

SCANNER

the official newsletter of acnp

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PRESIDENT'S MESSAGE

Future Is Bright for ACNP and Nuclear Medicine



Hadyn T. Williams

*I study nuclear science, I love my classes
I got a crazy teacher, he wears dark glasses
Things are going great, and they're only
getting better
I'm doin' all right, getting good grades
The future's so bright I gotta wear shades*
Timbuk 3

Nuclear medicine is undergoing a metamorphosis—not Kafka's *Metamorphosis*, where Gregor Samsa awoke one morning to find himself changed into a monstrous beetle only to be neglected and die alone—but nature's metamorphosis from caterpillar to pupa to butterfly. I entered nuclear medicine because it seemed that trying to diagnose disease by viewing anatomical shadows was indirect and crude. Nuclear medicine views disease through physiology, a far more direct and elegant means, to my way of thinking. The trademark of today's clinical nuclear medicine, the "scan," dates from work begun at the Wadsworth VA Hospital and UCLA Medical School in 1947 as part of the biomedical research spawned by the Manhattan Project. Using Benedict Cassen's collimated radioisotope scanner, the first thyroid scans were a paper-punch grid map.

In 1983, Dr. William Blahd questioned my path through internal medicine and radiology at the Wadsworth VA. Why not do a nuclear medicine residency? Although Cassen's scanner was still in use there to map thyroid volumes, the Wadsworth VA obtained an early PET scanner and built a cyclotron during

my residency. As residents, we started lines to allow blood sampling and quantitation, percussed livers to correlate with liver spleen scans, palpated thyroids, and managed disease, almost like real doctors. We could image metabolism and physiology in bone, brain, thyroid, lungs, heart, liver, and kidneys and study emulations of disease. I found that I finally liked practicing medicine.

Ten years later, nuclear medicine was a dying specialty. Nuclear magnetic resonance imaging lost the "nuclear" and became MRI, while cardiac nuclear medicine became nuclear cardiology. Medical practicality, poor reimbursement, attacks on the autonomy of the specialty—our growing caterpillar was in danger of being eaten by a bird.

But after another ten years, we are alive and well and having a crucial impact on medical practice. I regularly attend eight different tumor boards, and PET has become part of their vocabulary. Now when I hear, "What can we do to better evaluate and treat this (possible) tumor or its spread?" the answer starts with, "Well, depending on results of the PET scan ..."

Since 1974, the ACNP has been an advocate for the nuclear medicine community. We continue to address practice issues, socioeconomic and reimbursement issues, government affairs, and professional enhancement, and we continue to mentor medical students and residents. We are visiting Capitol Hill twice this year with the American College of Radiology (ACR) and SNM to plead our case. This newsletter and our Web site are being revamped. After a very successful annual meeting held in conjunction with the SNM Mid-Winter Educational Sym-

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also inside



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Editor-in-Chief: Lale Kostakoglu, MD
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NAS Studies the State of Nuclear Medicine

The National Academy of Sciences (NAS) State of the Science in Nuclear Medicine Committee held its sixth and final meeting February 19–20 in Washington, DC. The final report from the 13-month project will likely be completed in late spring or summer.

The NAS Committee on Medical Isotope Production Without Highly Enriched Uranium (HEU) held its first few meetings in February and March. The 24-month study was mandated in Section 630 of the Energy Policy Act of 2005, with the primary purpose of determining the commercial feasibility of isotope production without HEU.

NRC Releases Draft Final Rule on NARM

The draft final rule to implement Section 651(e) of the Energy Policy Act of 2005 on the expanded definition of byproduct material was forwarded to the NRC on April 3. The NRC is making the commission paper and its enclosures of the draft final rule publicly available to keep stakeholders informed.

The NRC is currently reviewing the draft final rule package and will be voting on it at a later date. Therefore, the draft final rule package, including the draft Federal Register notice, represents only the staff's recommendation. The content of the final rule may be changed by the commission before publication.

