA.



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GOVERNMENT RELATIONS

Senate Appropriators Restore Funding for Basic Nuclear Medicine Research at DOE

The Senate Energy and Water (E&W) Subcommittee of the Appropriations Committee restored fiscal year (FY) 2008 funding for basic nuclear medicine research in the Medical Applications and Measurement Science program, under the Department of Energy (DOE) Office of Science, Office of Biological and Environmental Research. The full Senate Appropriations Committee approved the FY 2008 E&W appropriations bill on June 28.

Nuclear medicine professionals were instrumental in achieving this critical milestone with hundreds of phone calls and emails to Capitol Hill, as well as constituent visits by approximately 150 participants (many of whom were ACNP members) in the "Hill Day" activity at the 2007 SNM Annual Meeting.

There has been a strong show of support on Capitol Hill for the restoration of funding for this DOE-supported research that for almost 60 years has helped develop scientific breakthroughs commonly used in patient care, including PET.

ACNP and SNM will now focus on House E&W appropriators, where the primary goal is for the House to agree with the Senate language and numbers in conference.

CMS Issues 2008 Proposed Medicare Physician Fee Schedule

On July 2 CMS issued the proposed 2008 Medicare Physician Fee Schedule (PFS). The rule includes the following policies, which will affect nuclear medicine if adopted:

- Without an act of Congress, CMS will implement a 9.9% reduction in payment rates for physician-related services. The conversion factor (CF) for 2008 will be set at \$34.1457, a 9.9% reduction from the 2007 CF, which was frozen at \$37.8975.
- Due to the acceptance of recommendations by the American Medical Association RUC committee, CMS proposes to implement a budget neutrality adjustor (0.8816), which is applied only to the work relative value units (RVUs) for all CPT codes. This means that CMS has implemented a negative adjustment (-11.8% to all CPT code work RVUs) in the formula to make the overall payments in this system budget neutral.
- The proposed rule continues its phase-in of a new methodology for determining practice expenses (PE), such as office overhead. The ACNP/SNM recommendations for changes to many of the PE items were accepted by CMS. Refinement is important with this new bottom-up calculation. The impact on nuclear medicine procedures results in a mix of more increases than decreases with these PE methodology changes. In general, for procedures with high equipment costs, the rates

will increase over time, while those procedures with lower equipment expenses will see reductions.

- Two other important notes regarding the PE methodology calculations: (1) CMS has not changed the equipment usage percentage assumption of 50%; and (2) CMS proposes to not change the equipment interest rate assumption, maintaining it at 11%.
- Consistent with requirements of the Deficit Reduction Act, this proposed rule caps payment rates for imaging services under the PFS at the amount paid for the same services when performed in hospital outpatient departments. When the proposed 2008 HOPPS rates are posted, the ACNP/SNM PFS materials will be updated.
- The proposed rule also continues a policy of reducing the payment for the technical component of multiple imaging procedures on contiguous body parts by 25%. CMS will apply the multiple imaging reductions first, followed by the HOPPS imaging cap, if applicable.
- CMS is modifying a number of the physician self-referral provisions to close loopholes that have made the Medicare program vulnerable to abuse.
- CMS is modifying the enrollment standards for Independent Diagnostic Testing Facilities (IDTFs). Last year CMS finalized IDTF rules that were then rescinded.

CMS to Consider Coverage of PET for Inflammation and Infection

CMS has posted a national coverage analysis (NCA) tracking sheet for FDG PET for infection and inflammation. Specifically, CMS has been asked to reconsider the current Medicare coverage for PET to provide coverage for the diagnosis of chronic osteomyelitis, infections associated with hip arthroplasty, and fever of unknown origin, each in lieu of bone, leukocyte and/or gallium scintigraphy.

The NCA tracking sheet for FDG PET for infection and inflammation can be found at: www.cms.hhs.gov/mcd/viewtrackingsheet.asp?id=207.

Remarks Prepared for NRC Chairman Dale E. Klein for the 2007 SNM Annual Meeting

NRC Chairman Dale E. Klein, PhD, was a special guest speaker at the 2007 SNM Annual Meeting opening plenary session at the Washington (DC) Convention Center on June 3. A transcript of his remarks is available at <http://interactive.snm.org/index.cfm?PageID=6512>.

Health Policy & Regulatory Affairs Department Staff

SNM/ACNP Delegates Report on the 2007 AMA Annual Meeting

The AMA House of Delegates met June 22–27 in Chicago, IL.

