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THE OFFICIAL NEWSLETTER OF ACNM

2009-4

PRESIDENT'S MESSAGE: A Bright Future for the ACNM

Jay A. Harolds, MD

Being president of the American College of Nuclear Medicine (ACNM) has been a wonderful experience! On Sept. 1, the American College of Nuclear Physicians (ACNP) and the ACNM merger was finalized. Throughout this process, doctors Middleton, Chehabi and Lessig worked very hard to facilitate the negotiations. The resultant fusion of the two organizations will strengthen the field of nuclear medicine by having only one focused college. The new organization has well over 600 members. This is the result of multiple initiatives. One new development is the accord we reached with the periodical, *Clinical Nuclear Medicine*. This will serve as the official journal for the ACNM. Furthermore, the ACNM will have the opportunity to have at least one article per month in the journal.

In the coming months, you will see submissions focusing on socioeconomic issues, healthcare reform, educational developments, professional achievements and general information of interest to colleagues in the field of nuclear medicine. In addition, we will have articles that report on the activities of the ACNM. The journal will be mailed to all full dues-paying members of the ACNM. Emeritus and resident members will receive the online version of the journal for a reduced rate.

As another example of a strong initiative that has brightened the future for the ACNM, several years ago, the ACNP and ACNM began to hold its annual meeting in conjunction with SNM's Mid-Winter Meeting. The result of this joint venture was 30% higher meeting attendance for both organizations, more scientific- and advocacy-related talks, an opportunity for residents to present their research before a larger audience, and increased recognition of the ACNP and ACNM through direct marketing initiatives for the meeting. Dr. Ronald Walker is serving as the ACNM program committee chair for the upcoming meeting in Albuquerque, N.M., from Jan. 27 – Feb. 2, 2010. The ACNM program will offer specific scientific presentations on SPECT/CT, PET/CT, head and neck MR, developments with radiopharmaceuticals, PERCIST vs. RECIST, and new developments interpreting lung scanning. Furthermore, since the health care reform debate continues to be the topic of discussion within the Senate, the ACNM will provide several presentations on the proposed health care reform bill and government relations.

Finally, with a focus on our future leaders, there will presentations on how to lead during times of great change, mentoring in organizations, challenges with funding academic departments and a panel discussion on how to find a job.

Continued on page 5. See **President.**

Message TO RESIDENTS

Erin Grady, MD

Hello Fellows and Residents:

I'd like to send a special hello to our resident and fellow members. We've been busy with our membership drive, and we have several new members! So, thanks for signing up.

This year promises to be an exciting one for us. There are a number of items that are new and improved. The ACNM-NMRO now has its own newsletter. We're going to have short, readable stories that are useful to you. Issues that we'd like to cover this year include study skills for the in-service exam and beyond, job hunting issues, leadership, building the skills needed to become an attending, how to become involved with research and many other topics. We'd like to hear from you and get your suggestions on topics you might want to hear more about. Additionally, there will be some fun things like our history and on-call corners.

We're also going to be adding a "Case of the Month" feature that will allow you to get some experience on those "zebra"-type cases and allow you to share your interesting cases with others. This will be an "app" on Facebook. You can search for us there.

Another fun item is the upcoming SNM Conjoint Mid-Winter Meetings held in Albuquerque, N.M., in January and February. This is an excellent opportunity for us to present our research as residents/fellows.

I recently learned that we can receive an online subscription to the *Journal of Clinical Nuclear Medicine* starting in January. I will let you know upfront that in order to offset costs, it will become necessary for us to charge $25. I believe it is a good value and constitutes nothing more than the actual cost of the journal to the ACNM. This is a great peer-reviewed journal and offers even more clinical experience viewing interesting cases.

I have been asked to tell you all a little about myself. I'm a nuclear medicine resident at Loyola University Medical Center in Illinois. Frankly, I couldn't see myself doing anything else other than nuclear medicine. I am a bit of a geek and enjoy physics, math, chemistry and physiology. I was very happy to find a specialty that encompasses all of these things. Other than nuclear medicine, I enjoy running, food and spending time with family and friends.

> **Frankly, I couldn't see myself doing anything else other than nuclear medicine.**

My main goals for this year, in addition to enhancing our education with the above, is sparking a feeling of camaraderie and open communication between us as the future nuclear medicine physicians/leaders, and I hope that we can help each other on this journey. There will be many opportunities for member involvement.

Best,
Erin Grady, MD

Looking for an answer to a resident-related question? Need a better way to communicate with your peers and other professionals? *The ACNM-NMRO is excited to announce a new member benefit...*

ACNP-NMRO E-Community

http://www.acnmonline.org/index.cfm?PageID=4712

As an ACNM-NMRO member, you are already a part of the e-community and are invited to contribute and participate in this new and innovative way of discussing challenges, providing feedback on resident-related questions, or just networking. You can send an e-mail to the e-community by clicking on the link above or using the following e-mail address: **acnm_ro@acnmonline.org**.

