



SCANNER

THE OFFICIAL NEWSLETTER OF THE ACNP
September/October 2005

President's Message



First, I would like to offer my sympathy and best wishes for anyone affected by the hurricanes in the Gulf of Mexico coastal states.

To revisit a previous issue: funding for the Department of Energy (DOE), and therefore the funding for the DOE Medical Applications and Measurements Science Program (the mechanism by which DOE funds nuclear medicine research) has not yet been passed by Congress. There is a House-Senate conference committee that will decide the language of the funding bill for DOE. This will probably happen in September, although the timing is unclear due to the recent natural disasters and the nomination and confirmation hearings for the Supreme Court. It is important for us that the conference committee adopts the language in the House version, which specifically supports this program. If that is not done, it is likely that this program will cease. We believe that this program is vital to the

future of nuclear medicine. Therefore, I am calling on everyone to write to your senators, preferably by email or fax, to support this program, and to support the House version, which specifically authorizes the funding for this program. (Writing by conventional letter will not work, as all of those letters get radiated, and therefore take weeks to arrive.) It is also important to write to House members of the Energy and Commerce Committee, and the Health Subcommittee, to express support for this language and to encourage them to keep it in the final bill. For questions regarding this issue, please contact the Government Relations office of ACNP/SNM.

Another important issue confronting practicing physicians is Maintenance of Certification (MOC). This is being mandated by the American Board of Medical Specialties (ABMS), the umbrella organization of the 24 approved medical specialty boards, and the pre-eminent entity overseeing physician certification in the U.S. ABMS has gone beyond recertification, to a "more comprehensive program to assess continued competence of physician specialists and their ability to provide quality healthcare." There are four components of MOC: 1) evidence of professional standing, such as an unrestricted license, 2) evidence of commitment to lifelong learning and involvement in periodic self-assessment, 3) evidence of cognitive expertise based on performance on an examination, and 4) evidence of evaluation of performance in practice. Why should we participate in this program? First, it will document continued competence. Second, it will set an example to other physicians. Third, it may be required by licensing and credentialing agencies in the future, even for those with time-unlimited board certification. Stay tuned for more on this topic.

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

CT Training for Nuclear Medicine Physicians



Dear Colleagues:

As an enthusiastic member of nuclear medicine community and having served in both ACNP and SNM in leadership positions, I would like to keep our community informed about the upcoming changes in PET readings. Our field has been growing tremendously, and PET/CT is now an integral part of this evolution. As much as 200 hours of didactic lectures and 500 hours of clinical experience supervised by experts are required to qualify us to interpret CT studies. The tips below are from a radiologist/nuclear medicine physician who would like to share the knowledge.

Radiologists are truly embracing the CT part of PET and putting the emphasis on CT. This is sad for the nuclear medicine field, but inevitable given the relative number of practitioners in each field.

So what is important in CT?

1. Review basic anatomy and translate this into cross-sectional imaging in 3 planes with a good atlas or two. I recall that Netter addressed this when MSK and body MRI emerged. Many CT atlases are in existence. Brant and Helms have a basic CT book, small and clear. Search book vendors. I think the online site is now called Medsite. Search the Internet by specific questions, i.e., lymph nodes ... abdominal imaging ... pancreatic cancer ... pancreatitis ... etc.
2. Find a friend with membership in RSNA who will allow you to use their online review of *Radiology* (the gray journal) and *Radiographics* (pictorial teaching articles from exhibits at the RSNA meeting), or get access to *AJR* (the yellow journal) or the American College of Radiology's new Web teaching file called Case in Point.
3. Find review courses on line sponsored by specialty societies. The RSNA site has many of its own.
4. View teaching programs produced by various universities. CSF, UCSD, UPENN and many others offer rent or buy options. Or attend their update courses. UCSF offered a new oncology course in multimodality earlier this year. ACR has excellent PET/CT courses as did AMI this year—an entire tract dedicated to CT anatomy. They sold a CD with meeting highlights to attendees. They may sell you one. The price was approx \$130.00.
5. Rent or buy commercially produced educational series. ESI (Educational Symposia) in Tampa, FL, has a good, but expensive, set and a good track record. They promote sharing the costs and obtaining individual CMEs. They host numerous live meetings on Radiology topics. Medscape and Aunt Minnie are popular online services, free for signing up. Medscape covers most fields of medicine and offers contemporary articles, commentaries, and references.
6. Read with the Experts. By that I mean sit down with your favorite radiologist and learn his approach and lingo. Ask him for helpful references. In a university setting, ask the residents!