Nuclear medicine was represented by Gary Dillehay, MD (delegate, SNM), Marion Jordan, MD (delegate, ACNP) and Terence Beven, MD (alternate delegate, ACNP).

The Section Council on Nuclear Medicine met June 23 to discuss the resolutions and reports under consideration at the meeting. Those attending included Drs. Dillehay, Jordan, Beven, and guests James Thrall, MD, and Milton Guiberto, MD. The nuclear medicine delegates and alternate also participated in the deliberations of the Section Council on Radiology, state medical society caucuses, the Specialty and Service Society (SSS), and reference committees. The section council chair, Dr. Jordan, participated in the meeting of section council chairs.

Significant issue addressed included:

1. Pay for Performance (Board of Trustees Report 18, multiple resolutions from state and specialty societies).

The House voted to actively oppose any pay for performance plan that does not meet all the principles previously delineated by the House. These maintain that the programs be voluntary, ensure quality of care, foster the physician-patient relationship, establish fair and accurate performance measures, and offer positive incentives, not penalties.

2. Reimbursement reform.

The House supported a plan to push for at least two years positive Medicare updates while continuing to work toward permanent reform. The ultimate goal remains repeal of the sustainable growth rate formula for calculating the Medicare physician fee schedule.

3. Board of Trustees Report 17.

The House adopted this report, which calls for lifting the freeze on the composition of the House and a gradual phase-in of change in representation. The new allocation process continues to utilize the self-selection ballot by specialty society members. The revised allocation plan does not constitute an immediate threat to SNM, ACNP, and ACNM representation, but we must constantly work to maintain our total membership and level of AMA membership within the respective organizations to assure continued participation.

4. Specialty board certification /recertification (CME Report 7, Resolution 311).

Much discussion was heard in reference committee regarding the time and expense of MOC. The House adopted amended language calling on AMA to exercise its full influence to protect physicians from undue burden and expense in the MOC process.

Other issues included:

1. AMA dues are to remain the same through 2008.
2. AMA finance remains in excellent condition for the sixth consecutive year following guidelines adopted by the House several years ago.
3. The House adopted recommendations from Council on Science and Public Health Report 5, Radioactive/Chemical Waste and Radiation in the Environment, and Resolution 412, Health Hazards Due to Military exposure to Depleted Uranium. Although both called for environmental studies that might prove to be wasteful, they have no impact on medical applications.
4. The House adopted Board of Trustees Report 2 calling for measures to provide liability protection for care rendered by physicians during declared disasters.
5. The House referred the Council on Ethical and Judicial Affairs proposal that would have modified AMA's opposition to patenting of surgical procedures back to the council, continuing the AMA position that it is unethical to patent surgical procedures.

It is a continuing privilege to serve in the AMA House of Delegates, representing nuclear medicine. It is also important that all members of SNM, ACNP, and ACNM strongly consider AMA membership to assure that we will continue to have a place at the table in this body that is the only voice for all U.S. physicians.

Respectfully submitted from the members of the Section Council on Nuclear Medicine.

*Gary Dillehay, MD
AMA Delegate for SNM*

*Marion Jordan, MD
AMA Delegate for ACNP*

*Terence Beven, MD
AMA Alternate Delegate for ACNP*

CALL FOR ABSTRACTS

Deadline for abstract submission for the 2008 ACNP Annual Meeting is Nov 30. Residents and fellows from nuclear medicine, radiology, nuclear cardiology, and radiation oncology may submit abstracts to Nikki Wenzel, nwenzel@snm.org.

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an outstanding program of nuclear medicine topics and CT certification opportunities for our 2008 Annual Meeting, to be held in conjunction with the SNM Mid-Winter Educational Symposium, Feb. 14–17, in Newport Beach, CA.

Communication between members and ACNP leaders is also vital. Our web site is being redesigned. Please check out the new site and try out its interactive features for enhancing communication. We also have membership information there that we hope you will pass along to your colleagues so that they can join us in our quest. Your feedback is welcome. Write to the community site for the ACNP Board of Regents at community@snm.org

*Hadyn T. Williams, MD, FACNP
President, ACNP*



Gethin Williams

Residents Organization: Making a Difference

As we move through the year, I want to further discuss some of the plans that our organization is currently implementing. The American College of Nuclear Physicians–Resident Organization (ACNP–RO) provides free membership to nuclear medicine trainees. ACNP–RO is an organization run by residents/fellows with continuous feedback and guidance from the ACNP faculty. We want to be a clear voice for nuclear medicine trainees and to develop, implement, and continue projects certain to be of interest to residents and fellows.

