



SCANNER

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CALL FOR ABSTRACTS

32nd Annual Meeting of the American College of Nuclear Physicians

February 17–19, 2006
Ft Lauderdale, FL

Deadline for Submission
December 15, 2005

Submit at www.acnponline.org

Abstracts in diagnostic multi-modality imaging and radionuclide therapy are welcome. A panel of physicians will judge the young investigator abstracts and posters, and the authors of the best submissions will be presented with their awards during a special ceremony on Saturday evening. Presenters must attend the meeting to be eligible for an award.

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President's Message

I attended the ACR Intersociety Summer Conference in July. Numerous radiology organizations of various types were represented, mainly specialty societies such as AUR, ASNR, AIUM, ASTRO, ARRS, RSNA, and, of course, ACR. ACNP, SNM, ACNM, ABR, and ABNM were also represented. Each organization generally sends one or two representatives and often their executive director.

The organizers pick a theme to discuss every year, and this year the topic was "Training for the Future of Radiology." Three work groups were formed to discuss cardiovascular imaging, fusion imaging, and maintenance of certification (MOC). These groups discussed many of the issues involved. I participated in the work group on fusion imaging, and nuclear medicine was very well represented in that group, with Virginia Pappas, CAE, SNM CEO; Peter Conti, MD, PhD, SNM president; Sandy McEwan, MD, SNM vice president-elect; Anthony Parker; Henry Royal, MD, executive director of ABNM; and Milt Guiberteau (representing ACR).

The main topics of the meeting were resident training, postgraduate training, cardiovascular imaging, fusion imaging, and ABR issues, mainly primary certification and MOC. Some of the conclusions regarding resident training included: concern that the clinical year is not working very well (although clinical experience has some value, and the goal is to make it pertinent); realization that competency over the entire field of radiology and its many sub-specialties is unrealistic and that training should be re-designed to include a core program and subspecialization. (There are funding issues related to this. The Centers for Medicare and Medicaid Services only funds four types of fellowships in radiology: vascular radiology, neuroradiology, pediatric radiology, and nuclear radiology.) Issues discussed in cardiovascular radiology were: clinical skills needed by interventional radiologists; determining a core curriculum, which would include ACR training standards; and the need for trained faculty in radiology. Cardiovascular radiology should be viewed as an organ system, and imagers need to be trained in the clinical significance of findings, while interventionalists need to be trained in imaging. Issues of postgraduate training include distance learning, visiting fellowships, and regional meetings, which may include hands-on workshops. Issues discussed in fusion imaging included appreciating that these studies have value by providing anatomic and physiologic information. The goal of fusion imaging is to have a single interpreter for these studies. The challenges are in performance and interpretation. There is not yet a consensus on training goals—that is still being debated. Changes in the nuclear medicine residency requirements were discussed. ABR issues included some discussion of primary certification, mainly relating to the oral board exam. MOC was also discussed, as the right thing to do, and ABR and SNM are working on modules to satisfy some of those requirements.

The planning for the Annual Meeting is going well, and the program promises to be an excellent one. I would like to congratulate Jay Harolds, MD, our Annual Meeting program chair, on an outstanding job. I would also like to commend Simin Dadparvar, MD, for arranging an excellent program for mentoring residents and encouraging their participation. I look forward to seeing everyone at the Annual Meeting in Fort Lauderdale.

*Bennett S. Greenspan, MD, FACNP, FACR
President, ACNP*



**Bennett S. Greenspan, MD, FACNP, FACR
ACNP President**

Government Relations Report

Department of Energy Funding

As you probably know, the House version of the Energy & Water appropriations bill included \$35 million explicitly for the Department of Energy (DOE) Office of Science Biological and Environmental Research (BER) Medical Applications and Measurement Science Program, whereas the Senate version did not. Within the next few weeks, the two legislative bodies will come together to reconcile their differences in conference. Our goal is for the Senate to recede to the House language, reinstating \$35 million for the program.