The NRC is not soliciting comments on the draft final rule package. Once the commission approves the final rule and the OMB approves the information collection requirements, the final rule will then be published in the Federal Register and will become effective 60 days from the date of publication.

Mallinckrodt ^{99m}Tc Generators Return to Market Following Voluntary Recall

In early March, Mallinckrodt initiated a voluntary recall of all lots of its Ultra-TechneKow® DTE Generator (^{99m}Tc generator) manufactured on or after February 23. The specific generator lot numbers involved in this recall were 7030, 7032, 7801, and 7033.

Within the first few days following the voluntary recall, Mallinckrodt released a customer letter and FAQ providing details about the issue and discussing the industry's collective efforts to find a solution to the temporary ^{99m}Tc generator shortage. Bristol-Myers Squibb (BMS) Medical Imaging and MDS Nordion also worked with ACNP/SNM staff to educate the nuclear medicine community about their increase in production to meet demand. To this end, BMS Medical Imaging released a customer letter and a three-week update and MDS Nordion distributed a letter to industry colleagues.

On March 28, Mallinckrodt announced they had successfully completed their revalidation process and met all of their sterility assurance requirements. Mallinckrodt returned to full production and shipment of the generator on April 2.

2007 HOPPS Cap Rates

Denise Merlino, SNM coding and reimbursement consultant, and Pamela Kassing, American College of Radiology staff, authored a comprehensive article exploring why the Hospital Outpatient Prospective Payment System cap rates seem to have been reduced since January. To view the entire article, please visit the Coding and Reimbursement Q&A section of the SNM Web site at <http://interactive.snm.org/index.cfm?PageID=6059>.

2007 Nuclear Medicine Reimbursement Roadshow Book & CD

The educational materials from the highly successful 2007 Nuclear Medicine Reimbursement Roadshow seminars are now available for purchase on the SNM Web site at <http://interactive.snm.org/index.cfm?PageID=6025>.

The seminars addressed appropriate coding of nuclear medicine procedures and radiopharmaceuticals, such as how to use current CPT manuals and how to identify nuclear medicine procedures that are covered (or not covered) by Medicare and third-party payers.

Distinguished nuclear medicine coding experts Gary L. Dillehay, MD; Kenneth A. McKusick, MD; and Denise A. Merlino, CNMT, MBA, moderated the seminars, which took place in Nashville, TN; San Francisco, CA; and Boston, MA.

Technologist Qualifications/CARE Legislation

The American Society of Radiologic Technologists (ASRT) held its annual "RT in DC" event March 18–20 in Washington, DC, to support the Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy bill (CARE bill). The event featured an educational workshop on CARE and appropriate communication with legislators, followed by a full day of legislative visits for approximately 140 technologist attendees.

As you may know, the CARE legislation would require those who perform medical imaging and radiation therapy procedures to meet minimum federal education and credentialing standards in order to participate in federal health programs, including Medicare and Medicaid, administered by the Department of Health and Human Services. Under current law, basic training standards are voluntary in some states, allowing individuals to perform radiologic procedures without any formal education. Poor-quality images

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Board of Regents Meeting Report



Michael Middleton

The February 15 ACNP Board of Regents (BOR) meeting was well attended during the ACNP Annual Meeting in historic San Antonio, TX. The minutes from both the previous year's meeting and the fall conference calls were approved, and we discussed the status of the ACNP. This has been an exciting year for me; I found it a privilege to lead ACNP.

We spent some time during the Regents meeting reviewing the ACNP mission statement:

The mission of the American College of Nuclear Physicians is to represent the practice and socio-economic interest of those engaged in the use of radio-nuclides in the prevention, diagnosis, and treatment of disease and to promote the continuing competence of practitioners of nuclear medicine through a program of continuing medical education.

I ask all ACNP members to become familiar with our mission as we work together to achieve our unified goals.