7. Become familiar with cancer staging of common diseases—lung, colorectal, etc.—and learn the pathophysiology, nodal spread, and CT demonstration of such. Review other common processes to be differentiated from this and their CT appearances.

There are many more approaches. Information is endless and always evolving. CT has morphed from single- to multi-detector—usually 16 slice, but 64 slice is available and is the choice for cardiac CT—forcing radiologists “back to school.” So think about your retooling as “the place to be” and try to embrace this amazing technology. PET needed an improved CT to match its superior diagnostic beauty!

ACNP is a true advocate for nuclear medicine physicians and scientists. We will keep you updated regarding the national CT meetings and book listing. If you have any information that you want to share with your friends, please e-mail me at sdadparvar@aol.com.

I hope this gives you some ideas.

Simin Dadparvar, MD, FACNP



Government Relations News

FDA Releases Proposed Rule, Guidance Document on Current Good Manufacturing Practice of PET Drugs

On September 15 the Food and Drug Administration announced a proposed current good manufacturing practices (CGMP) regulation for the production of positron emission tomography (PET) drugs—ensuring that PET drug products meet safety, identity, strength, quality, and purity requirements. In addition, FDA is publishing a draft guidance document, “PET Drug Products—Current Good Manufacturing Practice (CGMP),” which describes acceptable approaches that would enable PET drug producers to meet the requirements in the proposed regulation.

Society of Nuclear Medicine President and ACNP member Peter S. Conti, MD, PhD, called the FDA’s actions on manufacturing practices for PET drugs “a major step forward” in health care for patients after a meeting this morning with George Mills, MD, director of FDA’s division of medical imaging and radiopharmaceutical drug products. “The proposed rule and guidance document assure patients that they will be receiving high-quality PET drugs,” said Conti.

SNM/ACNP intends to comment on the proposed rule to establish current good manufacturing practices for PET drugs (21CFR, Part 212) and the revised draft guidance, said Conti. Individual members are urged to provide their own comments as well, he added. “There has been continued good dialogue on this issue as well as related issues,” said Conti. “We are also encouraged to hear that progress is being made on the exploratory investigational new drug (eIND) process, and we hope to see those documents in the near future,” he added.

Since 1999, the FDA has held a number of public meetings and sought comments from patient advocacy groups, professional associations, manufacturers, physicians and scientists licensed to make or use PET drugs. Today's proposed rule takes into account all comments received to date.

CGMP is a minimum manufacturing/production standard that ensures a drug meets the requirements of safety and has the identity strength, quality, and purity it is supposed to have. CGMP covers items such as control of ingredients used to make drugs, production procedures and controls, recordkeeping, quality system, and product testing.

Neither the proposed rule nor the draft guidance is final at this time, so the proposed rule is not binding or effective. After FDA evaluates the comments received on the rule and the guidance, the agency expects to publish the final versions of both documents.

FDA is providing a 90-day public comment period on the proposed CGMP regulation and draft guidance. The proposed rule and guideline document are scheduled for publication in the Sept. 20 issue of the *Federal Register*. Written comments on the proposed rule and draft guidance may be submitted to the Dockets Management Branch (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Room 1061, Rockville, MD 20852. Comments should be identified with the docket number found in brackets in the heading of the proposed rule or the notice of availability, as appropriate.

Additional information is available online at <http://www.fda.gov/cder/regulatory/pet/default.htm>.

NRC, States to Coordinate Increased Controls over Radioactive Materials

The Nuclear Regulatory Commission (NRC) and the 33 Agreement States are coordinating efforts to increase the control of radioactive materials that could potentially be of use to terrorists.

"We believe we have been successful in establishing an approach that achieves the common objective of the NRC and the Agreement States of enhancing controls over certain radioactive materials and enhancing the protection of public health and safety," NRC Chairman Nils J. Diaz said. "This approach will leverage federal and state resources most effectively to increase protection and accountability of these materials."

