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PRESIDENT'S MESSAGE

It Was and Is the Best of Times



Hadyn T. Williams

It was the best of times, it was the worst of times; it was the age of wisdom, it was the age of foolishness; it was the epoch of belief, it was the epoch of incredulity; it was the season of Light, it was the season of Darkness; it was the spring of hope, it was the winter of despair; we had everything before us, we had nothing before us; we were all going directly to Heaven, we were all going the other way...

Charles Dickens, *A Tale of Two Cities*

Somehow this *always* seems true—perhaps because we have been living in interesting times for the last hundred years or so. In any case, I would like to think of our professional glass as half full. These are “the best of times,” and we need to make the best of them.

The recent National Academy of Science (NAS) final report on the state of the science in nuclear medicine, “Advancing Nuclear Medicine through Innovation,” conveys optimism for the future of our specialty and urges federal commitment to the development of future innovations and applications in nuclear medicine, but it concludes that this is unlikely to happen without major funding changes for research and clinical trials, greater availability of radionuclides, changes in management and administration by federal government agencies, and reduction of the current and future shortage of trained specialists and experts. Our specialty’s potential for impact on the medical and scientific community is huge, with nanomedicine, personalized targeted molecular imaging and therapy, and drug development all within our purview, but we need support to reach our full

potential. To make the most of this report, we need to seize the moment. Contact your legislators to urge restoration of this funding. The ACNP/SNM Legislative Action Center has the tools you will need at www.snm.org/action.

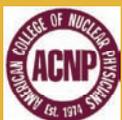
A recent widely circulated report from IMV’s Medical Information Division, a medical marketing information company, stated that in 2006, for the first time since they began keeping statistics in 1997, the total number of nuclear medicine procedures performed in the US dropped (by 12%). Sixty percent of the nuclear medicine procedures were cardiac, up from 54% in 2002. They forecast a 7% increase for 2007, with 65% performed in hospitals.

The report speculated that one reason for the decline might have been a shift to PET/CT, which is apparently counted as a radiology procedure. Glass half empty? No. PET/CT, SPECT/CT, and PET/MRI are innovations that are propelling our specialty into the limelight of medical care. We are now receiving referrals from primary care and family practice physicians for PET/CTs and for cardiac nuclear medicine studies, bypassing consultation with a specialist. That is definitely progress in the right direction.

How do we show medical students just how full the glass is? The foremost workplace motivation theorist of the 20th century, Frederick Herzberg, maintains that the greatest factors in work satisfaction are intrinsic factors: sense of achievement, recognition of the quality of work, the nature of the work itself, the degree of responsibility, and the sense that we are growing personally and professionally in the work we do. I believe our specialty offers these qualities in abundance, and we need to be conveying this to our students to attract the best and brightest into this highly fulfilling field.

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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NAS Study Supports Basic Nuclear Medicine Research

On September 20, the National Academy of Sciences released “Advancing Nuclear Medicine Through Innovation,” the final report by the Committee on the State of the Science in Nuclear Medicine. One of the chief recommendations made in the report is enhancement of the federal commitment to nuclear medicine research by reinstating support for basic nuclear medicine research in the DOE Office of Science/Office of Biological and Environmental Research’s Medical Applications and Measurement Science (MAMS) program. This report verifies what the medical/scientific community has known all along—federal funding of nuclear medicine research is extremely important.

Earlier this summer, the Senate Energy and Water Development Appropriations Committee report for fiscal year 2008 included \$34 million for the MAMS program, with \$20 million explicitly dedicated to nuclear medicine research. Unfortunately, the version of the energy appropriations bill passed by the House did not specifically address basic nuclear medicine research funding. Therefore, we need the House to agree with the Senate language and numbers when they meet in conference to resolve differences between the two bills.

Please visit the ACNP/SNM legislative action center at www.snm.org/action to see how you can help restore funding for basic nuclear medicine research at the DOE Office of Science.

