scanner

THE OFFICIAL NEWSLETTER OF ACNM

2010·1

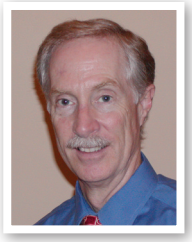
2 ACNM Annual Meeting
ACNM Awardees Mentor of the Year Award

5 Editorial
Magic Bullet Can't Shoot Patients with Medicaid

6 Gov't Relations
HPRA Update: FDA's New Initiative to Reduce Radiation Exposure

8 Message to Residents
ACNM Resident Organization President's Message

PRESIDENT'S MESSAGE: Expanding the Horizon for ACNM



David C. Wymer, MD, FACR, FACNM

This past year, under the leadership of Jay Harolds, MD, ACNM past-president, the ACNM completed the merger that has been almost four years in the making. Although, at the time, it was uncertain exactly how the new College would look and feel, it is now certain that we are stronger than ever. I am thankful to Dr. Harolds for ushering in a remarkable era and I am excited to see many of the projects and programs he started through to completion, as well as begin creating a strategic plan for the new College that will ensure our long-term success in the years to come.

During the SNM Conjoint Mid-Winter Meetings, I had the opportunity to meet with the ACNM leadership team, Dr. Harolds, Munir Ghesani (ACNM president-elect), and the ACNM staff. Together, we began planning for the coming year. I have been in contact with several individuals who have graciously accepted a committee chair position and will be working with these chairs over the next year to further the mission of the ACNM. For 2010, the following individuals have been appointed as committee chairs:

Membership Committee—Simin Dadparvar, MD
Scanner Editor—Renee Moadel, MD
Fellowship Committee—Jay Harolds, MD
Program Committee—Twyla Bartel, MD
Nominating Committee—Jay Harolds, MD
Bylaws Committee—James Woolfenden, MD

The committee chairs will be working over the next several weeks to appoint ACNM members to their committees. I would like to thank those individuals who responded to the request for volunteers sent out earlier this year. We are hopeful that we will be able to place all those who volunteered for a committee.

In addition to these committee chairs, the ACNM also appoints several individuals to the joint SNM/ACNM Government Relations Committee and SNM's Coding and Reimbursement Committee. By having representation on these committees, the ACNM gains a valuable opportunity to stay connected, informed and engaged in the legislative process. Most recently, SNM and ACNM welcomed the opportunity to provide comments on the Nuclear Regulatory Commission's (NRC) proposal to limit radiation worker annual doses to 20 mSv (2 rem). A letter was submitted to the NRC outlining the general opposition to the move because of the lack of clear

Continued on page 4. See **President.**

ACNM
A merged organization of the American College of Nuclear Physicians and the American College of Nuclear Medicine.

SCANNER IS PUBLISHED BY THE AMERICAN COLLEGE OF NUCLEAR MEDICINE

Editor-in-Chief: Renee Moadel, MD
Managing Editor: Jane Kollmer
Graphic Designer: Laura Mahoney

Clinical Nuclear Medicine
is the official journal of the ACNM.

ANNUAL MEETING

A Review of the 2010 ACNM Annual Meeting

One of our biggest successes over the past several years has been the jointly held ACNM Annual Meeting and SNM Mid-Winter Educational Symposium. This was the first year for the newly merged ACNM. The ACNM would like to personally thank Ronald C. Walker, MD, for putting together a unique and exciting program. The number of residency abstracts submitted was the highest in several years. There were excellent lectures on health care reform and government relations, leadership, PET/CT, SPECT/CT new PET radiopharmaceuticals, MR correlation with PET/CT and lung scanning. There were about 115 people in the audience on Thursday. Dr. Walker did an outstanding job arranging the program. The bar has been set high for next year, but we can rest assured that Twyla Bartel, MD, 2011 Program Chair, will guarantee interesting lectures on socioeconomic and educational topics as well as many stimulating discussions.