We discussed the events of 2006 and made plans for the future of ACNP. By all accounts, combining the SNM Mid-Winter Educational Symposium with the ACNP Annual Meeting was a positive process for all involved, easily measured by meeting attendance, financial success, and an increase in membership inquiries. The exposure that ACNP received at this combined venue was important to the future growth of the college. Many leaders in the nuclear medicine community serve actively in both SNM and ACNP. Leadership in nuclear medicine and membership in ACNP can lead to ACNP fellow status, and the number of ACNP fellow awards this year was certainly higher than in prior years—another sign of success. The seven

I ask all ACNP members to become familiar with our mission as we work together to achieve our unified goals.

fellows for 2007 were: Dr. Hazem Chehabi, Dr. Dominique Delbeke, Dr. Thomas Heston, Dr. Syed Husain, Dr. Gerald Mandell, Dr. Ted Treves, and Dr. John Wolodzko. The regents approved their fellowship status, and we all congratulated these individuals at the ACNP awards dinner that evening. We look forward to their continued leadership and participation in ACNP.

Because of the success of the 2007 joint meeting, it was ultimately agreed (and a motion passed) to hold the ACNP Annual Meeting and the SNM Mid-Winter Educational Symposium together in 2008. The combined meeting will be held in Newport Beach, CA.

Dr. Jay Harolds, treasurer, reported that the financial status of ACNP continues to strengthen. The 2007 budget was approved. Some of the projects that were discussed included revision and revitalization of the ACNP Web site and outreach to patients and referring physicians.

Another important development was that the BOR approved the ACNP Residents Organization (ACNP-RO) as an official chapter of ACNP. This is an exciting development that will allow residents and fellows to help in shaping the future of

nuclear medicine. To that end, the BOR approved the appointment of two ACNP-RO representatives to the SNM/ACNP Joint Government Affairs Committee.

Several committee reports were created, and we discussed ways to reinvigorate our relationship with industry. There was also a brief discussion on establishing a task force to evaluate the possibility of combining efforts between ACNP and the American College of Nuclear Medicine.

All in all, the 2007 BOR meeting was very successful, and, once more, I want to thank all those involved in supporting my efforts to lead ACNP last year. I congratulate all the new officers, especially Dr. Hadyn Williams, incoming ACNP president, as he leads the ACNP forward.

*Mike Middleton, MD, FACNP
Past President, ACNP*

Future. Continued from page 1.

posium, we are reinvigorated. We have a closer relationship with SNM and the American College of Nuclear Medicine (ACNM) and are exploring the benefits of a possible merger with ACNM. Two of our members are on the ACR Reference Committee II (RCII) and its commissions on Nuclear Medicine, Radiation Oncology, Medical Physics, and Quality & Safety and on the RCII's Committee on Academic Private Practice Alliance. We are working with SNM to develop practice guidelines. We need to speed the spread of new tracers. Imagine what information we could provide if we had PET tracers routinely available that could image physiological functions other than glucose transport and perfusion. We have the technology to advance nuclear medicine up the efficacy pyramid.

The butterfly is emerging. Please join us in our efforts to strengthen nuclear medicine's voice. For membership information, contact us at www.acnponline.org/membership.

The future's so bright, I gotta wear shades.

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

ACNP Annual Report

<<< Annual Report



Michael Nelson

The past year has seen much progress by the American College of Nuclear Physicians; the organization has demonstrated significant success in initiatives concerning the organization and its programs. Under the direction of Michael Middleton, MD, 2006 president, the college reenergized its committee structure, which enhanced effective governance and supported new programmatic initiatives. Illustrative of this increased engagement would be the activity of the ACNP/SNM Joint Government Relations Committee, the Program Committee, the Media Committee, and the Residents Organization.

