



# SCANNER

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Winter 2007

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### President's Message

## How Far Have We Come in 2006-7?

It is again my pleasure to submit a President's Report to *Scanner*. This will be my final report. At our combined ACNP/SNM meeting, my successor will take the reins as ACNP president.

I'd like to take this opportunity to reflect on this past year and look forward to continued success. A great deal of work went on behind the scenes this year. However, as with any organization, there comes a time when its leaders must pass the baton.

Therefore, I would like to take this opportunity to first thank all the SNM/ACNP staff. This has been a year of change; ACNP and SNM have joined forces not only for the Mid-Winter Educational Symposium in San Antonio but also on several other projects. In another positive change, Mike Nelson took the helm as our ACNP executive director just one month after I took office as president. Together, he and I worked our way through the usual challenges that face any organization and some unique ones as well. We took a fresh look at our remote past and recent history and made adjustments accordingly. It is to him that I owe the most gratitude for helping revitalize ACNP. His competent and positive approach to running an organization has been refreshing. We have also been fortunate to have the assistance of Nikki Wenzel, who helped fill in for Nelson on many occasions. In fact, the entire SNM staff, under the leadership of its chief executive officer, Virginia Pappas, deserves thanks from our organization.

Second, I would like to thank the ACNP regents—and, in particular, the officers—for their support. Our immediate past-president, Dr. Bennett Greenspan, has provided invaluable advice throughout the year. Next is Dr. Haydn Williams, our president-elect; I am confident he can move this organization forward during his year as president. Dr. Hazem Chehabi has been a wonderful scientific program chair. He has the right temperament to help draw together a combined ACNP/SNM educational program. The joint meeting is a break from our tradition, and achieving it has taken compromise, courage, and patience. Asking him to consider becoming our next president-elect was an easy choice. I would also like to thank Dr. Jay Harolds, who will stay on as treasurer over the next year and provide some continuity. His experience with the Academic Council at SNM has been invaluable as we explore avenues to strengthen the relationship between ACNP and SNM. To my ACNP committee chairs I again say thank you and remind you that this is just the beginning—we have so much more to accomplish!

A separate and wholehearted thanks should go to Dr. Simin Dadparvar, who has been my inspiration for believing in the ACNP and what this organization can become. Her tireless work



Michael Middleton

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change in medicine  
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Editor-in-Chief: Simin Dadparvar, MD  
Managing Editor: Ann Coleman

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# A Life of Triumph



Renae Henkin

When I was asked to write this memorial for my wife, I was admonished, “to make it about her professional accomplishments.” But to understand her accomplishments, you must also to know the person. Renae was one of the most unusual people, male or female, I have ever met. She was perhaps the only person I have ever met who did not understand the word “defeat.”

Renae was born in Brooklyn, NY. The second oldest of four sisters, her childhood was not happy. She became the protector of the younger children.

She had problems in school because of a reading disability that was not recognized until she was nearly an adult. She could read the words, but not get the meaning of a paragraph. Yet, when you told her what was in the paragraph, she instantly comprehended the content and could expand on it.

She was 20 years old when she entered college along with her younger sister. She obtained her degree in radio, TV, and film, a relatively new area of study, but soon realized that she would not work in that area. She went into the magazine business initially with publications such as *Ladies Home Journal*, *Red Book*, and, later, *Sport Magazine*. It was while at *Sport* that she developed what became a lifelong interest in football and basketball. In order to understand the print media better, she went to work at a printing firm. Every day she came home with swollen hands or a swollen face from the chemicals used in printing. She didn't leave that job until she understood the entire printing process.

In the mid-1980s, Renae saw a job offer for an advertising manager for *The Journal of Nuclear Medicine* and the *Journal of Nuclear Medicine Technology*. She had no idea what nuclear medicine was, but it sounded interesting. When hired by SNM, she again decided that she needed to know her subject matter. She became a fixture at various New York hospitals—picking the brains of the physicians, scientists, and technologists to learn about this new topic in her life. Her desire to learn lasted for the rest of her life, and like many of us, she was hooked on this specialty.

