



# SCANNER

THE OFFICIAL NEWSLETTER OF THE ACNP  
January/February 2006

## President's Message



I write this near the end of my term as president of the ACNP. It has been an interesting year. Last year's Annual Meeting was a success, and this year we expect another successful meeting. Registration for our 32nd Annual Meeting in Ft. Lauderdale, FL, was somewhat slow at first, but has been picking up, and I expect a good attendance. There will be excellent presentations and some interesting and useful information for the residents who attend. Our mentoring program has been highly successful.

In regards to other issues over the past year, the biggest disappointment was the failure of Congress to continue funding the DOE program to support nuclear medicine research. We are working to find another avenue to support this vital research. Maintenance of certification is and will be an important issue for us in the years ahead. We need to keep up with the changing requirements of the ACGME and the NRC as they relate to our residency programs and our practices.

ACNP is working closely with SNM on a number of issues related to government affairs and health care policy. SNM has been extremely supportive of ACNP, and for that we are grateful. I strongly believe that each organization is vital to the other for continued success.

We are in the process of revising the strategic plan for ACNP that, I think, will help ensure the success of ACNP. One of the issues I intend to promote will be outreach to other clinicians. If our referring clinicians understand the value of our studies and how we can help them manage their patients, we can expect more referrals.

I just returned from the SNM Mid-Winter Meeting in Tempe, AZ, on February 11 and 12. The interactions with SNM leadership are valuable for the continued success of ACNP. My term as president ends with the ACNP Annual Meeting, and we will then be in the capable hands of Mike Middleton, MD. I appreciate the opportunity to have served the ACNP as president.

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

## ACNP/SNM Government Relations Update

Regulations are now being promulgated by NRC staff to carry out the provisions of the Energy Act of 2005 (Dirty Bomb Bill) Section 651(e) that gives NRC authority to regulate all cyclotron products. The government relations group has had several contacts with NRC staff with the intent of trying to proactively participate in the process to avoid adverse consequences to nuclear medicine practice and

patients. These contacts included a round-table discussion conducted by NRC this fall. ACNP and SNM together presented our concept of how effective regulation could be accomplished without untoward effect on patient access. Other presenters asked NRC to consider extending its authority to regulate not only cyclotron *products* but also the devices themselves. ACNP/SNM are opposing this concept because this authority is not specifically designated in the act, and we oppose any additional regulation that may have the ultimate result of limiting patient access to necessary diagnostic procedures. We will maintain continuous contact with the NRC staff to monitor the process as the regulations develop, seeking opportunities for input with the goal of avoiding unintended consequences of regulation.

A petition has been filed by a former employee of the commission requesting reversal of the I-131 therapy release criteria on the grounds that the revisions were in error and constitute a danger to the public. ACNP/SNM oppose NRC revisiting this issue because there are insufficient grounds for NRC consideration based on the petition itself and because this would undo years of work by individual physicians and scientists, nuclear medicine organizations, and NRC staff that justify the present provisions. There is also the possibility of adverse effect on present therapeutic procedures that utilize radionuclides other than I-131 as well as additional therapies under development.

ACNP/SNM are attempting to restore DOE appropriation cuts to nuclear medicine research in the 2007 DOE budget or to develop an alternative strategy for continuing vital basic research in nuclear medicine. As a consequence of this effort, a National Academy of Science study on the future of nuclear medicine research is planned. The study will involve representatives from DOE, the National Institutes of Health, and the nuclear medicine research community. Our objective remains to ensure government support of basic nuclear medicine research by any means available.

We should all be aware that efforts by AMA and major specialty societies to address the scheduled reduction in Medicare reimbursement for physician services in 2006 have been unsuccessful. Unless some last-minute intervention occurs, this will result in a pay cut for all physicians. It is probable that this intervention may occur soon as part of the budget reconciliation bill. As individuals, we should continue to support efforts by organized medicine to address the cuts and the flawed sustained growth rate formula that will perpetuate these cuts until this recurring issue is corrected. In a related activity, CMS appears to be determined to implement “pay for performance” measures without addressing the basic reimbursement problem, against the opposition of organized medicine.

*Terence Beven, MD, FACNP*  
*Chair, Conjoint ACNP/SNM Government Relations Committee*

## ACNP'S 32nd Annual Meeting

The 32nd Annual Meeting of the ACNP will be held on Saturday, February 18, and Sunday, February 19, and a residency section conference titled “Residents as Future Leaders” and the ACNP Board of Trustees meeting will be held on Friday, February 17. The weekend format makes it very convenient to attend. February 20 is President’s Day, which may make it easier for some of the attendees to spend an extra day with their families. The meeting site is the Sheraton Yankee Trader Hotel in sunny Fort Lauderdale, FL. The hotel overlooks the beach and the sparkling Atlantic Ocean.