There is considerable interest from residents and board-certified members in our plans to develop cross-sectional imaging seminars at the joint ACNP/SNM Educational Symposium early next year. We are hoping to develop seminars on MRI and are looking at brain MR as an important area to focus on, given its use with brain tumors and epilepsy studies. Cardiac CT angiography continues to be a very “hot” area. We are discussing which areas to focus on—atomy, biomarkers, post-processing, etc.—and how best to present the information, e.g., traditional didactics, read with the experts, or “how-to” sessions.

We are also extending an invitation to all nuclear medicine trainees to join the ACNP–RO. Because of industry support, membership is free for all nuclear medicine fellows and residents. Currently chapter membership is determined by your location; we have chapters based on geography: East Coast, West Coast, Mid-West or Southern States. Please let us know how much you would like to be involved, since we are looking for volunteers to serve as president or officers for some chapters. In addition, the ACNP has national task forces and ACNP–RO members are welcome to join them. This is an exceptional opportunity to be involved in an important aspect of our profession, one that we do not usually get exposure to during our residency experience.

We would like to continue last year’s project of compiling a list of multiple-choice questions in physics and clinical nuclear medicine to facilitate study for the nuclear medicine board exam. Past-president David Ng created a best chapter award for the chapter that contributes

the most questions. When we get all the questions, they will be compiled and distributed to nuclear medicine trainees at the ACNP annual meeting (held jointly with the SNM Mid-Winter Educational Symposium) in Newport Beach, CA, February 14–17. We hope that this will prove to be a great resource that will be useful for residents studying for the board exam. The ACNP faculty will undoubtedly help us out by contributing some questions.

While we’re talking about the ACNP Annual Meeting in Newport Beach, I should remind ACNP–RO current and future members to submit abstracts to be considered for presentation at this meeting. Three best essay awards and two travel grants for outstanding basic and clinical science presentations are generally awarded. *Clinical Nuclear Medicine* publishes all abstracts selected for oral and poster presentations. In addition, authors are encouraged to submit their manuscripts to *The Journal of Nuclear Medicine*. If successfully peer reviewed, they will be published in *JNM* as part of the proceedings of the annual ACNP meeting. The deadline is November 30, so residents and fellows from nuclear medicine, radiology, nuclear cardiology, and radiation oncology still have time to get a project together.

For a full description of the ACNP residents program, see the ACNP Web site, www.acnponline.org, under the section: RESIDENTS AS FUTURE LEADERS. Check out the news under GOVERNMENT RELATIONS to see what else ACNP has been up to. Membership applications are also available on the Web site, so please come to www.acnponline.org and sign up!

Feel free to contact me at Gethin_Williams@BIDMC.Harvard.edu if you are interested in becoming a chapter officer or joining a committee or task force. These are great experiences and important services to the broader nuclear medicine community. Becoming involved in the ACNP–RO means you are making a difference.

Gethin Williams MD, PhD
President, ACNP–RO



Lale Kostakoglu

Meet the New Editor of Scanner

Lale Kostakoglu, MD, MPH, professor of radiology and attending physician in the division of nuclear medicine at Mount Sinai School of Medicine (New York, NY) was appointed editor-in-chief of *Scanner*. Her tenure began with the second issue of 2007, published in May.

Dr. Kostakoglu earned her MD from Ege University Faculty of Medicine, Izmir, Turkey, and her master of public health degree from the Mailman School of Public Health, Columbia University (New York). She served as attending physician at the Oncology Institute, Hacettepe University Medical Faculty, Ankara, Turkey, prior to her nuclear medicine residency and fellowship in nuclear medicine and immunology,

both at Memorial Sloan-Kettering Cancer Center (New York). She is a diplomate of the American Board of Nuclear Medicine, the Certification Council of Nuclear Cardiology and the American Board of Nuclear Medicine, and she serves on the editorial boards of *The Journal of Nuclear Medicine*, *Journal of Cancer*, *European Journal of Nuclear Medicine*, and *Current Medical Imaging Reviews*.

Dr. Kostakoglu has published over 66 peer-reviewed scientific articles and invited commentaries and 12 book chapters, and she frequently presents research results at national and international scientific meetings. She is a member of the Scientific Program Committee (sub-chair for the oncology track) for the SNM Annual Meeting and also serves as a scientific reviewer for a number of other organizations and publications. She is active in designing and developing continuing education programs, both online and through live seminars and symposia, and is a member of the ACNP Board of Regents.

Dr. Kostakoglu succeeds Dr. Simin Dadparvar, who edited *Scanner* from 2001 through February, 2007.