She forged lasting friendships at SNM. One of them was with Linda Ketchum, then a writer for *Newsline*. Despite her success at SNM (advertising revenue soared), she and Linda decided to move to a medical marketing firm, ProClinica, after only a couple of years at SNM.

While at ProClinica she became part of an experiment in medical education. Known first as RadNet and later as The Nuclear Network, this venture introduced medical education to the Internet. Renae ran the administrative and organizational

aspects of this operation, which included live online conferences. I was the director for educational content. We met online and were one of the first couples to date on the Internet—at 300 Baud no less!

Within three months of meeting we decided to be married. Renae, having no children of her own, moved to Chicago and was suddenly mother to three children raging from eight to fifteen years of age. She continued her work with ProClinica as an electronic commuter—again, one of the first. She became super mom, president of the PTA and organizer of one of the most successful charity auctions held by the school. She never missed any of the children's school events.

In the mid-1990s, the Central Chapter of SNM created a referring physician newsletter called *Nuclear Medicine Update*. I was the editor, but there were production problems. Renae took over the production, and the newsletter became a critical, if not financial, success.

In 1998 she experienced rib pain. Her x-rays were normal. She insisted her doctor order a bone scan because “bone scans

see things x-rays don't.” The minute the scan was done it was evident she had metastatic disease. Once again, nuclear medicine was brought to bear when the tumor markers, then done by RIA, showed her cancer antigen 27.29 level to be markedly elevated. Breast cancer was the diagnosis, and it was stage IV. There was never a moment of doubt in Renae's mind that she would win this battle as she had won so many others. She was

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the first patient at Loyola whose breast cancer was managed using PET scans. She insisted on it.

Renae had been active on the ACNP Corporate Committee. At that time this group was composed of Siemens, DuPont, Capintec, and other nuclear medicine companies. She represented the smallest business, by a factor of a thousand or more, yet she was unanimously elected chair of the group. Her ideas, dedication, and enthusiasm won them over.

Six months after her diagnosis of cancer she took the job of Executive Director of the Central Chapter of SNM. During her tenure, the chapter had some of its most successful meetings in history. When she was forced to step down because of her disease several years later, the chapter was financially well off as well.

She had other accomplishments. During the two years I served as acting chair of Radiology at Loyola (after her diagnosis of cancer), she became the president of its auxiliary. During that time, she established a medical student scholarship through the auxiliary that will go on for many years. Renae

Continued on page 6. See **Triumph**.



# ACNP/SNM Health Policy & Regulatory Affairs Department

## Reimbursement/Imaging Cuts

In the hours prior to adjournment of the 109th session, Congress passed the Tax Relief and Health Care Act of 2006, preventing an additional 5% cut in 2007 Medicare physician payment rates due to the sustainable growth rate (SGR) by freezing the Medicare conversion factor at its 2006 level. Also included in the legislation is the Medicare Physician Quality Reporting Program for 2007, which establishes an evaluation mechanism using physician voluntary reporting program (PVRP) quality measures for July 1, 2007, through December 31, 2007. A bonus payment of 1.5% will be paid to physicians who report on at least three PVRP quality measures. ACNP and SNM are working closely with the AMA and CMS to learn more about the program.

By now, you are probably aware that Congress did not include any provisions in the bill—or any other legislation—that would halt or delay the imaging cuts that went into effect January 1 as a result of the 2005 Deficit Reduction Act (DRA). Expect to see this issue as a top priority of Representative Pete Stark (D-CA, incoming chair, House Ways and Means Health Subcommittee) and other key Democratic leaders in the 110th Congress as they conduct extensive oversight hearings on the Medicare and Medicaid programs and look for a permanent fix. ACNP/SNM, the Access to Medical Imaging Coalition (AMIC), and other organizations are committed to working with the 110th Congress.