Imaging Cuts in SCHIP Reauthorization Stopped for Now

On August 1, the House passed HR 3162, the “Children’s Health and Medicare Protection Act of 2007” (CHAMP bill). In addition to increases for children’s health insurance plans, the bill included changes to Medicare that would cut billions from medical imaging services. These reductions were in addition to \$13 billion in cuts already implemented under the Deficit Reduction Act of 2005.

The Senate held firm in conference negotiations, choosing not to include any Medicare provisions in the final version of the bill, more commonly known by the Senate designation as the State Children’s Health Insurance Program (SCHIP) legislative package. Then, on October 3, 2007, the President vetoed this legislation.

However, it is likely that a final Medicare bill will be negotiated between the House and Senate later this year as part of an omnibus package that will include several must-pass legislative initiatives. Although the House must now set aside the Medicare provisions it originally incorporated in the CHAMP bill until the Senate is ready to address Medicare later this fall, it may try to reintroduce those provisions in new Medicare legislation.

NRC Publishes Final NARM Rule

The U.S. Nuclear Regulatory Commission (NRC) published the final rule on naturally occurring and accelerator-produced radioactive material (NARM). This final NARM rule was approved by the commission on May 14, 2007, and was published

in the Federal Register on October 1, after NRC rulemaking staff incorporated commission-directed changes to the text and obtained approval from the Office of Management and Budget for information-collection requirements.

The Energy Policy Act of 2005 expanded the definition of “byproduct material” subject to the NRC’s authority to include discrete sources of radium-226, material made radioactive in a particle accelerator, and other radioactive material that the commission determines could pose a threat to public health and safety or to defense and security. The 34 Agreement States will continue to maintain authority over these materials under their agreements with the NRC.

The final NARM rule is effective November 30. In August 2005, the agency issued a waiver allowing states to continue to regulate NARM while the agency drafted regulations to implement the new requirements. The waiver is effective through August 7, 2009 (except for the import and export of NARM), unless terminated earlier by the commission. At this writing, the commission has determined that earlier termination of the waiver is warranted for persons owning, using, or otherwise engaging in activities involving NARM in the following states, territories, and settings: Delaware, Indiana, Wyoming, Montana, District of Columbia, Puerto Rico, U.S. Virgin Islands, federally recognized Indian tribes, and federal government agencies.

Accreditation Standards for CT Laboratories Released

The Intersocietal Commission for the Accreditation of Computed Tomography Laboratories (ICACTL) recently released standards for laboratories delivering CT imaging services. Created by representatives of 10 professional societies, the ICACTL standards provide a national benchmark for evaluating quality in CT laboratories.

The ICACTL standards were published in two parts. The first document outlines laboratory operations such as personnel qualifications, physical facilities, and data archiving, while the second document defines quality measures for instrumentation, patient preparation, and testing procedures.

The ICACTL standards are available online at www.icactl.org. CT accreditation is not limited to cardiovascular procedures. In addition to cardiovascular CT angiography, ICACTL offers accreditation in whole body CT (chest, abdomen, pelvis, extremities), whole body noncardiac CT angiography, neuroimaging and neuro-CT angiography, and sinus and temporal bone CT. Specific requirements for each CT system are listed in Part 11 of the ICACTL standards.

Laboratories interested in applying for accreditation through ICACTL will be able to submit their applications later this year. ACNP encourages all laboratories offering CT imaging services to apply for accreditation through ICACTL, as this process provides an objective assessment of how well a laboratory is meeting standards designed for clinical procedures and evidence-based research.

Come to Newport Beach!

As the chair of the scientific program committee, I would like to invite all ACNP members, your residents, and your colleagues to attend the 34th ACNP Annual Meeting, held this year—as it was last year—in conjunction with the SNM Mid-Winter Educational Symposium. The 2008 Annual Meeting will be held in Newport Beach, CA, and we expect wonderful weather (bring the family!) and an excellent scientific program. The ACNP educational program will be presented February 14–15, followed by the SNM-sponsored portion.