ACNP/SNM staff, consultants, leaders, and State Health Policy Liaisons are currently contacting legislators on the Energy & Water Appropriations Conference Committee in order to gather support for the House language. Additionally, letters from ACNP President Bennett S. Greenspan, MD, have been hand-delivered to all relevant appropriators in the House and Senate. Copies of Dr. Greenspan's letter are publicly available for download on the ACNP website.

Accelerator-Produced Nuclear Material: Regulatory Issues

ACNP/SNM Public Affairs staff attended the Organization of Agreement States (OAS) 2005 annual meeting in San Diego on October 3–6, 2005, with the objectives of furthering relations and expressing our communal interest in the Energy Policy Act of 2005. The Energy Policy Act included language negotiated into the bill by Representative Edward J. Markey (D-MA 7th) granting the NRC unprecedented authority over all accelerator-produced nuclear material (i.e., cyclotron products). SNM is very concerned that this language could have an unintended but highly detrimental impact on U.S. patients who need unfettered access to life-saving diagnostic and therapeutic nuclear medicine procedures.

Due in part to the pressure of the ACNP, SNM, and partner associations, such as CORAR, the NRC announced that they will hold a public "round table discussion" in early November to review stakeholder concerns prior to the rulemaking process. We see this development as very positive and hope that by working cooperatively with the NRC to develop these new regulations, the negative impact on access to these products for nuclear medicine procedures will be minimized.

HR 1426—CARE Initiative: Technologist Licensure

At this writing, the Consumer Assurance of Radiologic Excellence (CARE) Act has 95 co-sponsors—a respectable number given the short period of time since the legislation was reintroduced in the 109th Congress on March 17. As anticipated, most of the support within the House stems from the Democratic Party (65 co-sponsors), though the Republicans still offer considerable assistance (30 co-sponsors).

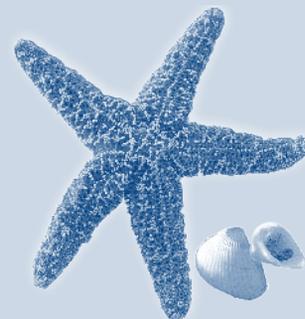
Unfortunately, the radiologic/nuclear technologist community is still awaiting the reintroduction of the RadCARE legislation (Senate version of CARE).

Michael Peters
Assistant Director, ACNP/SNM Public Affairs

Nominations for Annual Mentorship Award Due December 30

ACNP values the outstanding mentors who have assisted residents and fellows in achieving their goals throughout the past year. The first annual "Best Mentor of the Year" award will be given on February 18 at the ACNP Annual Meeting. Nominations for the award are being accepted through December 30. You may nominate an ACNP member by submitting a one-page description of why you believe he or she deserves this award. Send your nomination to Mac Cannon, ACNP, 1850 Samuel Morse Drive, Reston, VA 20190. If you have any questions, contact Simin Dadparvar, MD, at sdadparvar@aol.com.

ACNP's 32nd Annual Meeting



Dear colleagues:

Please join us for the 32nd Annual Meeting of the ACNP on February 18–19, 2006, in sunny Fort Lauderdale, FL, at the beachfront Sheraton Yankee Trader Hotel. This is sure to be a fun (as well as educational) event that you and your family will enjoy.

Featuring a comprehensive and multidisciplinary approach to teaching, the ACNP Annual Meeting provides nuclear medicine physicians and technologists with education in the latest advancements in the field. In a single weekend, attendees will have the opportunity to discover and discuss such "hot topics" as PET and PET/CT, oral and intravenous contrast administration for CT when done in conjunction with PET, GI scintigraphy, myocardial imaging, multidetector SPECT/CT, the future of academic nuclear medicine, and much more! By attending this meeting you can earn up to 16.4 CME category 1 credits.

We invite you to attend this informative scientific and socioeconomic meeting. We also invite young professionals to come a day early for a special educational and professional development program on February 17.