## NRC NARM Rulemaking

In late summer 2005, Section 651(e) of the Energy Policy Act granted the Nuclear Regulatory Commission (NRC) regulatory authority over naturally occurring and accelerator-produced radioactive material (NARM). After holding a public meeting in October 2005 to obtain the perspectives of key stakeholders—including representatives from the medical and scientific research communities—the NRC staff developed a proposed rulemaking incorporating NARM into the existing regulatory framework for reactor materials and released it for public comment in late summer.

Prior to the close of the public comment period in September, ACNP/SNM, ACR, and ASNC submitted a joint letter to the NRC addressing the proposed NARM rulemaking. The comments requested several reasonable modifications to ensure unhindered patient access to radiopharmaceuticals—including a category exemption from financial assurance for decommissioning for facilities with low energy cyclotrons—further clarification of the applicability of the new fee category (3.S) for onsite producers of NARM, an enhanced transition plan with the release of formal guidance documentation, and several technical revisions.

In the interim between the writing and publication of this *Scanner* update, the NRC will revise the proposed rulemaking and release the final NARM rule. The NRC

• does not plan to hold another public meeting/workshop  
• on NARM prior to the release of the final rule.

## Appropriations/DOE Funding for Basic Nuclear Medicine Research

• Efforts continued through 2006 to restore Department of Energy (DOE) Office of Science funding for the basic nuclear medicine research formerly funded under the Office of Biological and Environmental Research Medical Applications and Measurement Science (MAMS) program. The Senate version of FY07 Energy & Water Appropriations restored the funding, while the House version did not. The 109th Congress adjourned without completing appropriations business, instead funding the federal government via a continuing resolution through February 15.

• In January, the House and Senate leaders announced they intend to fund the federal government through the remainder of FY07 via a long-term continuing resolution due to the fast-approaching work on FY08 appropriations following the president's budget rollout in February. The precise funding levels for individual offices of the DOE were not announced, though legislators have agreed the resolution will not include any earmarks from the pending FY07 spending bills. At this writing, it is unclear what a potential long-term continuing resolution without earmarks will mean for the nuclear medicine community, although ACNP/SNM continues to work closely with Congress and the DOE Office of Science to find a source of funding for the basic research formerly supported by the MAMS program.

## Technologist Licensure Legislation

• In 2006, the Consumer Assurance of Radiologic Excellence legislation—known as CARE in the House (HR 1426) and RadCARE in the Senate (S 2322)—went further in the legislative process than ever before when the Senate passed the RadCARE bill as part of the unanimous consent calendar on December 6. Unfortunately, because the Senate passed RadCARE only two days before adjournment of the 109th Congress, the bill ran out of time in the House of Representatives. The CARE/RadCARE legislation will continue to be supported by the SNM Technologist Section, the American Society of Radiologic Technologists, and the Alliance for Quality Medical Imaging and Radiation Therapy in the 110th Congress.

## Joint Commission: Proposed Revisions to the Medication Management Standards MM 4.10 and MM 8.10 Field Review; Interim Action

• The newly-rebranded Joint Commission (formerly Joint Commission on the Accreditation of Healthcare Organizations) has proposed revisions to medication management standards MM 4.10 and MM 8.10 to define situations in which a pharmacist is needed to conduct a prospective review of a medication order and situations

*Continued on page 8. See HPRA.*

## Nuclear Medicine Profile: Carol Marcus, MD, PhD, FACNP

Carol Marcus, MD, PhD, FACNP, has been involved with nuclear medicine, including diagnostics and therapy, nuclear pharmacy, radiation biology, and related research, since 1960. She has also been active in government affairs, working on issues relating to the NRC and FDA, and has recently joined two federal medical emergency response teams.

***Medical Management of Internally Radiocontaminated Patients***, by Carol Marcus, MD, PhD, and Jeffrey A. Siegel, PhD, was recently published online at <http://ladhs.org/ems/disaster/MMRSMannual.pdf>. Publication was supported by the Los Angeles County Department of Health Services Emergency Medical Services Agency and the Department of Homeland Security Metropolitan Medical Response System.