Our program starts bright and early Thursday morning with a “Leadership and Management” session led by Hossein Jadvar MD, PhD, covering what leadership means, the differences between leadership and management, different models and styles of leadership, and how to lead while taking into account cultural differences and other aspects of human interaction.

Jay Harolds, MD, will speak on “Teams and Team Building: Their Importance in Leadership and Quality Improvement” in the morning, and in the afternoon the SNM Academic Council is sponsoring an “Advanced Topics in Leadership” session moderated by Ben Greenspan, MD, where Harolds will discuss “Conflict Management and Negotiation” and “Why Leaders Fail.”

We also have Tom Heston, MD, on “How to Set Up Your Own

Nuclear Medicine Practice”; J. Anthony Parker, MD, PhD, on “Maintenance of ABNM Certification”; and Gary Dillehay, MD, on “ICD-9 and CPT Codes—What You Need to Know for 2008.” An “Update on Cardiac CT,” presented by Alan Legasto, MD, a fellowship-trained cardiac radiologist, will close our Thursday sessions.

New in 2008, we are offering CT case review sessions where physicians not certified in radiology can review 100 CT cases in just two days, under the supervision of a radiologist. These cases can be applied to the requirements for credentialing in CT performed as part of a PET or SPECT exam, as described by the SNM and ACR guidelines. The CT review sessions start Friday morning. SNM will be offering additional continuing medical education courses on Saturday and Sunday, so in total, 25 possible CME credits are available at the joint meeting for a single registration fee.

I believe we have put together an excellent program that can enrich your practice, in a lovely setting chosen to soothe your winter-weary soul—so plan to join us in Newport Beach this February!

Munir Ghesani, MD

Chair, Scientific Program Committee, ACNP

2008 ACNP Annual Meeting: Continuing Education Program

February 14–15, 2008 | Hyatt Regency Newport Beach | Newport Beach, California

Thursday, February 14	Friday, February 15
<p>Morning Educational Session <i>Organized by ACNP</i> Organizer/Moderator: Munir V. Ghesani, MD</p>	<p>CT Review for Nuclear Medicine Physicians <i>Organized by the SNM Correlative Imaging Council in Collaboration with ACNP</i> Organizer/Moderator: George M. Segall, MD</p>
<p>8:00–9:00 AM Leadership and Management H. Jadvar, MD, PhD, MPH, MBA</p>	<p>The CT case review is designed for physicians not certified in radiology. This training is applicable to the 500 CT examinations recommended for credentialing in CT performed as part of PET/CT or SPECT/CT, as outlined in the ACR and SNM guidelines.</p>
<p>9:00–9:30 AM Teams and Team Building: Their Importance in Leadership and Quality Practice Jay Harolds, MD</p>	
<p>10:00–11:30 AM How to Set Up Your Own Nuclear Medicine Practice Thomas Heston, MD, FASCNC, FACNP</p>	<p>8:00 AM–12:00 PM Head and Neck Cases Barton Lane, MD</p>
<p>1:00–2:00 PM Maintenance of ABNM Certification J. Anthony Parker, MD, PhD</p>	<p>1:00–5:00 PM Chest Cases Marcia McCowin, MD</p>
<p>2:00–3:00 PM ICD-9 and CPT Codes: What You Need to Know for 2008 Gary L. Dillehay, MD</p>	<p>Saturday and Sunday, Feb. 16–17 SNM offers two more days of continuing education. For information see www.snm.org/mwm.</p>
<p>3:30–4:30 PM Advanced Topics in Leadership Jay Harolds, MD</p>	
<p>4:30–5:30 PM Cardiac CT</p>	



Gethin Williams

The Benefits of Membership

AI hope our residents are having a productive and educational year. We welcome our new members and encourage current members to help increase our membership. I want to encourage all nuclear medicine residents to join ACNP. Because of industry support, membership is free for residents and fellows. We are always looking for members who want to take a leadership role. Participating in ACNP activities helps the organization, but it also helps residents learn how to navigate the world of professional associations. This is a great way to help ease the transition from resident to junior attending. More about the benefits of joining ACNP during your residency can be found at the ACNP Web site, www.acnponline.org, under RESIDENTS AS FUTURE LEADERS.