We encourage you and your family to come and enjoy beautiful sunny Florida on President's Weekend! Last year's Annual Meeting was a great success, and we look forward to seeing both new and returning attendees in 2006.

Bennett Greenspan, MD
ACNP President

Jay Harolds, MD
Chair, Annual Meeting Program

Nuclear Medicine Residency Training Update

On September 12, at a meeting in Chicago, Tom Miller, MD, PhD, chair of the ACGME Resident Review Committee (RRC) on Nuclear Medicine; Michael Graham, MD, PhD, past chair of the RRC, and Judith Armbruster, PhD, executive secretary of the RRC; presented the new program requirements to the Accreditation Council for Graduate Medical Education (ACGME) program requirements committee. The committee requested a number of minor changes in the grammar, which presented no problems, but they also expressed a major concern—that there needed to be some definition of how the program would be managed for one-year, two-year, and three-year trainees. They generously gave us an hour to make the changes, and we retired to a table in the hallway. We were able to define what residents were expected to emphasize, depending on which sequence they were in. We did not make firm rules about what they had to do, but rather stated that the program should emphasize oncology and PET for radiologists and should emphasize cardiology and therapy as well for board-eligible/certified physicians. Otherwise, the requirements are essentially what were most recently discussed, including this paragraph that was discussed for well over a year:

A minimum of 4 months of CT experience that may be combined with a rotation that includes PET-CT or SPECT-CT,

(Continued on next page)

In Memoriam

Millard N. Croll, MD, FACNP, 1922-2005

Millard N. Croll, MD, who served for decades as the professor of radiology and the director of nuclear medicine at the Hahnemann University Hospital in Philadelphia, PA, died on August 5 of pancreatic cancer at Bryn Mawr Hospital near his home in Upper Merion Township, PA. He was a fine educator and clinician who served the nuclear medicine community in various capacities in Philadelphia and across the country. Serving as the president of the Greater New York chapter of the Society of Nuclear Medicine, he also took on leadership responsibilities at the SNM such as treasurer, vice president, member of board of trustees, chair of Technical Exhibits Committee, chair of Commercial Affairs Committee, and, finally, as SNM historian. He was very active in the ACNP from its inception, and in 1980 he received a fellowship award from the college. He served on several ACNP committees and was invited to participate in the ACNP Speaker Bureau.



Millard N. Croll, MD

Born in Philadelphia and raised on the Main Line, he graduated from Radnor High School and received his bachelor of science degree from the University of Pennsylvania. After finishing his active duty in the army medical administrative corps, he attended Jefferson Medical College in Philadelphia, graduating in 1948. After interning at Bryn Mawr Hospital, he served as a resident in internal medicine at the Chester County Hospital and in radiology at the Albert Einstein Medical Center in Philadelphia. He spent one year in the private practice of radiology, then attended Oak Ridge Institute of Nuclear Studies on a nuclear medicine fellowship and took an American Cancer Society fellowship in radiation therapy. He then joined the radiology department at the Hahnemann Medical College and Hospital in 1956 in order to run the newly organized "Clinical Radioisotope Section." The section grew under his leadership, and he served as the director of nuclear medicine in the department of Radiation Oncology/Nuclear Medicine at Hahnemann Medical College and Hospital then and later at Hahnemann University Hospital. During his tenure at Hahnemann, he trained many residents, fellows and technologists who have spread his legacy across the country.

After over three decades, Millard retired from academia in 1987 and began a second career as medical director at BristolMyersSquibb.

He then retired in 1992 to spend more time with his family and to pursue consulting work and his many hobbies, which included traveling, professional video making, and competitive automatic pistol shooting.

His choice of radiology and nuclear medicine was reflected in his work and photography. He preserved books, images, advertising materials, and records from the earliest days of nuclear medicine. Many of these documents are now the core of the archival materials housed at the SNM/ACNP headquarters in Reston, VA.