The core mission of the college is a commitment to socioeconomic issues impacted by nuclear medicine. The joint practice standards with SNM are a prime example of where the college has joined forces with comparable organizations to maintain a strong voice for patient standards and care. A full report follows, detailing ACNP's legislative and regulatory activities throughout the year.

ACNP was represented at the ACR intersociety conference this past summer in the Canadian Rockies. Meeting with over 40 comparable medical specialty groups, the seminar focused on patient care and performance standards. The college continues to reach out to numerous medical organizations to advance nuclear medicine initiatives.

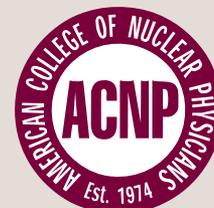
ACNP embarked on an entrepreneurial venture with SNM to present a joint Mid-Winter Educational Symposium. The program committee, under the direction of Hazem Chehabi, MD, did a stellar job in developing an incredible array of innovative programming on topics ranging from ethical violations and growing your medical imaging practice to cardiac MRI to "Physicians Training and Qualifications in the Era of Hybrid Functional/Anatomical Imaging." The symposium was an outstanding success, with audiences of over 100 at the ACNP-sponsored educational events. The ACNP abstract competition was viewed by overflow audiences, and sessions were added to accommodate the submittals.

ACNP's commitment to the future of nuclear medicine is very evident in its organizational commitment to future physicians. The ACNP's Residents Organization (RO), under the guidance of Simin Dadparvar, MD, has made enormous strides in supporting residents. With the assistance of David Ng, MD, ACNP-RO 2006 president, the group has developed a structure and emphasis that will support its outreach and objectives. Plans have been extended to provide an infrastructure and a framework for chapters at major academic institutions. In addition, the RO has raised the profile of licensing and credentialing concerns to the regents, and now a single voice is addressing those issues.

A strong financial base is critical to ensure that a vibrant ACNP is positioned to meet the needs of the future. The college was able to achieve the strategic goals outlined by the ACNP leadership and return a healthy surplus in operational funds. Under the tutelage of Jay Harolds, MD, treasurer, the college implemented a program for investing those funds in a prudent manner, thus providing additional resources for ACNP programs.

Indicative of the resurgence of the ACNP was the fact that seven outstanding nuclear physicians were awarded the coveted ACNP fellow designation. Nominated and evaluated by their peers, fellows of ACNP have provided significant and sustained service to the college and to the nuclear medicine community, extraordinary and sustained service to the ACNP, or extraordinary and sustained contributions to the field of nuclear medicine. Fellows are recognized as those who have helped ACNP, or nuclear medicine as a whole, by giving of their time and energy for the betterment of the profession and patient care. We look forward to further growth in this category as the college continues its stellar emphasis on nuclear diagnosis and therapy.

Michael Nelson
Executive Director, ACNP



ACNP's
commitment
to the future of
nuclear medicine
is very evident in
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future physicians.



2006 Legislative and Regulatory Activity



Hugh Cannon

CMS/Reimbursement

ACNP/SNM coding and reimbursement experts continue to work closely with the American Medical Association and Centers for Medicare & Medicaid Services (CMS) to address issues affecting the molecular imaging community. The SNM Coding and Reimbursement Working Group compiled and submitted comments to CMS regarding the 2007

Hospital Outpatient Prospective Payment System and the 2007 Physician Fee Schedule. Many of the nuclear medicine community's comments and suggestions were persuasive, as evidenced by both final rules. ACNP/SNM will meet with CMS on some outstanding issues in 2007 regarding 2008 payments for many nuclear medicine procedures and radiopharmaceuticals.

Throughout 2006, ACNP, SNM and approximately 40 other imaging societies, manufacturers, and patient advocacy groups worked together as the Access to Medical Imaging Coalition (AMIC) to find a solution to the Medicare reimbursement reductions for independent imaging facilities and physician offices brought on by the Deficit Reduction Act (DRA) of 2005. Since its formation, AMIC has: (a) developed data to debunk misassumptions about medical imaging; (b) educated approximately 300 Congressional offices; (c) solidified arguments against other physician specialties looking to imaging to pay for their Medicare needs; and (d) supported delaying legislation that unfortunately did not come to fruition. AMIC will continue to fight against the physician payment cuts in the 110th Congress.