Carol is a native of New York City and went to Cornell University in 1957 to study home economics. Carol went as far away as she could get from home and still keep a NY state scholarship and study for free. She lasted in home economics for nine days, arranged for another state-supported college (agriculture) to start a new general biology major, and was the first Cornell graduate in that major. This portended the way Carol's life would develop. Before Carol started college, she vowed not to marry until she was 30 or 35, if at all. She then proceeded to marry her first college date, Bruce Marcus. They were married during her third semester and recently celebrated their 48th wedding anniversary.

**Carol has been involved in regulatory affairs since the early 1970s. She has been on numerous federal advisory committees such as the FDA (drugs and devices), NRC's ACMUI, USP Standards, USP-DI, NIH Study Section, etc.**

After graduation, she moved to another college, veterinary medicine, and joined an Atomic Energy Commission project, earning a master's degree in radiation biology in 1961 and a PhD in physical biology in 1963. ("Physical biology" was really radiation biology, but she thought that with such a vague name, she could talk her way into almost any kind of job.) Carol completed a post-doctoral year in radiation biology in the Netherlands, traveled through Europe until her money ran out (about 4 months), and went to Los Angeles to work at the



Carol Marcus

Laboratory of Nuclear Medicine and Radiation Biology. Carol then paused for babies, obtained a junior college teaching credential in chemistry and biology, and taught part-time for three years.

In 1969 Walter Wolf recruited her to teach in the new radiopharmacy master's degree program he had established at the University of Southern California (USC) School of Pharmacy.

During the first year, Carol took every course that she didn't teach, then she taught in the program for the next 17 years. She continued to teach when she started medical school at USC in 1973 as the last alternate to make it into medical school. She graduated valedictorian in 1977 and was promoted to associate professor in the School of Pharmacy. Carol continued teaching during her internal medicine internship and residency at LA-USC Medical Center and did her nuclear medicine residency under Dr. William Blahd at the Wadsworth VA hospital in LA. In 1982 she began working at Harbor-UCLA Medical Center and continued to teach at USC.

In 1999 Carol retired from the Los Angeles County part of Harbor-UCLA but stayed at the medical center for research. In 2000 she became professor of radiation oncology at UCLA, where she teaches radiopharmaceutical therapy to radiation oncology residents as well as teaching nuclear medicine residents part time, now as an attending physician.

Carol has been involved in regulatory affairs since the early 1970s. She has been on numerous federal advisory committees such as the FDA (drugs and devices), NRC's ACMUI, USP Standards, USP-DI, NIH Study Section, etc. Her regulatory accomplishments are numerous, but many are not widely known. For example, she and Norman McElroy wrote the SNM/ACNP Petition to the NRC for the "Radiopharmacy Rule." She also wrote the petition that led to the "500 mrem Patient Discharge Rule."

As one who has known, worked with, and appreciates Carol Marcus's devotion and dedication to nuclear and molecular imaging, I am proud to call her my friend.

I hope that her day job, advancing the field of nuclear medicine in the area of "dirty bomb" preparedness and patient care, doesn't interfere too much with her tennis, cross-country skiing, gourmet cooking, and knitting for her six grandchildren. She said she's not sure if dirty bomb preparedness is really part of nuclear medicine or not—but if it isn't, it should be.

*Robert Carretta, MD, FACNP*

# HOPPS Final Rule

On November 1, 2006, the Centers for Medicare & Medicaid Services (CMS) issued a final rule for Medicare payment for hospital outpatient services in calendar year (CY) 2007.

The final rule affects hospital outpatient payments services paid under the outpatient prospective payment system (HOPPS). Important finalized nuclear medicine and nuclear cardiology policies include:

- Radiopharmaceuticals will continue to be paid at charges adjusted to cost using hospital-specific cost-to-charge ratios. Drugs and biologicals will be paid at 106 percent of the average sales price (ASP+6), rather than the proposed rate of 105 percent of ASP.
- CMS finalized its proposed policy to pay separately for drugs, biologicals, and radiopharmaceuticals costing \$55 or more per day, consistent with the previous \$50 threshold but updated for inflation. Payments for other drugs will continue to be bundled into payments for their associated procedures.
- CMS is revising the Ambulatory Payment Classification (APC) payment and coding structure for drug administration services, allowing hospitals to report the same CPT codes for drug administration used by physicians and other payors and to be paid separately for additional hours of infusion in addition to their payment for the initial hour of infusion. As a result, hospitals will be paid more accurately for complex and lengthy drug administration services, while also receiving more appropriate payments for individual services when provided alone.