After a year of service as president, Jay Harolds, MD, stepped down and welcomed David Wymer, MD, as the 2010 ACNM president. In addition, the results of the 2010 ACNM election were announced and ACNM welcomed the following new officers: Munir Ghesani, MD, president-elect; Ronald Walker, MD, secretary; and Harry Lessig, MD, treasurer. The ACNM also welcomed the following people to the 2010 ACNM Board of Directors: Twyla Bartel, MD; Leonie Gordon, MD; Hossein Jadvar, MD; and Renee Moadel, MD. The ACNM would like to thank the following 2009 Board members for their dedication and service to the College during the merger and transition: Ronald Tikofsky, PhD, FACNM; Hussein Abdel-Dayem, MD, FACNM; and B. Wally Ahluwalia, PhD, FACNM.

The 2011 ACNM Annual Meeting will once again be held in conjunction with the SNM Conjoint Mid-Winter Meetings, January 20–24, 2011, in Palm Springs, Calif. Each year, ACNM strives to create a program that is better than the last. We welcome any input that you may have and encourage you to contact the ACNM program chair with suggestions for the 2011 Annual Meeting.

2010 ACNM Annual Meeting Awardees

With the finalization of the merger in the September 2009, Jay Harolds, MD, ACNM past president, wanted to acknowledge three integral individuals who helped streamline the merger process and laid the framework for a very successful college. Hazem Chehabi, MD; Harry Lessig, MD; and Michael Middleton, MD, were presented with the ACNM President's Award for their contribution to the merger.

In addition, Simin Dadparvar, MD, was given a special award, the Distinguished Service Award, for her work with the residents and initiating the work to make the *Clinical Nuclear Medicine Journal* the official journal of the ACNM. Dr. Dadparvar continues to volunteer within the new College and it is with her enthusiasm and dedication to the Resident's Organization that it has transpired into a very successful entity of the ACNM.

Earlier this year, ACNM accepted abstract submissions from residents and fellows of nuclear medicine, nuclear cardiology, radiology and radiation oncology that reflected original research and academic efforts in the field of nuclear medicine, correlative imaging or radionuclide therapy. More than 20 abstracts were submitted and accepted for presentation; both poster and oral.

The following abstracts awards were distributed for outstanding research effort:

- Travel Grant Award for $750 to Sarika Pamarthy, MD, for "Nuclear Medicine Video Production 101: A Step by Step Guide to a Process that Educates Patients and Trainees."
- Travel Grant Award for $750 to Lenord L. Rivera, MD, for "Role of FDG PET/CT in Follow-up of Patients with Treated Leiomyosarcoma."
- Best Essay Award for $500 to Andrei Iagaru, MD, for "A Novel Strategy for Cocktail 18F Fluoride and 18F FDG PET/CT Scan for Evaluation of Malignancy."
- Best Essay Award for $500 to Amol Takalkar, MD, for "Common and Unusual Presentation of Sarcoidosis and Potential Role for FDG PET in Diagnosis, Assessing Response to Treatment and Monitoring Disease Status."

Continued on page 8. See **ACNM Awardees.**

ACNM Mentor of the Year Award 2010

This year's ACNM Mentor of the Year Award recipient is David M. Milstein, MD, from Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, N.Y. An outpouring of support was shown and 15 previous and current trainees wrote heartfelt letters nominating Dr. Milstein for this prestigious award. Excerpts of these letters are included:

"'The mediocre teacher tells. The good teacher explains. The superior teacher demonstrates. The great teacher inspires.' —William Arthur Ward. And, to nominate Dr. David M. Milstein for the most prestigious 'ACNM Mentor of the Year' award would be to appropriately honor a great and gifted teacher.

Dr. Milstein is a strong proponent of compassionate patient care and resident education and constantly brings in changes to improve both these areas. The best parts of being with Dr. Milstein are his personality and collegiality. He sets a wonderful example with his hard work, discipline and professionalism. Being always open to suggestions and feedback, encouraging leadership qualities and treating the residents as his colleagues are some of the traits that make him unique and sought-after. In short, Dr. Milstein embodies and cultivates the exemplary characteristics, setting an ideal example for his residents.

For many others and me, Dr. Milstein serves as the 'gold standard' and inspires us constantly to learn and contribute to the field of nuclear medicine. To honor him with this esteemed award would be an appropriate recognition to a true mentor and colleague and an overdue appreciation for the numerous nuclear medicine physicians that were trained under him. True to the saying, his teachings and disciplines affect eternally."