An important success of the medical community was the passage of the Tax Relief and Health Care Act of 2006 prior to the adjournment of the 109th Congress on December 8. The legislation prevents the scheduled 5% cut in 2007 Medicare physician payment rates due to the sustainable growth rate formula by freezing the Medicare conversion factor at its 2006 level. Also included in the legislation is the Medicare Physician Quality Reporting Program for 2007 that establishes an evaluation mechanism for July 1, 2007, through December 31, 2007, using Physician Voluntary Reporting Program (PVRP) quality measures. A bonus payment of 1.5% will be paid to physicians who report on at least three PVRP quality measures. ACNP/SNM coding and reimbursement experts are working closely with the AMA and CMS to learn more about the program.

Energy & Water Appropriations/DOE Funding for Basic Nuclear Medicine Research

Efforts continued through 2006 to restore Department of Energy (DOE) Office of Science funding for basic nuclear medicine research, formerly funded under the Office of Biological and Environmental Research Medical Applications and Measurement Science program. The Senate version of the fiscal year 2007 Energy & Water Appropriations bill restored the funding, while the House version did not. The 109th Congress adjourned in December without finishing appropriations business, instead funding the federal government via a continuing resolution. ACNP/SNM will continue to work on this important issue in the 110th Congress.

NRC: Expanded Definition of Byproduct Material

Section 651(e) of the Energy Policy Act of 2005 granted the Nuclear Regulatory Commission (NRC) regulatory authority over naturally occurring and accelerator-produced radioactive material (NARM). After holding a public meeting to get the perspective of key stakeholders, the NRC staff developed a proposed rulemaking that would incorporate NARM into the existing regulatory framework for reactor materials.

Prior to the close of the public comment period in September, ACNP/SNM, the American College of Radiology, and the American Society of Nuclear Cardiology submitted a joint letter to NRC addressing the proposed NARM rulemaking. The comments requested several modifications to ensure unhindered patient access to radiopharmaceuticals, including: (a) a category exemption from financial assurance for the decommissioning of facilities with low energy cyclotrons; (b) further clarification of the applicability of the new fee category (3.S) for onsite production; (c) an enhanced transition plan with formal guidance documentation; and (d) several technical revisions.

NRC released the draft final rule on NARM in April and plans to release the final rule this summer. NRC does not plan to hold another public meeting/workshop on NARM prior to the release of the final rule.

NRC: Patient Release Criteria

A petition for rulemaking (PRM-35-18) by an ex-NRC employee, Peter Crane, requested that the post-1997 patient release rule in 10 CFR Part 35 be partially revoked so that patients with more than the equivalent of 30 millicuries of ¹³¹I in their bodies would not be released from isolation. The ACNP/SNM response to the PRM stated that the petitioner's request was not in line with modern methods of public dose calculation and should not be seriously considered. The relevant NRC work group is expected to resolve the PRM in 2007.

Continued on page 6. See **Activity**.

Activity. Continued from page 5.

Radionuclide and Radiopharmaceutical Shortage Scenarios

ACNP/SNM staff worked closely with industry, trade groups, and FDA to establish a process by which the medical community would be continuously informed via the SNM Web site in the event of an emergency shortage of important drug products used in molecular imaging and therapy. This process will continue to be developed and refined in 2007.

New York: A3255

ACNP and SNM members in New York worked closely with trade groups to support Governor George E. Pataki's important veto of New York bill A3255, which had been unanimously approved by the state assembly. If signed into law, A3255 could have unintentionally limited or prohibited the transfer of any quantity of radioactive material, sale of used cyclotrons and facilities, and the reprocessing/recycling of used generators by the manufacturer.