The faculty is outstanding! Most of the talks will be on state-of-the-art PET and PET/CT by Val Lowe, Pablo Ros, Simin Dadparvar, and Don Podoloff. Warren Janowitz will give a presentation on SPECT/CT. Richard Campeau will lecture on nuclear cardiology. Martin Sandler will speak on developing an academic radiology department. Mike Middleton will lecture on GI scintigraphy, and Jay Harolds will give some interactive sessions on leadership, teams, and conflict management. Bennett Greenspan will give a presentation on nuclear brain imaging. There will be an opportunity for residents to present abstracts. Attendees can earn up to 22 CME credits.

As a special service to the community, the price for technologists to attend the meeting has been dropped to only \$150. Furthermore, a newly signed-up staff physician who is not a speaker can arrange to bring one technologist free. See you there!

*Jay Harolds, MD, FACNP  
Chair, Annual Meeting Program*

## Nomination for Best Mentor of The Year Award: 2006

Dear ACNP Mentorship Committee,

First, I would like to say that it is a great idea to have a mentorship award for the recognition of outstanding mentors in the field of nuclear medicine. If I may, I would like to take this opportunity to nominate Dr. Abass Alavi as the first recipient of the award.



**Abass Alavi, MD**

Dr. Alavi is well recognized in the field of nuclear medicine. I have been one of the many people under his instruction and supervision for the past three years. I went to see Dr. Alavi in the fall of 2002 when my previous program was closing. He showed me his training program and talked to me about the expectations for an individual in my position. I was very impressed with the high level of the program. My respect for his work has continued to escalate as I have worked with him at the Hospital of University of Pennsylvania.

The nuclear medicine program at Hospital of University of Pennsylvania (HUP) is the biggest nuclear medicine program in the United States. When I began my residency, there were seven trainees. Since that time, the number of trainees has grown. There is a continual rotation of radiology residents in the program. In addition, there are international scholars who do research and collaborate on different projects. Presently there are ten scholars from various parts of the world who are participating in the department. This is not counting the numerous medical students who are involved as well.

Dr. Alavi is an outstanding mentor. In this program, the quality of clinical training brings opportunities to learn about many procedures; the research opportunities, publications, and teaching opportunities give each person a chance to grasp many aspects of the field of nuclear medicine; furthermore, there are many interdepartmental and intradepartmental collaborations in which one may participate. In brief, a dull moment where Dr. Alavi does not help his trainees to have a joyful learning experience is nonexistent. The amount of time he spends with his residents, fellows, and research scholars is remarkable. He is always there, rain or shine, holidays, weekends, and late evening hours. My personal experience is that superior learning is gained by repetition and practice. I have enjoyed my rotations and gained enormous experience in all aspects of nuclear medicine.

Along with the heavy focus Dr. Alavi puts on clinical studies, he also places a high emphasis on research. Each and every trainee has his or her own projects and has the opportunity to collaborate with other departments. Dr. Alavi encourages new ideas and is determined to follow through on the ideas so that they may come to fruition. He has been the biggest contributor to the SNM annual meetings for the past several years. My involvement in various research projects has resulted in the reception of several awards and publication in a number of peer-reviewed journals.

The effects of his guidance on my career and personal life are multifaceted. Due to his superior training methods, I was able to land an outstanding career opportunity. Also, Dr. Alavi has helped me become a better person, as I have developed better medical habits. Furthermore, he has allowed me to set higher goals for achievement in my professional career. For that, I am forever grateful to Dr. Alavi.

Therefore, I nominate Dr. Abass Alavi as the best mentor of 2006, as he well deserves the honor. If you have any questions, please do not hesitate to contact me.

*JQ Michael Yu, MD  
Director of Nuclear Medicine  
Department of Diagnostic Imaging  
Fox Chase Cancer Center*

## Share Your News and Information

We would appreciate it if you would share any information regarding your institution or practice in *Scanner*. If you have received a grant from NIH, DOE, U.S. Army, etc.—or if you have successfully passed a milestone such as NRC inspection, the Nuclear Medicine Residency Review, or practice accreditation—please let us know. We will publish your experience and help you share your wealth of knowledge with ACNP members. Please e-mail your information to the editor at [sdadparvar@aol.com](mailto:sdadparvar@aol.com).

## National Oncologic PET Registry (NOPR)

The National Oncologic PET Registry (NOPR) has been developed in response to the Centers for Medicare & Medicaid Services (CMS) proposal to expand coverage for FDG PET to include cancers and indications previously not eligible for Medicare reimbursement. Medicare reimbursement of FDG PET for these cancers can be obtained if the patient's referring physician and the provider submit data to the NOPR that will aid in a project to assess the impact of PET on cancer patient management. If all the required data are entered into the database within the specified timeframes, the PET facility can submit a claim to Medicare for the study.

The data collected by the NOPR will be used by CMS to make future national coverage determinations for FDG PET. Once a sufficient number of cases have been submitted to the NOPR on a particular oncology indication included in the registry, the data will be used by CMS to make a final coverage determination. Guided by the results of the data, CMS may then decide to move a particular oncology indication to a status of nationally covered or nationally non-covered.