CPT/HCPCS	Description	2006 Final HOPPS Payment	2007 Final HOPPS Payment	% Change
78306	Bone imaging, whole body	\$237.57	\$240.79	+1.36 %
78465	Heart image (SPECT), multiple	\$397.11	\$399.62	+0.63%
78478	Heart wall motion add-on	\$89.50	\$92.53	+3.39%
78480	Heart function add-on	\$89.50	\$92.53	+3.39%
78492	Heart image PET, multiple	\$2,484.88	\$731.24	-70.57%
78812	Tumor image PET/skull-thigh	\$1,150.00	\$855.43	-25.61%
78815	Tumor image PET/CT skull-thigh	\$1,250.00	\$950.00	-24.00%

Table 1. Rate Changes for Some High-Volume HOPPS Procedures

- While nuclear medicine procedures remain relatively stable with modest increases in payment rates for 2007, PET will experience significant decreases. Additionally, these decreases will extend into the physician fee schedule with the Deficit Reduction Act (DRA) provision. See Table 1.
- CMS is implementing in CY 2007 a provision of the DRA, which requires that Medicare payment for surgical procedures performed in an ambulatory surgical center (ASC) not exceed the Medicare payment for the same procedures when they are performed in a hospital outpatient department subject to HOPPS. This provision will result in decreased payment for approximately 280 procedures on the ASC list beginning January 1, 2007.

The final rule is now posted on the CMS website at: [www.cms.hhs.gov/HospitalOutpatientPPS/01\\_overview.asp](http://www.cms.hhs.gov/HospitalOutpatientPPS/01_overview.asp)

The rule went on display at the Federal Register at 4:00 PM November 1, 2006, and will be published at a later date. It will be effective for outpatient and ASC services furnished to Medicare beneficiaries on or after January 1, 2007.

**President.** *Continued from page 1.*

as the *Scanner* editor-in-chief has been unmatched. At the same time, her work with the resident's section of ACNP has been admired by all. She has understandably made the decision to move on after many years of dedicated service as editor, and we are now challenged to recruit a new editor for *Scanner*. No one individual has worked so hard to keep the interests of ACNP alive.

The Residents Organization officers, under the leadership of Dr. David Ng, also deserve recognition. We were all residents at some point, and it is our hope that they will acquire the experience and desire to become the lifeblood of our organization. We welcome them, recognize them, and thank them.

Finally, I would like to thank the senior leadership of SNM for helping us build a better bridge between our two like-minded organizations. I must give some credit to Dr. Peter Conti, who originally conceived the idea of re-attempting a joint meeting. While this had been tried in the past, it became my task to make it work better this time. Although I helped implement many of the changes needed to conduct a joint meeting, I could not have

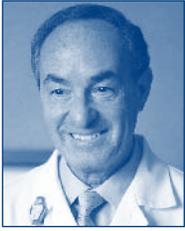
done it without the support of Dr. Martin Sandler, SNM president, and Dr. Sandy McEwan, SNM president-elect. Their SNM leadership team—including Mid-Winter scientific program chair, Dr. Peter Herscovitch—helped the ACNP leadership navigate these new waters.

Yes, we have come a long way, but we have so much more to accomplish. My challenge to all over the next year is to continue to make positive changes in ACNP. I would like to reach out to encourage our SNM leadership friends to also join the American College of Nuclear Physicians. Our professional goals are mutual. Our love of nuclear medicine is congruent. So, I encourage all physicians in SNM to consider joining and supporting ACNP and possibly even seeking fellow status from ACNP. Seeking this recognition from your peers in nuclear medicine is an admirable goal.