Credentialing

ACNP and SNM jointly developed and adopted two important credentialing statements on PET and CT: "Conjoint Statement of the SNM and American College of Nuclear Physicians on Credentialing and Delineation of Privileges for Cardiac PET" and "Conjoint Statement of the SNM and American College of Nuclear Physicians on Credentialing and Delineation of Privileges for Cardiovascular CT," both of which will be published in upcoming issues of *JNM* and *JNMT*.

Procedure Guidelines

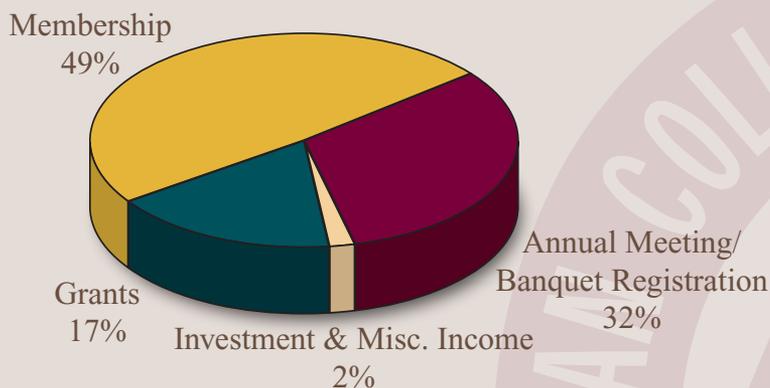
ACNP and SNM leaders developed two new procedure guidelines: "Procedure Guidelines for Tumor Imaging with ¹⁸F-FDG PET/CT 1.0" and "Procedure Guideline for SPECT/CT Imaging 1.0" and revised three important therapy guidelines: "Procedure Guideline for Scintigraphy for Differentiated Papillary and Follicular Thyroid Cancer 3.0," "Procedure Guideline for Thyroid Scintigraphy 3.0," and "Procedure Guideline for Thyroid Uptake Measurement 3.0."

Hugh Cannon

Director, Health Policy and Regulatory Affairs

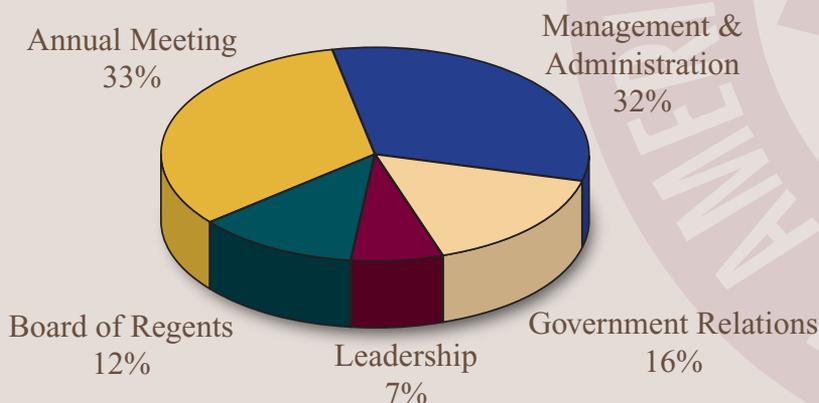
2006 Financial Review*

Revenue FY 2006



Membership	\$ 35,215
Annual Meeting/ Banquet Registration	\$ 23,500
Investment & Misc. Income	\$ 1,528
Grants	\$ 12,500
Total Revenue	\$ 72,743

Expenses FY 2006



Government Relations	\$ 10,892
Leadership	\$ 4,647
Board of Regents	\$ 8,079
Annual Meeting	\$ 22,330
Management & Administration	\$ 22,036
Total Expenses	\$ 67,984

* Unaudited

PROFILE IN NUCLEAR MEDICINE

Dominique Delbeke, MD, PhD

An American Pioneer

Early in the history of the United States, Europeans immigrated to this new country, making new lives for themselves with little more than raw courage, determination, a great deal of hard work, and personal sacrifice. Dominique Delbeke, MD, PhD, is a twenty-first century American pioneer, immigrating to the United States from Belgium and making her way in her new nation with brains, guts, hard work, and sacrifice.