– Murthy Chamarthy, MD

"Dr. Milstein is the consummate physician and leads by example in his relationships with patients and staff, and his ability to communicate with patients and referring physicians are exemplary. All one has to do is watch him in action in order to have a front-seat view of the true art of medicine, as the patient is always at the center of his efforts. As the residency director at Montefiore Medical Center, he has touched the lives of many practicing nuclear medicine physicians, and one could have no better role model than this. As nuclear medicine evolves, so does Dr. Milstein, enabling him to have in-depth discussion with residents and medical students about subjects on the forefront of our technological field. I consider myself lucky to have had Dr. Milstein as my teacher during medical school, residency, fellowship, and still now as an attending. There surely is no cure for my addiction to learning from Dr. Milstein, nor should there be."

– Renee M. Moadel, MD

"I greatly appreciated Dr. Milstein's instructions in all my academic activities as well. … No matter how busy he was, he was always available to the residents. … he spent so much time with me in my journal club and grand rounds. I knew he spent even more time reading the background and supporting papers than I did…Before final presentation, he always helped me in all technical aspects, including Power-point slides and figures. He is a wonderful mentor and distinguished academic physician. He set an excellent model for all residents and young physicians. On a personal level, Dr. Milstein is dedicated and extremely reliable. All residents considered him as the best mentor, friend and attending."

– Yiyan Liu, MD, PhD

"In my mind, Dr. Milstein has been, and continues to be, the paradigm of an outstanding mentor. He is a superbly talented clinician with an affable personality and a penchant for teaching. In my interactions with him as a resident, he directed a well-run and thorough clinical residency program. He was always a fair and companionate program director and his concern for trainees also extended far beyond the hospital walls. Though I don't keep statistics on this matter, his excellence is matched by longevity. I wonder how many other teaching program directors have continued to excel in their positions for more than three decades."

– Lionel Zuckier, MD

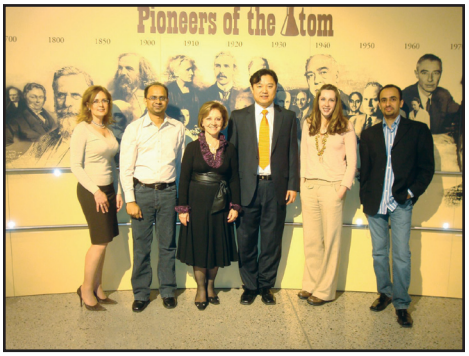
Additional letters were sent by: Lawrence Davis, MD; Tristen Eckersberg-Rhodes, MD; Mohammad Eftekhari, MD; William Ganz, MD; Joseph Glaser, MD; Tong Li, MD; Amir Khandani, MD, PhD; Michael Middelton, MD; Alexandra Seltzer, MD; Nataraj Shanmugam, MD; and Mark Strober, MD.

Congratulations and best wishes to Dr. David M. Milstein as the Mentor of the Year Award recipient in 2010.

Murthy Chamarthy, MD, and Simin Dadparvar, MD, congratulate David M. Milstein, MD, for being selected as the recipient of ACNM's Mentor of the Year Award.

ACNM Visits the National Atomic Museum

While in Albuquerque, N.M., for the annual meeting, members of ACNM made a special trip to tour the National Atomic Museum.



Mary-Leann Smith, MD; Murthy Chamarthy, MD; Simin Dadparvar, MD; Yang Lu, MD; Erin Grady, MD; and Youhanna Gad, MD, enjoy learning about the "pioneers of the atom" while on their field trip to the museum.

Electrostatic X-ray machine made in 1905 (background); Spectro-chrome machine made in 1920, a quackery device consisting of colored filters and large bulb (foreground). These artifacts were donated to the museum by ACNM member M. Donald Blaufox, MD, PhD.

President. Continued from page 1.

scientific basis for a reduction in permissible worker radiation absorbed doses. There is currently a strong emphasis on controlling medical costs; however, reducing dose limits in a way that may increase costs and possibly decrease medical quality, without any demonstrable benefit to workers, is not reasonable at this time.

As the ACNM looks forward to another year, we will work hard to keep the momentum going that Jay was able to start for us. We will once again present the ACNM Lifetime Achievement Award during the SNM Plenary on Monday, June 7, at SNM's 57th Annual Meeting. This award has become a tradition within the old American College of Nuclear Physicians, and we are happy to continue it with the new ACNM. As the outgoing president of the new ACNM and as immediate past-president of the ACNP, Dr. Harolds has agreed to represent the ACNM in the presentation of this award at SNM's 57th Annual Meeting in Salt Lake City, Utah. We hope to see many of you there.