As we have seen, change in medicine is not always easy or pleasant; but the one thing we can be certain of is that there will be change. It is our challenge to make change a positive force for ACNP and SNM.

*Michael Middleton, MD, FACNP*

# S. Ted Treves, MD: ACNP's Best Mentor of the Year, 2007



S. Ted Treves

S. Ted Treves, MD, has an exemplary background that embodies the core principals required of today's professional; he transmits these to residents by action as well as via didactic interactions. The core competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) lists key areas that today's modern nuclear medicine physician should demonstrate: compassionate patient care,

broad medical knowledge, lifelong learning, communication skills, professionalism, and systems-based practice. Dr. Treves is a role model in all these important areas.

**Patient care.** Dr. Treves models care for children and their families in his role as chief of nuclear medicine at Children's Hospital (Boston) not only through direct interaction with patients but through his supervision of staff. Residents exposed to his high level of professional diligence benefit from this important experience.

**Broad medical knowledge.** This is illustrated by Dr. Treves' innumerable publications and his outstanding book, *Pediatric Nuclear Medicine/PET*. He transmits his enthusiasm for learning to residents in his daily interactions with them and supports the acquisition of a broad medical knowledge-base through his outstanding leadership of the joint program in nuclear medicine, where his incisive decisions ensure that cutting-edge changes are made in a timely way to continuously improve this already excellent program. His book is in its third edition, and his diligence, care, and studiousness in improving this already outstanding text have set an example for residents. The important collection of cases that his residents are exposed to as they rotate through Children's Hospital is very highly valued.

**Life-long learning.** Dr. Treves has had a long, successful career at the top of academic nuclear medicine and has seen and been part of many exciting changes. He stays abreast

of the current key literature. He demonstrates enthusiasm for these changes and the growth in nuclear medicine today. In this way he models lifelong learning for residents, which is a key ingredient for the modern professional. Indeed, Dr. Treves is involved in a patent and IRB on wavelet analysis to prompt radiopharmaceutical injection upon seizure commencement. Only someone with their finger on the pulse of modern nuclear medicine could do this, and residents gain from not only his actions but also his communication about this process.

His actions and words embrace the key areas needed to be not only a successful modern nuclear medicine physician and role model but a strong, supportive, and effective mentor.

**Communication skills.** Dr. Treves is clear, warm, and supportive in all his interactions. As a mentor he listens intently, gives helpful examples from his own life, and then offers sage advice. This advice can range from career advice to clinical skill building and research, where his attention to detail, imagination, and pragmatism are paramount.

**Professionalism.** This is demonstrated on a daily basis in his interactions with residents and his continually updated presentations to us. It is also demonstrated in his dealing with colleagues, ancillary staff, children, and their families.

**Systems-based practice.** This is partly defined by the ACGME as "ability to effectively call on system resources to provide care that is of optimal value." Nowhere is this better demonstrated than in Dr. Treves' Nuclear Medicine Department at Children's Hospital, where his vision and drive have propelled the development of the nuclear medicine viewer, an important medical informatics breakthrough that promotes efficiency, cost-effectiveness, and—most important—outstanding patient care.

I am not sure if the ACGME used Dr. Treves as a role model—if not, they should have! His actions and words embrace the key areas needed to be not only a successful modern nuclear medicine physician and role model but also a strong, supportive, and effective mentor.

Gethin Williams, MD, PhD  
Joint Program in Nuclear Medicine  
Harvard Medical Center

**Triumph.** *Continued from page 2.*

felt the students were special people, and she felt the same way about nuclear medicine technologists. She established an outreach program (still active) through the Central Chapter that sponsors recruiting trips to high schools by technologists.

Rena was given a 15% chance of living three years in 1998. She lived eight years and three months after that diagnosis. She insisted on receiving chemotherapy until two weeks before her death. A week before her death she asked for physical therapy because she felt she was getting too weak. Two days before her death she was watching football until 11 PM.