Joining ACNP is not only free—it's easy with our online membership application. Simply fill in your information online and provide the e-mail address of your residency/fellowship program director (for verification of in-training status).

The help of a mentor can be priceless to a physician early in his or her career. The ACNP mentorship program matches residents with mentors who can advise them about different career options. The mentorship program offers a way to network with established nuclear physicians in different career tracks and learn from them how to break into various aspects of nuclear medicine. Mentors in industry, academia, and private practice have come forward and are eager to share with nuclear medicine residents the skill sets for a successful career.

Mentors provide guidance, inspiration, and education, and the benefits flow both ways. As our field develops, these connections can be vital. For example, the American Board of Nuclear Medicine has mandated that cross-sectional imaging (CT, MRI) become part of the curriculum for nuclear medicine residents. So now we have a three-year track that offers many exciting opportunities, including research, developing cross-

sectional expertise, and even subspecialization within nuclear medicine.

With these new opportunities, mentorship becomes more and more valuable. Starting in 2007, residents will have an extra year to learn cross-sectional imaging along with skills in newly developed technologies. If you plan to go into private practice, it is especially useful to have access to the experience and wisdom of seniors in our field.

Joining ACNP allows us to network, which is vital not only for getting good advice but for staying current on what is happening in our field—in academia, in private practice, and in industry. Also, networking is one of the surest ways to find jobs and opportunities that you might otherwise miss.

Our Annual Meeting is coming up on Thursday and Friday, February 14–15, in Newport Beach, CA. Newport Beach is not a terrible place to spend Valentine's Day with a significant other! This is also an excellent opportunity for residents and fellows in nuclear medicine, nuclear radiology, radiation oncology, and nuclear cardiology to meet and interact with their peers. The educational program put together by ACNP and the SNM Correlative Imaging Council includes clinical applications, with a day-long CT case review session as well as sessions on the business aspects of nuclear medicine practice. If you can stick around for the weekend, two more days of educational sessions will be provided by SNM and are included in the ACNP registration fee.

As always, feel free to contact me at Gethin_Williams@BIDMC.Harvard.edu if you have any questions or would like to become more involved with the ACNP Residents Organization.

*Gethin Williams MD, PhD
President, ACNP-RO*

IMPORTANT DEADLINES!

JANUARY 10, 2008: Poster Abstract Submission Deadline for 34th ACNP Annual Meeting.

Research in all areas of diagnostic multimodality imaging and radionuclide therapy is welcome. Residents and fellows from nuclear medicine, radiology, nuclear cardiology, and radiation oncology may submit poster abstracts to Nikki Wenzel at nwenzel@snm.org. See Call For Abstracts online at <http://acnp.snm.org/index.cfm?PageID=5373> for more information.

JANUARY 10, 2008: Fellowship Nominations Are Due. Eligible applicants will be board-certified nuclear medicine physicians who have made outstanding contributions to the field of nuclear medicine and/or the American College of Nuclear Physicians. See Fellowship Information online at <http://acnp.snm.org/index.cfm?PageID=778>.

JANUARY 10, 2008: Best Mentor of the Year Nominations Are Due. The fourth annual "Best Mentor of the Year" award will be presented at the ACNP annual meeting in February. Mentors nominated for this award must be ACNP members. See Annual Mentor Award information online at <http://acnp.snm.org/index.cfm?PageID=2163>.

FEBRUARY 14–17, 2008: 34th Annual Meeting of the ACNP, Newport Beach, CA.

Register online at <http://interactive.snm.org/index.cfm?PageID=6795>.