ACNM
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SAVE THE DATE!
The ACNM Meeting will be held in conjunction with the **SNM Conjoint Mid-Winter Meetings,** Jan. 27–Feb. 2, 2010, in Albuquerque, N.M.

ANNUAL MEETING

Join Us at the ACNM Annual Meeting

The American College of Nuclear Medicine (ACNM) Annual Meeting is quickly approaching and will take place January 27–February 2, 2010, in Albuquerque, N.M. This year, Ronald C. Walker, MD, FACNM, ACNM Program Chair, has put together an exciting program with a focus on PET/CT, SPECT/CT, MR of the head and neck, new radiopharmaceuticals, RECIST vs. PERCIST and resident presentations.

In addition, ACNM is welcoming the submission of original abstracts for the annual meeting. Papers on all aspects of clinical and basic science in nuclear medicine, correlative imaging in radiology, nuclear cardiology and radiation oncology will be considered. A panel of physicians will judge the young investigator's posters. Authors of the best submissions will be presented with the various awards during the ACNM Awards Banquet on Thursday evening. There will be three Best Assay Awards, each for $500, and two Travel Grants, each for $750, awarded to the winning presenters. (The presenter must be in attendance at the meeting to be eligible for an award.)

We are excited about the upcoming meeting and look forward to seeing you there!

ACNM Program

Wednesday, January 27 (for physicians only)
Room: San Miguel

1–2 pm	Resident Presentations of Abstracts
2–2:40 pm	How to Find a Job—Panel Discussion by the YP Group *Cosponsored by the SNM Academic Council*
2:40–3 pm	How Organizations Can Facilitate Mentoring *Cosponsored by the SNM Academic Council*
3–3:15 pm	Afternoon Break
3:15–3:45 pm	Health Care Reform and Accreditation Update *Cosponsored by the SNM Academic Council*
3:45–4:15 pm	Government Relations *Cosponsored by the SNM Academic Council*
4:15–4:30 pm	New Approaches to Fund Academic Programs *Cosponsored by the SNM Academic Council*
4:30–5:30 pm	MR Correlation in the Brain and Neck with PET/CT

Thursday, January 28
Room: Picuris

8–9 am	Resident Presentations of Abstracts
9–9:15 am	Leading During Turbulent Times
9:15–10 am	Challenges in PET/CT of the Abdomen
10–10:15 am	Morning Break
10:15–10:35 am	SPECT/CT
10:35–11:35 am	RECIST vs. PERCIST 1.0
11:35 am–12:15 pm	GU PET/CT—"Emerging Role of PET in Prostate Cancer"
12:15–1:15 pm	Lunch Break (on your own)
1:15–2:15 pm	Challenges in PET/CT of the Chest
2:15–3:15 pm	PET/CT of the Head and Neck, Part I
3:15–3:30 pm	Afternoon Break
3:30–4:30 pm	PET/CT of the Head and Neck, Part II
4:30–5 pm	Lung Scan Update
5–5:30 pm	PET/CT in Thyroid Cancer
5:30–6 pm	New PET Pharmaceuticals

Editorial: Are Cancer Patients Second-Class Citizens?

By Renee M. Moadel, MD

Positron emission tomography (PET) and PET performed together with computed tomography (CT) have revolutionized imaging in oncology. A radiolabeled analogue of glucose, 2-deoxy-2-[^{18}F] fluoro-D-glucose (FDG), preferentially targets cancer cells, and PET-CT is often the most accurate technique for staging, assessing therapy response and surveillance in most cancers. Why is it then, after nearly a decade of approval by the U.S. Food and Drug Administration (FDA), that Centers for Medicare and Medicaid Services (CMS) has not broadly approved this technology for cancer patients? In particular, why does CMS continue to rely on a National Oncologic PET Registry (NOPR) type of data collection and validation, while other novel technologies slide through without microscopic attention? All this while cancer patients suffer, not only from the sequelae of their disease, but by the inability to obtain this needed study in order to appropriately stage and assess status of disease during the course of care.

PET has a long history with CMS: in 2000, the FDA approved FDG for all cancers, and even though documentation was provided to CMS supporting broad coverage for all cancers, CMS decided to evaluate PET in a piecemeal fashion: cancer by cancer and indication by indication. It goes without saying that better coordination between the FDA and CMS would benefit all patients of this great nation. CMS's rationale was to limit costs, and they imposed a requirement of stringent evidence for coverage. The only problem was that this process began slowly and continues even more slowly. In fact, cancer patients have been suffering since 1998, when CMS first reimbursed PET for lung cancer and cardiovascular disease. It took one additional year for CMS to include coverage for colorectal cancer, melanoma and lymphoma. Coverage for breast cancer, the most common cancer in women, was blatantly absent.