He was the editor of four influential texts in nuclear medicine: *Recent Advances in Nuclear Medicine*, *Clinical Dynamic Function Studies with Radionuclides*, *New Techniques in Tumor Localization and Radioimmunoassay*, and *Nuclear Ophthalmology*, all published during a period when nuclear medicine applications were rapidly expanding. Most recently, he collaborated on another book, to be entitled *Mileposts in Nuclear Medicine History*. Millard produced the teaching film, "Clinical Nuclear Medicine," in 1970, and this earned a First Award from the American Medical Association in the same year. He had over 80 publications in various medical disciplines, including ophthalmology, oncology, and thyroid diseases. Along with his colleague, Takashi Honda, PhD, he invented a laboratory technique, the limulus endotoxin detection test, which has been used as the standard to test radiopharmaceuticals for absence of pyrogens in daily nuclear medicine work over the past three decades.

Millard was a great educator with true love of nuclear medicine. His fun-loving, pleasant personality, excellent public relations skills, and wide range of hobbies, including flying, made him a unique individual. He demanded high quality of himself and his staff. His understanding and compassion to his employees and trainees created and maintained a stable and productive nuclear medicine department, enabling high quality medical care. He will be greatly missed by his colleagues and co-workers.

Dr. Croll is survived by his loving wife, Diane; a son, Dennis; a daughter, Judith Pachella; and five loving grandchildren.

- *Harry Lessig, MD, FACNP*
- *Simin Dadparvar, MD, FACNP*
- *His Nuclear Medicine Fellows*

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although rotation on a CT service is desirable for part of the training. The experience should emphasize correlation of CT images associated with PET-CT or SPECT-CT.

In addition, language has been added that exactly matches NRC requirements:

Specifically, instruction should include the chemistry of byproduct materials for medical use; ordering and unpacking radioactive materials safely and performing the related radiation surveys; calibrating instruments used to determine the activity of dosages and performing checks for proper operation of survey meters; calculating and safely preparing patient or human research subject dosages; using administrative controls to prevent a medical event involving the use of unsealed byproduct material; using procedures to contain spilled byproduct material safely and using proper decontamination procedures; eluting generator systems appropriate for preparation of radioactive drugs for imaging and localization studies or that need a written directive; measuring and testing the eluate for radionuclide purity and processing the eluate with reagent kits to prepare labeled radioactive drugs; and administering dosages of radioactive drugs for uptake, dilution, excretion, and imaging and localization studies.

Previously, requirements specified the number of hours for various basic science components. Almost all other specialties' program requirements do not specify hours, and we have tried for years to eliminate

them from the nuclear medicine requirements. This has finally been achieved, and instead of hours we now have the following requirement:

An essential part of the training program is continuing extensive instruction in the relevant basic sciences. This should include formal lectures and formal labs, with an appropriate balance of time allocated to the major subject areas, which must include physical science and instrumentation; radiobiology and radiation protection; mathematics; radiopharmaceutical chemistry; and computer science.

The essence of the entry and training requirements are:

- Three years of nuclear medicine training, preceded by at least one clinical year in an ACGME-approved program, or
- Two years preceded by completion of training (i.e., board eligible) in an ACGME-approved clinical program, or
- One year preceded by completion of training (i.e., board eligible) in an ACGME-approved radiology program.

The six clinical competencies continue to be strongly emphasized by ACGME, and programs should be seriously starting to teach and evaluate their residents in these areas.

The ACGME program requirements committee approved the new program requirements on September 12, and the ACGME Board of Directors approved them on September 13, to take effect July 1, 2007.

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ACNP Residents Organization: President's Message

Greetings to all residency/fellowship trainees!