Under the Atomic Energy Act, the NRC has signed agreements with 33 states, relinquishing to the states responsibility for regulating radioactive materials used in academia, industry, and medicine. The Agreement States regulate approximately 17,000 materials licensees, of which an estimated 1,650 will be affected by the new requirements. About 550 of the 5,000 NRC licensees in the remaining 17 states, the District of Columbia, and Puerto Rico also will be affected. The NRC retains exclusive authority over nuclear power plants, fuel cycle facilities, and research reactors; those licensees are not affected by this decision.

Over approximately the next 90 days, affected NRC licensees will receive orders from the agency spelling out increased controls for certain radioactive materials. Over the same period, individual Agreement States will issue their licensees legally binding requirements essentially identical to the NRC's orders. Materials covered by these requirements will be consistent with the International Atomic Energy Agency's Code of Conduct for the Safety and Security of Radioactive Materials, which is the internationally recognized standard for categorizing and protecting radioactive materials.

Time-Limited Waiver Issued for ARM in Radiopharmaceuticals

An announcement regarding the Energy Policy Act was made in the August 31 *Federal Register*.

SUMMARY: The Nuclear Regulatory Commission (NRC) is issuing a time-limited waiver of the requirements enacted by section 651(e) of the Energy Policy Act of 2005, titled "Treatment of Accelerator-Produced and Other Radioactive Material as Byproduct Material," as they pertain to byproduct material as defined in paragraphs (3) and (4) of section 11 e. of the Atomic Energy Act of 1954, as added by section 651(e). The waiver will allow persons owning, using, and otherwise engaging

in activities involving the material to continue with their activities and states to continue to regulate this material during the applicable waiver period.

DATES: This waiver is effective August 31, 2005. This waiver is effective through August 7, 2006, for the import and export of materials covered by the waiver, unless terminated sooner if the NRC determines that an earlier termination is warranted. For all other matters, it is effective through August 7, 2009, unless terminated sooner if the NRC determines that an earlier termination is warranted or required.

The announcement also contains the following paragraph concerning the NRC's efforts to ensure the safe availability of radiopharmaceuticals for patients in need of nuclear medicine procedures:

The authorization to grant waivers is subject to the Commission's determination that the waiver is in accordance with the protection of the public health and safety and the promotion of the common defense and security. The Commission has determined that there is no basis on which to conclude that these materials will not continue to be used in a manner that ensures that the public health and safety will be protected while this waiver is in effect. The Energy Policy Act of 2005 also specifically requires the Commission to consider, in promulgating regulations, the impact on the availability of radiopharmaceuticals to physicians and to patients the medical treatment of which relies on radiopharmaceuticals. The Commission believes that it is in the best interests of the country to allow continued use of the newly defined byproduct material in radiopharmaceuticals for medical purposes, and to allow the States to continue to regulate the newly defined byproduct material, until the Commission can codify new regulations for these materials.

To read the full *Federal Register* announcement, go to:

<http://a257.g.akamaitech.net/7/257/2422/01jan20051800/edocket.access.gpo.gov/2005/05-17293.htm>.

ACNP/SNM Joint Public Affairs Department Update

DOE Office of Science Funding

As you are aware, the President's fiscal year (FY) 2006 budget request proposed cutting basic nuclear medicine research from the Department of Energy (DOE) Office of Science, Biological and Environmental Research (BER) "Medical Applications and Measurement Science" program. The DOE has historically been the main source of U.S. money for basic nuclear medicine research and has helped fund such important innovations as positron emission tomography (PET) and the development of the molybdenum-99m/technetium-99m generator. ACNP, SNM, SNMTS, and CORAR have fought vigorously to have funding levels restored to the FY 2005 level of \$37 million and to have basic nuclear medicine research reinstated at DOE.

After months of visits with legislators by ACNP/SNM representatives to educate them about this problem, the House of Representatives reinstated \$35 million specifically to the "Medical Applications and Measurement Science" program—however, the Senate did not. Our goal is to have the Senate recede to the House position and to have explicit language included in the Conference Report stating the "Medical Applications and Measurement Science" program is provided with \$35 million.

ACNP staff and consultants will be spending the upcoming weeks revisiting Energy & Water appropriators on both the Senate and the House sides of Capitol Hill. It is important that you, the ACNP membership, also call your legislators to ensure they know about this issue and follow up with those lawmakers on the Energy & Water Appropriations Conference Committee. If one of your respective legislators happens to be on the Energy & Water Appropriations Conference Committee, it is obviously important that you call their office.