NOPR was developed to collect data in response to CMS's coverage with evidence criteria and is sponsored by the Academy of Molecular Imaging and endorsed by the American College of Radiology, American Society of Clinical Oncology and SNM. CMS should be applauded for agreeing to cooperate with NOPR in creating a pathway toward approval of PET in many oncologic indications; however, the process is simply too slow for many patients with cancer who have limited life expectancies, as it was not until May 2006 when NOPR was up and running. Finally, patients with Medicare had access to PET information for therapeutic planning if they agreed to enter the NOPR study. Promptly, in March 2008, NOPR had collected and analyzed the data, which indicated that PET was of great utility in most cancers, and subsequently, it took more than one year for CMS to expand coverage. While "coverage with evidence" sounds like a great idea, in practice, the result has been delaying coverage over the course of many years, and it has not served cancer patients well.

CMS does not have the same litmus test when it comes to other novel imaging and therapeutic modalities. Recently, CMS backed down on its "coverage with evidence development" plans for cardiac computed tomography angiography (CTA), and CMS did not require evidence to expand indications for implantable defibrillators (which cost approximately $25,000 each). CMS left it to the device companies to conduct "studies" as to whether implantable defibrillators were necessary, which have been ongoing for more than five years and have yet to materialize. For CTA, the CMS Coverage and Analysis Group wrote in their decision memo: "While public comments and specialty society opinions following the CMS proposed decision to use coverage with evidence development did not dispel the uncertainty of the test's clinical utility, they did strongly favor maintaining the local coverage policies for CTA." Apparently, and without reason, CMS decided not to put limits on patient access to these new technologies, but again, without reason, the PET data collection continues for cancer patients.

As other new technologies have not been subject to the same microscopic evidentiary requirements, CMS should cease their "coverage with evidence" guise in order to delay reimbursement for further PET oncologic indications. Additionally, it defies logic that CMS has been unable to count the number of anatomical imaging studies, and unable to count the number of implantable defibrillators placed in patients, but now, to the detriment of cancer patients, CMS now counts and limits the number of PET studies that a cancer patient can obtain. I don't think you can count the number of times a long-term cancer survivor has to go through surgery after surgery, radiation after radiation and chemotherapy after chemotherapy. Each of these carries its own morbidity and mortality, and CMS should not be counting the number of PET studies to assess the status of disease and efficacy of therapy along the way. I ask again: are cancer patients second-class citizens? That is certainly the perception when it comes to CMS reimbursement for PET imaging.

Patients and families can obtain more information about PET and PET/CT imaging at the following Web sites:

National Institutes of Heath, National Cancer Institute:
http://imaging.cancer.gov/imaginginformation/cancerimaging/page5

SNM: **http://interactive.snm.org/index.cfm?PageID=972**

The National Oncologic PET Registry:
http://www.cancerpetregistry.org/

REFERENCES:

Nutt R. The History of Positron Emission Tomography. *Mol Imaging Biol*. 2002 Jan;4(1):11-26.

Centers for Medicare & Medicaid Services. Decision memo for computed tomographic angiography (CAG-00385N). March 12, 2008. Available at: http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=206.

Scanner 2009·4

GOVERNMENT RELATIONS

HPRA Update: Health Care Reform

There has been a flurry of activity surrounding health care reform on Capitol Hill over the past several months, and it looks like it will continue well into 2010.

House Speaker Nancy Pelosi thinks that she is close to having the 218 necessary votes to pass comprehensive reform, including some version of a public option. A final bill was introduced during the last week of October. This version of the bill will address geographic variations in Medicare payments and will move to Medicare payments rewarding quality and cost-effectiveness by requiring that the Centers for Medicare and Medicaid Services (CMS) implement recommendations made by the Institute of Medicine (IOM) unless disapproved by Congress. The bill would also establish a Center for Medicare Innovation to empower CMS to pursue additional payment and delivery system reforms.

In the Senate, discussions are still underway and signs are pointing toward some sort of public plan with an opt-out provision for states. The Senate began debate on its version of Health Care Reform in mid-November. Debate is expected to continue into early 2010. After the Senate and House bills are passed, there will still be a lengthy conference process before the bills go back to the House and Senate for final votes. It looks like chances of fulfilling Obama's dream of health reform in his first year in office and in 2009 are pretty slim.

To get the most up-to-date information, check the Health Care Reform webpage at www.snm.org.