The disease ravaged her body but never touched her spirit. She died at home holding my hand. She was my wife, my love, my best friend, and my business partner.

Robert E. Henkin, MD, FACNP, FACR  
Professor Emeritus of Radiology  
Loyola University Medical Center  
Maywood, IL



## A Farewell

It has been an honor for me to serve as the editor-in-chief of *Scanner* over the past six years. As I reflect back, I can see the steady growth of ACNP as an organization in its role of advancing the practice of nuclear medicine. When I paged through my years of service to and association with *Scanner*, several outstanding topics came to mind that I would like to share.



Simin Dadparvar

In late spring of 2000, I attended a retreat about the future of the ACNP. Bill Bertera, executive director of SNM, initiated the retreat to look into revitalizing the organization. Unfortunately, ACNP went through years of mismanagement by the previous leadership. We had to sell and downsize several key functions to keep the organization alive. There were only 8 to 10 ACNP Fellows in the room with the SNM leadership, and there was a unanimous decision by all of us that the ACNP was vital to the future of nuclear medicine in the United States and that we wanted to continue the organization with SNM managing our finances.

There were several areas that needed to be revitalized, and I volunteered to help out on the Publication Committee. My first issue edition of *Scanner* went online in August 2000, and since then I have been *Scanner's* editor and also worked on several other publications. In the last three years, we have published six editions of *Scanner* annually. I have been fortunate not only in receiving contributions on time, but also in working with an exceptionally talented assistant to the editor: Ann Coleman. All of the electronic issues of *Scanner* are posted on the ACNP Web site, [www.acnponline.org](http://www.acnponline.org). Each year we also print two issues: the November/December issue is mailed to the ACNP membership, and the May/June issue is distributed at the SNM Annual Meeting to all attendees.

I would like to review some of the highlights that have made *Scanner* special since its inception. We have featured ACNP presidents' messages in each issue: Drs. Sue Abreu, Gary Dillehay, myself, Warren Moore, Bennett Greenspan, and Michael Middleton have all contributed. We have published nuclear medicine profiles on many outstanding physicians and scientists who have contributed immensely to the nuclear medicine field and/or ACNP. Every issue featured many great ACNP members who really have made a significant difference in our field, members such as Robert Lull, Barbara Croft, Abass Alavi, Naomi Alazraki, Henry Royal, and many others who made me proud to be a nuclear medicine physician.

We had several guest editors who provided updates on the Nuclear Medicine Political Action Committee known as NM PAC, nuclear medicine residency, and other topics. In 2004, the ACNP Resident Organization (RO) was cre-

ated as an outgrowth of the Residents as Future Leaders program. The RO has brought new enthusiasm and new blood to the organization, and RO activities are reported in *Scanner* by the president of the RO. Each year, photos of outstanding nuclear medicine residents, the recipients of the Travel Grant and Best Essay Awards, were featured in the March/April issue of *Scanner*. Jack Slosky, PhD, was profiled as ACNP Man of the Year in March 2004, and in the January/February 2006 issue of *Scanner*, Abass Alavi, MD, was featured as the recipient of the 2006 Best Mentor of the Year Award.

We have kept readers informed about the changes in nuclear medicine reimbursements, especially in PET and PET/CT. CT training is mandatory for every nuclear medicine physician, and therefore several issues of *Scanner* have addressed the appropriate books and resources for nuclear medicine physicians studying CT.

I am forever grateful to all the contributors, including Michael Peters, Robert Henkin, and Terrence Beven, and especially to the assistant editor, Ann Coleman, who made every effort to achieve timely publication of each issue of *Scanner*. Special thanks to Virginia Pappas, CEO, and Michael Nelson, COO, of SNM, who have supported each issue of *Scanner*.

For the next editor of *Scanner*, ACNP will benefit from an individual with great passion, dedication, and enthusiasm to keep *Scanner* vital. It has been a true pleasure to serve you. I am looking forward to reading the next issue of *Scanner*.