You can find your respective legislators' contact information at the ACNP/SNM online legislative action center (<http://capwiz.com/snm/dbq/officials>). Please contact the ACNP/SNM Public Affairs office at 703-708-9000 if you have any questions or would like help setting up visits with your legislators' offices.

NRC: Energy Policy Act

ACNP/SNM Government Relations Chair Terence Beven, MD, together with ACNP/SNM Public Affairs staff, visited the Nuclear Regulatory Commission's (NRC) headquarters in Rockville, MD, on August 18 to discuss the Energy Policy Act. The act includes language granting the NRC jurisdiction over accelerator-produced radioactive material—a new area of regulative authority for the agency. At the meeting, Beven requested that specialty societies be permitted to work cooperatively with the NRC—within the public rule-making process—to ensure upcoming regulations are written in a manner that protects timely access to the radiopharmaceuticals essential for nuclear medicine procedures.

To learn more about this issue, please see the [Conference Report on the Energy Policy Act](#) on the ACNP Web site (www.acnponline.org) under GOVERNMENT RELATIONS/2005 NEWS ITEMS.

CMS: Pay for Performance

ACNP/SNM government relations leaders are meeting with Centers for Medicare & Medicaid Services (CMS) staff in September regarding the “pay for performance” issue—a hot topic in medical specialty societies. Additionally, ACNP/SNM is involved with the American Medical Association's (AMA) efforts to ensure CMS implements “pay for performance” in a careful manner, with plenty of input from the specialty societies.

This issue will continue to play out in the years ahead. In the meantime, please visit the AMA's website (www.ama-assn.org—search “pay for performance”) for more information.

FDA Issues

The Food and Drug Administration (FDA) is requesting nominations for voting members to serve on the Radiological Devices Panel of the Medical Devices Advisory Committee. There will be two openings for this panel starting on February 1, 2006.

The Radiological Devices Panel of the Medical Devices Advisory Committee performs the following duties:

1. Advises the commissioner of Food and Drugs regarding recommended classification or reclassification of devices into one of three regulatory categories;
2. Advises on any possible risks to health associated with the use of devices;
3. Advises on formulation of product development protocols;
4. Reviews pre-market approval applications for medical devices;
5. Reviews guidelines and guidance documents;
6. Recommends exemption of certain devices from the application of portions of the act;
7. Advises on the necessity to ban a device; and
8. Responds to requests from the agency to review and make recommendations on specific issues or problems concerning the safety and effectiveness of devices, and may also make appropriate recommendations on issues relating to the design of clinical studies regarding the safety and effectiveness of marketed and investigational devices.

Nominations

Any interested person may nominate one or more qualified persons for membership on one or more of the advisory panels or advisory committees. Self-nominations are also accepted. Nominations shall include

the complete curriculum vitae of each nominee and current business address and telephone number and shall state that the nominee is aware of the nomination, is willing to serve as a member, and appears to have no conflict of interest that would preclude membership. The FDA will ask potential candidates to provide detailed information concerning such matters as financial holdings, employment, and research grants and/or contracts to permit evaluation of possible sources of conflict of interest.

Dates

Because scheduled vacancies occur on various dates throughout each year, no cutoff date is established for the receipt of nominations. However, when possible, nominations should be received at least 6 months before the date of scheduled vacancies for each year.

Addresses

Send all nominations and curricula vitae to the following contact person:

Nancy J. Pluhowski
Center for Devices and Radiological Health (HFZ-400)
Food and Drug Administration
301-594-2022
njp@cdrh.fda.gov

Technologist Licensure

As of this writing, there are currently 91 sponsors for HR 1426, the House Consumer Assurance of Radiologic Excellence (CARE) bill. The SNMTS still expects the bill to be introduced on the Senate side of Capitol Hill after the August Congressional recess.

Read more about the CARE initiative in "[CARE Bill Reintroduced in the House](#)" on the SNM/SNMTS Web site in the GOVERNMENT RELATIONS NEWS area.