Update on American Medical Isotopes Production Act

The U.S. House of Representatives passed the American Medical Isotopes Production Act of 2009 (H.R. 3276) on Nov. 6. The bill is now pending in the Senate Energy and Natural Resources Committee.

There are currently only six producers of Mo-99 in the world—with no facilities in the U.S. that are dedicated to the production of Mo-99 for medical uses. These aging facilities experience significant ongoing maintenance issues, which frequently cause these reactors to go offline. These continuing problems were exacerbated with reactors going down in the Canada and the Netherlands earlier this year. Additionally, the Canadian government announced that it will no longer produce medical isotopes as of 2013.

The bill addresses the ongoing crisis in nuclear medicine by ensuring that a robust and reliable supply of the most critical medical isotopes is produced in the United States. If enacted, the bill will ensure that Mo-99 will once again be fully available to U.S. patients.

In addition, the bill will close a long-neglected loophole in U.S. nuclear nonproliferation law by ending the export of highly enriched uranium for medical isotope production. However, medical isotopes can be made just as effectively with low-enriched uranium (LEU). This year, the National Academy of Sciences concluded in an authoritative study that there are "no technical reasons that adequate quantities cannot be produced" without the use of highly enriched uranium. Conversion to LEU is to be done in the next seven to 11 years.

The American Medical Isotopes Production Act will provide resources and authority to the Department of Energy to bring domestic production of Mo-99 online as soon as possible. The bill authorizes $163 million over five years, which fully funds the current Department of Energy cost projection for creating a robust domestic Mo-99 production capacity. The Department of Energy is required to use this money to support private sector or research sector projects to establish Mo-99 production. The bill also provides the Department of Energy with new authorities to assist in the development of fuels, targets and processes for domestic Mo-99 production.

To get the most up-to-date information, check the Domestic Isotope Availability webpage at www.snm.org.

Health Policy & Regulatory Affairs Department Staff

President. Continued from page 1.

A ribbon with the word "Fellow" on it will be available to be worn below the name badge of all ACNM fellows during the SNM Annual Meeting and the SNM Conjoint Mid-Winter Meetings. Last year, we started the tradition of awarding the ACNM Lifetime Achievement Award as part of the second plenary session of the SNM Annual
Meeting, and this will continue in 2010.

As we report on the latest developments within the college, I am often reminded of how important our Resident Organization (ACNM-RO) is to the continued success of the ACNM. With that in mind, I would like to personally congratulate the ACNM-RO on their successes over the past year. The Resident Organization has created a new newsletter that is specific to residents' needs and information. The *Scintillator* debuted in October and will be published quarterly. The first issue—which featured an article by Erin Grady, MD, ACNM-RO president, in which she outlined the RO goals for the coming year, and articles from Murthy Chamarthy, vice-president of external affairs and Youhanna Gad, vice-president of internal affairs, as well as in-service exam study tips and a "Call Corner"—was distributed to the entire ACNM membership in late October. While the *Scintillator* was a huge undertaking, the ACNM-RO is not stopping there. They are also working to create a case-of-the-month section on the Web site, sample test questions for the board exam and updates on the ACNM Web site to include more information for residents.

Thank you to those who have been instrumental throughout the merger process and who have supported both the ACNM and ACNP in past years. The future is brighter than ever for ACNM, and I am excited to have participated in its success with our many wonderful members.

Spotlight on Robert E. Henkin, MD, FACNP, FACR

Robert E. Henkin, MD, FACNP, FACR

Bob Henkin started out as a surgical resident and has become one of nuclear medicine's leaders, teacher, government affairs expert and all-around "nice guy." I have known Bob for 20-plus years and am delighted to highlight his career in this issue of the *Scanner*.

Bob learned a strong sense of duty and commitment from his father and strengthened it during his membership as an Eagle Scout and Scout Explorer in his youth. Community service and family commitment were engrained at an early age and were an on-going process in his personal and professional development. The working motto he learned during his surgical training, "Do what's right and you can never be wrong," has served him throughout his career. His statement, "I take the Hippocratic Oath seriously, especially where it talks about passing on your knowledge," is a measure of his teaching skills and dedication to staff, students, residents and colleagues.

Bob's career in nuclear medicine encompasses many professional organizations—such as the ACNP, SNM and ACR—for which he has either been an officer or served on multiple committees and taskforces relating to nuclear medicine and/
or radiology. He has authored three textbooks, written numerous abstracts and articles as well as several book reviews. Additionally, he has been a strong supporter of a partnership between industry and the nuclear medicine community.

Bob asked me to keep this brief. He said, "Don't make this too much of a tribute." I've tried to do that, but I do want to say, "Thanks, Bob, for all your years of hard work, dedication, teaching and service to the field of nuclear medicine."

And thanks for your friendship.

Bob Carretta, MD, FACN, FACNM