Dr. Ghesani and I will be representing the ACNM at the ACR Intersociety meeting in July. The continued presence of the ACNM at these intersociety meetings is critical to maintaining our visibility and acceptance as a valid player in the nuclear medicine imaging world.

Additionally, the planning for the 2011 SNM Conjoint Mid-Winter Meetings is underway. Dr. Bartel, ACNM Program Committee Chair, is working diligently to ensure another exciting program for the ACNM. The ACNM will once again be accepting abstracts for this meeting. The first call-for-abstracts announcements will be in the next issue of the *Scanner*, with a submission deadline of mid-December.

The ACNM Nuclear Medicine Residents Organization (NMRO) will continue to publish their quarterly newsletter, the *Scintillator*, to all NMRO members, as well as debut a new resident member benefit, the NMRO Case-of-the-Month. The NMRO has also been tasked with revising the ACNM Web site to include more educational tools and resources for ACNM members. Our goal is to increase awareness of the ACNM by developing a Web presence that becomes a useful tool specifically for our ACNM members, as well as for the nuclear medicine community at large.

Later this spring, the revised ACNM Web site will launch, featuring a new "practice management" tab that will include practice guidelines, as well as American Board of Nuclear Medicine updates and references. In addition, the education tab will now include meetings and events, PET-CT, Nuclear Cardiology, General Nuclear Medicine, the Case-of-the-Month, Grants/Awards and Scholarships, as well as other useful educational links. Our goal is to the make the ACNM Web site a one-stop shop for all ACNM member needs.

The ACNM leadership is excited about the future of the organization, and we hope you are, too. We encourage all members to get involved in the future by taking a part in the growing success of the ACNM! Together, we can continue to expand the horizon for ACNM while developing new programs and creating new partnerships.

David C. Wymer, MD, FACR, FACNM
ACNM President

EDITORIAL: Magic Bullets Can't Shoot Patients with Medicaid

By Renee M. Moadel, MD

A patient may be unlucky enough to have non-Hodgkin's Lymphoma (NHL), (also known as "the bad lymphoma," as referred to on HBO's "Curb Your Enthusiasm"), but these days, patients are lucky enough to have radioimmunotherapy (RIT) as an option for certain types of NHL that are positive for an antigen called CD-20. RIT agents, Bexxar and Zevalin, contain antibodies that target the CD-20 antigen and a radioactive moiety in order to kill tumor cells. RIT effectively treats NHL without many of the side effects encountered with conventional chemotherapy. Some would even go so far as to call these agents "magic bullets."

The U.S. FDA approved Zevalin in 2002 and Bexxar in 2003 for certain types of refractory NHL. Unfortunately, these agents have been seldom used, due to market-driven forces: oncologists administer chemotherapy, and make money for doing so, and a highly publicized article on the subject was published in *The New York Times* in 2007. In 2009, the FDA approved Zevalin for use in first-line consolidation after chemotherapy, as a study showed improved progression-free survival in patients treated with Zevalin. This treatment strategy, which includes chemotherapy, should circumvent the market-driven forces that oncologists face.

Even more unfortunate for patients with NHL are the reimbursement issues that surround RIT. While SNM has issued a policy statement on radiopharmaceutical reimbursement, RIT agents continue to be classified by the U.S. Centers for Medicare & Medicaid Services (CMS) as supplies and not drugs. Therefore, the actual payment by CMS for RIT is much lower than the actual cost of the therapy. For example, the dosimetry and therapy doses can cost as much as $30,000, but Medicare reimburses only about two-thirds of this amount, meaning that nuclear medicine practices offering this service can only lose money. Despite this and luckily for patients with NHL, many large tertiary care centers offer RIT as a service to the oncology patient community.

The prospects are grimmer for patients with Medicaid. In my state of New York, Medicaid reimbursement for RIT is under $5,000, and I cannot imagine the Medicaid reimbursement in other states is much more. This leaves NHL patients with Medicaid largely without access to RIT. Ironically, the overall cost of care is actually reduced by use of RIT, as the cost per disease-free month is reduced, suggesting that Medicaid would actually save money by changing the reimbursement policy for RIT.