*Michael Peters
Assistant Director of Public Affairs*

Small Business Innovation Research Program Request for Proposals

The Small Business Innovation Research (SBIR) program is soliciting contract proposals from small businesses as well as research institution staff scientists who are serving as consultants to small business. The proposals are being sought on a number of research topics, including "Synthesis Modules for Radiopharmaceutical Production" and "Targetry Systems for Production of Research Radionuclides."

The SBIR program provides support for research and development of new or improved technologies and methodologies that have the potential to succeed as commercial products. The SBIR legislation requires the Public Health Service (PHS), Department of Health and Human Services, and certain other federal agencies to reserve 2.5 percent of their extramural research or R&D budgets for an SBIR program.

The receipt date for proposals is November 4, 2005. For more information see:

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-060.html>

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ACNP Residents Organization



Greetings to all the new residents and fellows who just started their nuclear medicine training this summer. The ACNP Residents Organization consists of residents, fellows, and other trainees in nuclear medicine and such related disciplines as radiology, cardiology, hematology/oncology, etc. We focus on professional development, not academics, and the ACNP is the only group that bestows the Fellow designation (FACNP) upon distinguished nuclear medicine physicians.

If you were not already notified by your program director, please note that ACNP membership is free for all residents, fellows, and trainees during each and every year in training, for both new membership applications and renewals. This is made possible by generous industry support, which is subsidizing the \$50 annual membership fee. You may download the new simplified membership application form from the JOIN/RENEW

section of the ACNP website at www.acnponline.org.

As an ACNP member, you can benefit from the Mentorship Program that matches senior and junior ACNP members. Mentors include nuclear physicians, scientists, and/or program directors, and long-time nuclear medicine practitioners.

We also have a listserv at http://groups.yahoo.com/group/acnp_ro that will be used primarily for the ACNP Residents Organization officers to send occasional email notices to our membership. Everyone is invited to join in order to receive emails and to view prior messages.

We welcome your contributions, ideas, and feedback! Because the ACNP Residents Organization is what you make it, anyone wishing to get involved is strongly encouraged to e-mail me at henrykimmd@yahoo.com. One immediate way to get involved is to assist in the planning of the 3rd meeting of the ACNP Residents Organization to be held at the upcoming ACNP 32nd Annual Meeting, February 18–19, 2006, at the Sheraton Yankee Trader Hotel in Fort Lauderdale, FL. This will also be a good opportunity for any nuclear medicine trainees who might wish to run for election at that annual meeting.

Current officers:

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Daniel Sigg, MD, PhD
VA Greater Los Angeles
Los Angeles, CA

*Henry Kim, MD
President
ACNP Residents Organization*

Volunteer News Scouts Needed for ACNP Web Site

We strongly encourage you to share any news material you may run across regarding the practice of nuclear medicine at the local, state, or federal level to be posted on ACNP's Web site. Please give us the source of your information with a link to the source. Please send your e-mails to sdadparvar@aol.com.

Profile in Nuclear Medicine: Leonard M. Freeman, MD, FACR, FACNP



Known to the virtually everyone in the nuclear medicine community and to many in the medical community at large as “Lenny,” Dr. Freeman has been contributing to our field for approaching a half century, a length of service belied by his youthful appearance and ever-ready grin.

New York City born and bred, Lenny attended New York University from 1953–1957. He forayed into the heartland of America for his medical education, graduating from Chicago Medical School, where he became a member of Alpha Omega Alpha, in 1961. Back in NYC for his internship at Beth Israel Hospital, he then traveled north to the Bronx for radiology training at Bronx Municipal Hospital Center, thus beginning his long association with the institutions of the Albert Einstein College of Medicine. Immediately upon completing his radiology residency as chief resident, Lenny became an instructor in radiology, advancing rapidly upward through the academic ranks, to assistant professor of radiology in 1967, professor of radiology in 1977, and professor of nuclear medicine in 1982 when nuclear medicine achieved separate academic status at Einstein.

It was at the beginning of Lenny’s academic career when, as a young instructor, he began his mutually productive professional collaboration with M. Donald (“Don”) Blafox, MD, PhD, who, as readers of the *Scanner* know, had come to Einstein in 1966. Lenny and Don worked as co-directors of the Division of Nuclear Medicine at Einstein until 1982. During that period, Lenny assumed the directorship of the Montefiore Medical Center Division of Nuclear Medicine when that institution came under the Einstein umbrella in 1976, and became vice-chairman of the full Department of Nuclear Medicine in 1987, in both of which positions he remains today.