Simin Dadparvar, MD, FACNP  
Editor-in-Chief, *Scanner*

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**I will always be happy to serve as a contributor and as someone who is inspired by the residents and great people in our field whose contributions have made such a difference.**

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## ACNP Residents Organization President's Message

David Ng

### Hello, Residents and Fellows,

This my final message as the president of the Residents Organization. I would like to thank Gethin Williams, MD, for being a very helpful vice president. He did the majority of the work in drafting our bylaws. I would also like to thank Ben Wince, MD, for serving as secretary and treasurer

I would specially like to thank Simin Dadparvar, MD, for guiding and advising us. We spent many weekends discussing plans for the Residents Organization. I am very grateful that Dr. Dadparvar took time in her precious weekends to help us.

The ACNP RO has had a successful year. We wrote a constitution that is currently undergoing review by the Bylaws Committee of our parent organization. I trust that it will be approved in the near future. As a result of joint cooperation with SNM, ACNP has issued credentialing statements for the interpretation of PET/CT, SPECT/CT, and PET as well as cardiac CT by nuclear medicine physicians. Now nuclear medicine residents and fellows will be able to apply for hospital privileges in these modalities and fulfill JCAHO's credentialing requirements using these credentialing statements sponsored and endorsed by ACNP/SNM. We are also in the midst of setting up ACNP RO chapters in the East Coast and southern states.

Our annual meeting is coming up, at which elections for the 2007-8 RO officers will be held. We will be electing the new national president, vice-president, and secretary/treasurer. We will also hold elections for chapter officers. The president, vice-president, secretary/treasurer positions are open for the West Coast and Mid-West chapters. The vice president and secretary/treasurer positions are also open for the Southern States Chapter. The job descriptions and functions will be detailed in a separate memo. We encourage residents and fellows to run for election. The election criteria are simple:

- Be present at the annual meeting;
- Prepare a speech documenting what one will do in the elected position; and
- Submit a CV/biographical sketch so that members of the ACNP RO will be acquainted with you and your professional achievements.

We are also looking for ACNP mentors. If you think a particular nuclear physician who is an ACNP member has been helpful to you in your professional growth, I would encourage you to nominate him/her for ACNP mentor of the year award. Here is to a successful ACNP meeting. I am looking forward to meeting all of you there.

David Ng, MD  
President, ACNP RO

### HPRA. Continued from page 3.

in which a retrospective review is acceptable. The deadline for the field review of these proposed revisions was January 24.

According to the proposed revisions, Licensed Independent Practitioners (LIPs) will be exempted from the prior pharmacist review only if the LIP "controls the ordering, preparation, and administering of the drug." In a January 2007 Perspectives article, the Joint Commission clarified that by "control," they mean being physically with the patient during the administration of the medication.

ACR and emergency department interests have successfully lobbied Joint Commission staff to put in place interim provisions for Medication Management Standard 4.10 (Element of Performance 1), which would allow a hospital's radiology services (including hospital-associated ambulatory radiology) to define, through protocol or policy, the role of the LIP in directly supervising a patient during and after IV contrast is administered. This protocol/policy must be approved by the medical staff, and the role of the LIP is to be defined so that the LIP can intervene in a timely manner in the event of a patient emergency. This interim action will be in effect until the final revisions to MM 4.10 and MM 8.10 are in place in 2008 or (potentially) later.

The Technologist Section is presently planning to submit a request to the Joint Commission that radiopharmaceuticals/nuclear medicine services receive similar provisions as IV contrast/radiology services in the interim action and final rule.

### Department News

The Public Affairs Department has changed its name to the Department of Health Policy & Regulatory Affairs (HPRA) in an effort to more clearly define the related services provided for members. HPRA will publish a regular newsletter describing the major issues and activities of the department staff, as well as capturing government relations and practice management-related news published in various locations on the Web and in *Scanner*, *JNM*, *JNMT*, and *Uptake*. Although the departmental name has changed, the primary scope of HPRA, staff, and position responsibilities remain the same.

Michael Peters  
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and Regulatory Affairs