Born in Brussels to a general practitioner and his wife, Dominique had a natural aptitude for science and a love of animals. She initially wished to pursue veterinary medicine; however, given the gender bias of the 1950s, her father felt she would be restricted to caring for small animals. Because Dominique especially loved horses, she was not willing to accept this limitation. Eventually, her father persuaded her to pursue human medicine.

Dominique began college and medical school in 1971 and graduated with honors in 1978 from the Free University of Brussels, Belgium. She moved to New Haven, CT, with her husband, Philippe Jeanty, who took a fellowship at Yale to study high-risk perinatal ultrasound. Following his fellowship, Philippe completed a radiology residency at Yale. Dominique completed a PhD in physiology from the Free University of Brussels in 1985. In 1986, they moved to Nashville, TN, with their two children so that Philippe could accept a radiology faculty position at Vanderbilt University. Happily for the field of nuclear medicine, Dominique accepted a nuclear medicine residency at Vanderbilt offered to her by Martin Sandler, MD, another US immigrant and pioneer in nuclear medicine. Dr. Sandler is from Zimbabwe and received his medical training in South Africa.

Dominique finished both nuclear medicine and pathology residencies in 1990 at Vanderbilt and accepted a joint appointment in radiology and pathology as an assistant professor. She was promoted to associate professor of radiology in 1995 and to full professor in 2002. She became clinical director of nuclear medicine in 1991, clinical director of PET in 1992, and director of nuclear medicine and PET in 2000. In addition to her full-time clinical duties, Dominique provides extensive education to residents in nuclear medicine and radiology and to nuclear medicine technologists. She is very active in nuclear cardiology, working with various PET and SPECT isotopes, and



Dominique Delbeke

incorporating CT coronary angiography with Vanderbilt's 64-slice SPECT/CT as well as PET/CT imaging with rubidium.

Dominique is a member of the SNM Board of Directors, the Cardiovascular Council, and the Research and Education Foundation for SNM. She is active in PET and PET/CT education, serving as a leading authority in establishing intersociety guidelines and as chair of the Joint ACR/SNM Taskforce on Guidelines for PET/CT. She is also a leading author of the recent white paper specifying the minimum training recommendations for interpretation of PET/CT. She is a faculty member of the SNM PET Learning Center and vice chair of the ACRIN Nuclear Medicine/PET/SPECT Committee. She is a member of the PET Task Force for Guidelines for both the National Comprehensive Cancer Network and the American Society of Clinical Oncology's PET scanning working group. She is chair of the SNM Lifelong Learning and Self Assessment Program, leading the development, with SNM and ABNM, of maintenance of certification guidelines and educational materials coordinated with and accepted by the American College of Radiology.

Dominique is a prolific writer who has produced over 100 peer-reviewed papers and edited five major textbooks in nuclear medicine, including leading textbooks on nuclear cardiology and PET/CT. She is a gifted speaker and is invited to virtually every major national and international nuclear medicine meeting. She has a professional schedule that would overwhelm most people, yet finds time to care for the cows, sheep, and horses she keeps on her farm outside Nashville. She loves to entertain family, friends, and colleagues with burgers on the grill or horseback riding. She has competed in amateur events, including cross-country riding. She cherishes her time with her daughter, Cerine, who is attending medical school in Detroit, and her son, Cedric, an aerospace engineering student at the California Institute of Technology.

Though she has been a pioneer in nuclear medicine in many areas, she has not lost sight of why nuclear medicine exists, reminding us that, "The end goal is to better treat and take care of patients." She has certainly contributed to these ends! Dominique Delbeke is not only an outstanding physician and leader in her field—perhaps without peer—she is a wonderful human being as well, and I am proud to be her colleague and friend.