This great nation is fortunate to have RIT available, and depending on the outcome of the health care bill in Congress, Medicaid enrollment is bound to increase substantially. Individual states need to recognize that the wellbeing of patients is at stake, there is a reduced overall cost when utilizing RIT for NHL, and Medicaid should offer equitable reimbursement for RIT. There is no magic needed to make these magic bullets available to patients with Medicaid.

SOURCES:

Radiopharmaceutical Reimbursement Under Medicare: Recommendations for Reform. SNM Board of Directors, April 2008. Revised May 22, 2008

Otte A. Does health economics have an impact on non-Hodgkin's lymphoma patients' options? *Nucl Med Commun*. 2008 Aug;29(8):748-9.

Berenson A. Market forces cited in lymphoma drug's disuse. *The New York Times*. 14 July 2007.

Morschhauser F, Radford J, Van Hoof A, Vitolo U, Soubeyran P, Tilly H, Huijgens PC, Kolstad A, d'Amore F, Gonzalez Diaz M, Petrini M, Sebban C, Zinzani PL, van Oers MH, van Putten W, Bischof-Delaloye A, Rohatiner A, Salles G, Kuhlmann J, Hagenbeek A. Phase III trial of consolidation therapy with yttrium-90-ibritumomab tiuxetan compared with no additional therapy after first remission in advanced follicular lymphoma. *J Clin Oncol*. 2008 Nov 10;26(32):5156-64.

http://interactive.snm.org/docs/Radiopharmaceutical_Reimbursement_Policy_Ltrhd_5-22-08.pdf

HPRA Update: FDA's New Initiative to Reduce Radiation Exposure

On Tuesday, February 9, 2010, the Federal Drug Administration (FDA) announced an initiative to reduce unnecessary radiation exposure from three types of medical imaging procedures: computed tomography (CT), nuclear medicine studies and fluoroscopy. The FDA intends to issue targeted requirements for manufacturers of CT and fluoroscopic devices to incorporate important safeguards into the design of their machines, to develop safer technologies and to provide appropriate training to support safe use by practitioners. SNM is committed to ensuring that patients receive safe advanced medical imaging procedures and therapies and applauds the FDA for recognizing the need for—and supporting efforts to—ensure patients receive appropriate imaging care.

Each year, thousands of patients undergo advanced medical imaging procedures and therapies. While rare, adverse events such as those outlined in recent media reports underscore the need for continual steps to help ensure patients receive the safest, most appropriate care. SNM believes the best way to ensure the quality and safety of medical imaging and radiation procedures and therapies is to establish national educational and certification standards for the technical personnel who perform them.

The concerns raised by the FDA emphasize the urgency for enacting H.R. 3652, "The Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy Act of 2009" (CARE bill). In supporting this bill, SNM agrees that it is necessary to 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 administered by the U.S. Department of Health and Human Services, including the Medicare & Medicaid programs. Thus, medical imaging procedures, as well as radiation therapy treatments for patients covered under these programs, would need to be performed by personnel meeting these federal standards in order to be eligible for reimbursement.

SNM believes the provisions in the CARE bill will ensure quality in medical imaging and radiation therapy procedures, reduce health care costs by lowering the number of repeated procedures due to poor technique or improper positioning and improve the safety of patients undergoing medical imaging and radiation therapy procedures. For more information about this bill, please visit: http://www.opencongress.org/bill/111-h3652/show.

Update on American Medical Isotopes Production Act

The American Medical Isotopes Production Act of 2009 (H.R. 3276) was approved by the U.S. House of Representatives in November 2009 and is now pending in the Senate. In January, GE-Hitachi and Babcock & Wilcox Technical Services Group announced support from the U.S. Department of Energy's National Nuclear Security Administration (NNSA) for the production of medical isotopes.

There are currently only five major producers of Mo-99—the decay product of which is Tc-99m—in the world, with none in the United States. In the U.S., 16 million diagnostic medical tests are performed annually using Tc-99m to detect cancer, heart disease, thyroid disease and other serious conditions.