The author of more than 30 book chapters and 140 original journal articles, many in collaboration with young investigators whose careers he has nurtured, Lenny’s work materially contributed to moving the young field of nuclear medicine into the clinical mainstream, especially in the areas of renal, gastrointestinal, and pulmonary studies. With pioneer Philip Johnson, MD, he co-edited one of the earliest clinical major textbooks, *Clinical Scintillation Imaging* in 1969 (*Clinical Radionuclide Imaging* in later editions). In 1970 Lenny and Don introduced *Seminars in Nuclear Medicine*, one of the best-known medical quarterlies, and frequently cited in other medical journals. They were editorial co-consultants for the “Nuclear Medicine Multi-Media Learning System for Nuclear Associates” in the pre-computer ’70s. In 1985 Lenny brought onto the scene *Nuclear Medicine Annual*, whose review articles are anticipated each year by practitioners, residents, and ABNM certification candidates. He is or has been on the editorial board of, or reviewer for, several major U.S. and international professional journals and was an examiner in nuclear medicine for the American Board of Radiology for 10 years. He has participated as visiting professor in dozens of teaching programs in several states in this country and in several countries around the world.

Lenny has made many of his greatest contributions as an educator. He has, of course, trained generations of radiology and nuclear medicine residents at Einstein. On the local level he inspired a significant number of Einstein radiology residents to specialize in nuclear medicine during the years before the field attained full recognition as a specialty, and they are carrying on his tradition in departments around the country.

He served as chairman of the Young Investigators Scientific Awards Committee and of the Education Committee of the Greater New York Chapter of SNM, and of the Nuclear Medicine Section of the New York Academy of Medicine. On the national level he has been a member of the Board of Directors of

SNM's Education and Research Foundation since 1976; chairman of the SNM Correlative Imaging Council; chairman or member of SNM's Scientific Exhibits Judging Committee several times; member of the ACR committee on Continuing Evaluation of Post-Graduate Education; member of the ACNP National Scientific Program Committee; and member of the Education committee of the Federated Council of Nuclear Medicine Organizations. He proudly received the SNM's Distinguished Educator Award in 1993 and the local chapter's Berson and Yalow award in 1997.

Lenny was national president of the Society of Nuclear Medicine in 1979, when, in the wake of Three Mile Island, "radiation sickness" swept the land, and he had to help counteract it, using also his position as chairman of the Task Force on Public Information of the Federated Council of Nuclear Medicine Organizations. His other public relations contributions include the chairmanship of the Public Relations Committee of SNM, moderating of the society's annual press conference from 1984-1993 and appearing on several radio and TV interviews and educational spots.

The contribution of the ineffable Marlene, whom Lenny was fortunate to marry early in his academic career shortly before his promotion to assistant professorship, cannot be underestimated. Her ebullience and steadfast support have buttressed his talent and professional commitment. They share an appreciation of theater, avid interest in golf, and love of international travel, and are the proud parents of three, Dr. Eric, David, and Joy, and the doting grandparents of Alex and Carly, the children of Eric and Brooke. Lenny is a longtime fan of the New York Mets, Jets, and Nets, and attends their games whenever possible.

In the 1960s few in medicine had heard of nuclear medicine, and its utility was limited. Today there is hardly a medical discipline in which its techniques are not utilized. Leonard M. Freeman, MD, saw the importance of the field before it was apparent to many, and his contributions have been invaluable to its maturation.

Letty Goodman Lutzker, MD, FACNP

RSNA Newsletter Features Two Nuclear Medicine Physicians



Steven M. Larson

Steven M. Larson, MD, and Hossein Jadvar, MD, PhD, MPH, were featured in the August edition of RSNA's People in the News. RSNA reported that Larson was recently awarded the Georg Charles de Hevesy Nuclear Pioneer Award from the Society of Nuclear Medicine. Larsen is a former recipient of RSNA's Outstanding Educator award.

RSNA also picked up the news about Jadvar's five-year, \$3.3 million research grant from the National Institutes of Health and the National Cancer Institute, also reported in the July/August edition of *Scanner*.



Hossein Jadvar

For the full story click on the link below:

www.rsna.org/publications/rsnanews/aug05/people0805.html.

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