*Ronald C. Walker MD
Associate Professor, Vanderbilt University*

Message TO RESIDENTS



Gethin Williams

Hello, Fellows and Residents:

We are off to a great start for 2007 after transitioning from the able and imaginative presidency of Dr. David Ng. David worked hard to develop an ambitious and needed plan to assist nuclear medicine physicians not only in developing skills in cross-sectional imaging but also in obtaining recognition of this training by regulatory bodies. It was his idea to focus on cardiac imaging at the recent ACNP/SNM joint meeting; these seminars were filled to overflowing. Thank you, David, for your hard work. We look forward to working on these long-term goals.

As part of that plan, we will be continuing the educational seminars in cross-sectional imaging. Areas of possible focus include brain MR and cardiac CT angiography. We look forward to your feedback and ideas to enhance residents' educational experiences. Of course, I am sure our experienced ACNP members will also have great ideas and advice for us.

Another one of our big achievements is the completion of the Residents Organization (RO) constitution, which was finalized at the recent ACNP annual meeting. With this in place, we look forward to building our chapters and membership as we focus on developing resources for nuclear medicine residents, both during residency and while transitioning into a career. Toward these ends, we intend to focus on key areas, including not only education but also mentorship during one's residency and early career.

We also look forward to soliciting input from experts who can specify which skills are needed and what the future holds when a resident chooses to pursue academics, industry, private practice, or additional training. More details will follow. As many of you know, it has been Dr. Simin Dadparvar's passionate aim to develop a mentorship network so that all nuclear medicine residents can have access to experts willing to assist them in developing desired skills or career paths. Thank you Dr. Dadparvar. We look forward to more of your expert guidance this year.

We are looking forward to a synergistic relationship with the SNM's Young Professionals Committee (YPC). I spoke to Amol Takalkar, YPC chair, about this at the recent ACNP Annual Meeting.

Let me briefly introduce the ACNP-RO leadership team for 2007. I am excited to be president. By way of background, I have taken a nontraditional path to nuclear medicine residency at the Joint Program in Nuclear Medicine at Harvard Medical School. After obtaining a PhD in biochemistry, I graduated from medical school in Australia in 2003. I worked as a research project manager during medical school as a way to support my family. I will begin a radiology residency in July.

I am delighted that my colleague-in-training, Dr. Elham Safaie-Semnani, is now vice president. Ellie trained in nuclear medicine at the University of Genoa School of Medicine (Italy) before undertaking some important and fruitful research in Dr. Amin Kassis's laboratory at Harvard. Ellie is always full of thoughtful ideas, and I look forward to her contributions this year.

We welcome your involvement, feedback, and support in making this a productive year for the ACNP-RO as we focus on ways to assist residents in achieving their career goals. You can reach me at Gethin_Williams@BIDMC.Harvard.edu.

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

As part of that plan, we will be continuing the educational seminars in cross-sectional imaging. Areas of possible focus include brain MR and cardiac CT angiography.

NAS. Continued from page 2.

can lead to misdiagnosis, additional testing, delays in treatment, and anxiety in patients, costing the U.S. health care system millions of dollars each year.

Senators Michael B. Enzi (R-WY) and Edward M. Kennedy (D-MA) introduced the Senate version of the CARE bill (S 1042) on March 29. The bill was referred to the Senate Committee on Health, Education, Labor, and Pensions. The House of Representatives' version of the CARE bill (HR 583)

was introduced in the new session of Congress on January 19. At this writing, there are approximately 81 cosponsors of HR 583.

To show you CARE about patient safety, quality care, and health care costs, please visit www.snm.org/care and use the supplied communication tools to contact your legislators quickly and easily.

ACNP/SNM Health Policy & Regulatory Affairs Staff