We are now preparing for the upcoming third annual meeting of the ACNP Residents Organization to be held on Friday, February 17, just prior to ACNP's 32nd Annual Meeting, at the Sheraton Yankee Trader Hotel in Fort Lauderdale, FL. For those interested in running for office, we will be electing officers for president, vice president and secretary/treasurer—so please start preparing your bio and speech! If you run for election, we will distribute a one-page handout describing you and your campaign platform at the meeting. Submit your CV to me at henrykimmd@yahoo.com before February 1. Your physical attendance at the meeting and election is required to run, and you must be a current ACNP member in order to vote and run for office. Remember that both new membership applications and membership renewals are free. This is made possible by generous industry support, which subsidizes the \$50 annual membership fee. You may download the new, simplified membership application form from the JOIN/RENEW section of the ACNP Web site at www.acnponline.org.

I hope you have taken advantage of the ACNP mentorship program. Don't forget to nominate your mentor for the "Best Mentor" of the year award. You can nominate anyone who has made significant impact during your training. ACNP has organized a special program for us specifically designed for our educational and professional needs on the afternoon of February 17 just prior to their Annual Meeting. This program is the perfect opportunity for young professionals to gain expert advice as they begin their careers.

I encourage everyone to submit an abstract for the ACNP Annual Meeting by the December 15 deadline. At the last ACNP annual meeting in San Diego, CA, the scientific program experienced a >60% increase over the previous year in the number of abstract submissions. We hope to continue this expansion, as well as to permit the

abstract readers and judges to include residents, fellows, and other nuclear medicine trainees.

The meeting will feature both oral and poster presentations. Three "Best Essay" awards and two travel grants will be given to the best presentations in different disciplines at the award ceremony. All residents and fellows in nuclear medicine, radiology, cardiology, radiation therapy, and medical oncology are invited to submit basic science and/or clinical papers. For more information or to submit an abstract, go to www.acnponline.org and click on CALL FOR ABSTRACTS. The deadline for submission of manuscripts is April 1, 2006. Full manuscripts submitted to the Scientific Program Committee will undergo a screening process after the Annual Meeting and will then be submitted to *The Journal of Nuclear Medicine* to undergo peer review. Accepted papers will be published in the *JNM* as the "Presentations of the 32nd ACNP Annual Meeting."

Don't forget to pass the word about the ACNP Residents Organization, its free membership, and free mentorship program. Make sure that you join the listserv at http://groups.yahoo.com/group/acnp_ro. It's used primarily by the officers to send email notices to our membership. Try to attend the upcoming ACNP 32nd Annual Meeting, and encourage your fellow trainees to submit abstracts to win those awards. Let's continue our strong efforts to work together on building this community of our peers—the residents and fellows who represent the future of the nuclear medicine specialty!

Henry Kim, MD
President, ACNP Residents Organization

Nominations for ACNP Fellowships Due by December 30

ACNP is seeking outstanding candidates for fellow status in the year 2006. Eligible applicants must be board-certified nuclear medicine physicians who have made outstanding contributions to the field of nuclear medicine and/or the ACNP. Candidates may be nominated by ACNP fellows or may be self-nominated.

Please review the eligibility requirements, fill out the application, and send it, along with two recommendation letters from current ACNP fellows, to Mac Cannon, ACNP, 1850 Samuel Morse Drive, Reston, VA 20190, by December 30. For more information and the application, go to www.acnponline.org and click on ABOUT ACNP/MEMBERSHIP/FELLOWSHIP or call Mac Cannon at 703-652-6766.

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These training requirements should be available on the ACGME Web site and should be published in the "Green Book" when they become effective.

The American Board of Nuclear Medicine will now change the board eligibility requirements to match. Thus residents who enter a nuclear medicine residency program with only one clinical year of training in July 2007 will need three years of nuclear medicine training to take the exam in 2010; they will not be eligible in 2009. In 2007 and 2008 there may be a mixture of residents in some programs, and it is likely there will be different approaches for dealing with this, such as allowing some residents to stay on for an additional year. This is likely to be an area of some confusion and will need discussion among the program directors.

Michael M. Graham, MD, PhD
ABNM, RRC in Nuclear Medicine

www.acnponline.org