Update on Health Care Reform

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act. Of particular note is that the bill does not contain a permanent fix to the Sustainable Growth Rate (SGR) formula. Congress has passed a number of short-term fixes. However, if nothing is done, payment for physician services will be cut by 21.5% beginning April 1, 2010. In addition, the bill contains language that would raise the utilization assumption rate—the calculation used by CMS to determine the Medicare fee schedule reimbursement rate for advanced imaging services—to 75% as early as 2011, which would add significant additional cuts to imaging on top of the $1.7 billion annual cut resulting from the enactment of the Deficit Reduction Act of 2005.

For the most up-to-date information on these and other issues, please visit the Government Relations News webpage at www.snm.org.

Health Policy and Regulatory Affairs Department Staff

INTERESTING CASE

Occult Gastrinoma Location Only Identified on SPECT-CT Imaging

By Murthy Chamarthy, MD; Robert J. Dym, MD; Joseph Glaser, MD; Jonathan Khodadadian, MD.
Montefiore Medical Center, Albert Einstein College

65-year-old woman with a past medical history of alcoholic cirrhosis, gastroesophageal reflux disease and diverticulosis presented to the emergency department with dehydration and failure to thrive.

A CT of the chest, abdomen and pelvis with intravenous contrast was performed to evaluate for any underlying cause for these symptoms. In addition to findings of cirrhosis, the CT demonstrated thickening of the wall of the distal stomach, for which upper gastrointestinal series or endoscopy was recommended. Endoscopy biopsies were performed and revealed chronic gastritis, duodenitis and esophagitis with ulceration. Fungal stain and immunostains for HSV and CMV were negative.

Serum evaluation revealed an elevated gastrin level of 3516 (nl <101), elevated chromogranin A level of 271.6 (nl <36.5), and elevated pancreatic polypeptide level of 1515 (nl <250), which are consistent with gastrinoma, thus genetic testing for multiple endocrine neoplasia-1 (MEN-1) was performed.

An Indium-111 labeled Octreotide scan was performed for localization of suspected gastrinoma, and planar and SPECT imaging revealed focal uptake in the region of the pancreatic head, consistent with a pancreatic islet cell tumor. Upon review of the prior CT scan, no pancreatic mass was identified, but a lobular area in the pancreatic uncinate process was noted, and a subsequent MRI with gadolinium was normal in this region.

The patient was followed clinically, and a repeat gastrin level one year later was again elevated (2135).

The patient underwent a follow-up CT of the abdomen with contrast and pancreatic protocol, which again demonstrated thickened gastric folds and no pancreatic lesion was seen. The Octreoscan was repeated with planar and SPECT-CT to better localize the lesion, and confirmed the gastinoma was located in the superior pancreatic head (Figures 1a and 1b). Retrospective review of the recent CT using coronal reconstructions revealed a small enhancing 1x1.3cm lesion in the superior pancreatic head and was only seen on the arterial phase sequence (Figures 2a and 2b).

Surgical colleagues plan to resect the pancreatic mass utilizing gamma probe detection after the administration of ^{111}In-Octreotide.

REFERENCE

Hubbard H. Evaluation of Possible Gastrinoma. *MedGenMed*. 2007; 9(1): 31.

Figure 1a

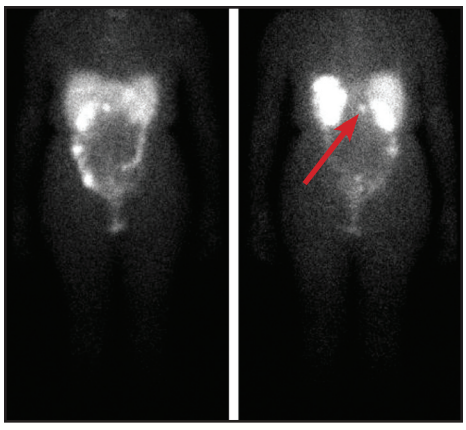


Figure 1b

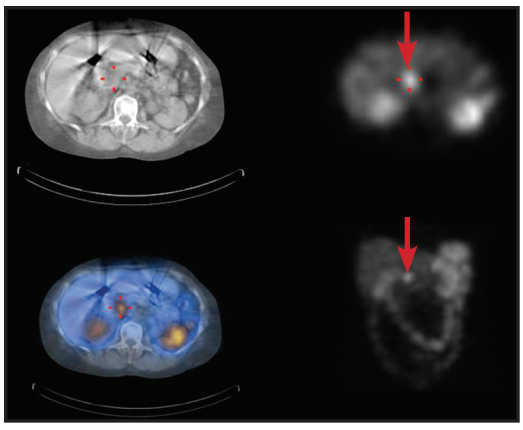
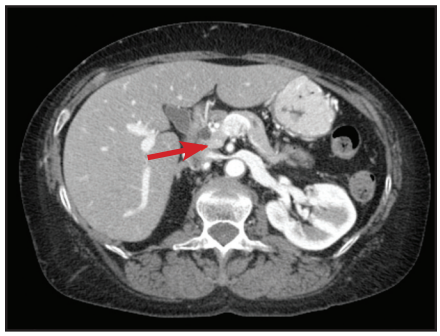


Figure 2a



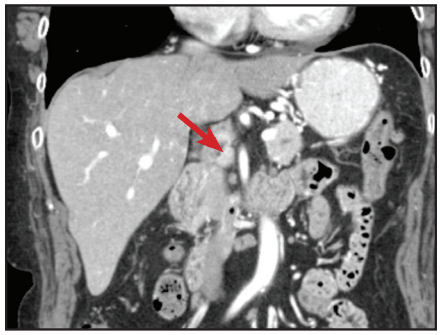


Figure 2b

Message TO RESIDENTS

Erin Grady, MD

Hello Fellows and Residents:

Many exciting things have been happening with the resident's organization. We are thrilled to announce our new name, the Nuclear Medicine Resident's Organization (NMRO). This was approved by the ACNM Board of Directors during the mid-winter meeting (MWM) in January. We hope this new name allows for more visibility and greater awareness in our community.

At the MWM, the NMRO officers were able to meet and compare notes. We were excited to learn that a lot of our hard work from earlier this year has paid off. The newsletters that we have put together for the residents have received much positive feedback and we plan to continue using these to keep our residents informed.

In addition our newsletter, we have been helping to "beef up" the resident's portion of the Web site with review materials and cases of the month. Dr. Jay Harolds offered a fun suggestion to start a virtual journal club where residents can weigh in on the article and an expert reviewer does as well. If you're interested in helping as an expert reviewer, please let us know.

One of the other things the NMRO is known for is mentoring. In the coming months, we will be recruiting more mentors and "mentees." If you're interested in mentoring, please let us know.

In recent months, I have personally received a number of e-mails from residents in nuclear medicine with one main concern: jobs. At the MWM, this concern was reiterated by a number of individuals—including the ACNM and SNM leadership. As we move forward in our training in nuclear medicine, which is a passion for many of us, it is very disturbing that we may not be able to find a job after we complete our training. This left us with concerns over what to do next. We are optimistic about our future, but also want to be a part of helping this specialty to continue in a very strong fashion. I will keep you informed as these discussions continue.

> **We were excited to learn that a lot of our hard work from earlier this year has paid off.**

Best,
Erin Grady, MD

ACNM Awardees. Continued from page 2.

- Best Essay Award for $500 to John Yang, MD, for "18F FDG PET/CT in Peritoneal Metastasis."

The ACNM also awarded ACNM fellowship to Lorraine Fig, MD. Dr. Fig qualifies for fellowship on the basis of significant contributions to the field of nuclear medicine and also extraordinary and sustained service to the College and other professional societies in nuclear medicine. She has been an author or co-author of 48 peer-reviewed papers, four book chapters and 72 abstracts. She has been principal investigator on six scientific grants. She has been associate program director in nuclear medicine at the U. of Michigan, and has served as a mentor and teacher to many students and residents. She has been the associate program director for nuclear medicine for the VA system for the past 18 years, and has been a member of and has chaired numerous VA national nuclear medicine committees. She has received numerous VA service awards. She has served as a member of the Board of Regents of ACNP, now ACNM, since 2007. Since 2006, she has been the ACNP representative to the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICANL). She served as treasurer for the SNM Academic Council from 2007–2008, and since 2008, serves as secretary of the SNM Academic Council. The ACNM Board of Regents would like to thank Dr. Fig for her outstanding contributions to the field of nuclear medicine and/or the American College of Nuclear Medicine.