The first step in the implementation of the NOPR is to allow PET facilities to apply to participate in the registry. The NOPR began accepting facility registrations in December 2005, and facility application forms can be downloaded from its Web site at [www.cancerpetregistry.org](http://www.cancerpetregistry.org). Facilities will be notified by the NOPR of their acceptance. Although the NOPR has begun the PET facility registration process, facilities cannot begin patient enrollment into the registry until final approval is received from CMS to do so. Patient acceptance is anticipated to begin in early 2006.

Facilities participating in the NOPR will incur a one-time, \$50 facility registration fee and an additional \$50 fee for each patient entered into the registry.

The table on page 5 summarizes the current Medicare FDG PET oncology coverage indications and their status as nationally covered, nationally non-covered, or covered only through facilities participating in the NOPR.

Oncology Indication	Nationally Covered <sup>1</sup>	Nationally Non-covered <sup>2</sup>	NOPR <sup>3</sup>
Brain			X
Breast			
Diagnosis		X	
Initial staging of axillary nodes		X	
Staging of distant metastasis	X		
Restaging, monitoring *	X		
Cervical			
Staging as adjunct to conventional imaging	X		X
Other staging			X
Diagnosis, restaging, monitoring *			
Colorectal			
Diagnosis, staging, restaging	X		
Monitoring *			X
Esophagus			
Diagnosis, staging, restaging	X		
Monitoring *			X
Head and Neck (non-CNS/thyroid)			
Diagnosis, staging, restaging	X		
Monitoring *			X
Lymphoma			
Diagnosis, staging, restaging	X		
Monitoring *			X
Melanoma			
Diagnosis, staging, restaging	X		
Monitoring *			X
Non-small cell lung cancer			
Diagnosis, staging, restaging	X		
Monitoring *			X
Ovarian			X
Pancreatic			X
Small cell lung			X
Soft tissue sarcoma			X
Solitary pulmonary nodule (characterization)	X		
Thyroid			
Staging of follicular cell tumors	X		
Restaging of medullary cell tumors			X
Diagnosis, other staging & restaging			X
Monitoring *			X
Testicular			X
All other cancers not listed herein			X

<sup>1</sup> Covered nationally based on evidence of benefit. Refer to National Coverage Determinations Manual, Section 220.6, for specific coverage language and limitations for each indication: [http://www.cms.hhs.gov/manuals/downloads/ncd103c1\\_Part4.pdf](http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf)

<sup>2</sup> Non-covered nationally based on evidence of harm or no benefit.

<sup>3</sup> Coverage with evidence development (i.e., NOPR). Otherwise, non-covered nationally based on lack of evidence sufficient to establish either benefit or harm or no prior decision addressing this cancer.

\*Monitoring = monitoring response to treatment when a change in therapy is anticipated.

For comprehensive information about the NOPR, please visit <http://www.cancerpetregistry.org>.

The NOPR is implementing the registry for CMS and is sponsored by the Academy of Molecular Imaging and managed by the American College of Radiology (ACR) through the ACR Imaging Network. The American Society of Clinical Oncology and the Society of Nuclear Medicine have helped guide the project's development.

*Jim Bietendorf, CNMT  
Cardinal Health*

### Membership Renewal 2006

If you have not already registered, please renew your membership online by going to:  
[www.acnponline.org](http://www.acnponline.org).

Members have the following advantages:

- ▶ Attending the annual meeting at a discounted rate
- ▶ Receiving the online bi-monthly newsletter, *Scanner*
- ▶ Receiving *Scanner* twice per year in print
- ▶ Learning updated information regarding regulatory issues
- ▶ Receiving periodic updates on PET & PET/CT reimbursement
- ▶ Getting involved in leadership roles in various ACNP committees

Free membership for residents and fellows in nuclear medicine is supported by generous contributions from industry.

### 2005 RSNA Trainee Research Prize



RSNA Scientific program chair, Gerald D. Dodd III, MD, presents Dr. Mavi with her award.

Congratulations to an outstanding ACNP resident member! In the recent 91st Scientific Assembly and Annual Meeting of Radiological Society of North America, November 27–December 2, 2005, in Chicago, IL, Ayse Mavi, MD, a research fellow from the Hospital of the University of Pennsylvania, received a trainee research award for her scientific presentation titled, “The Role of Histopathology (Invasive versus Noninvasive) on SUV Uptake in Primary Breast Cancer On Dual Time PET Imaging.”

This award was presented in recognition of an important contribution to research in radiology by a fellow in the field.

*Simin Dadparvar, MD*

## ACNP Residents Organization

Hello, residents and fellows!

The ACNP 32nd Annual Meeting will be held February 17–19 at the Sheraton Yankee Trader Hotel in Fort Lauderdale, FL, where the 3rd meeting of the ACNP Residents Organization (RO) will be held



concurrently. I hope many of you are planning to attend. The entire conference should again have a high ratio of attending physicians to trainees. Trainees who attended the last two meetings benefited from excellent opportunities to network with senior attendings, program directors, and long-time nuclear medicine practitioners.

On February 17, we have a special program for residents followed by abstract presentations, leadership and socioeconomic lectures, and the residents' elections. At this 3rd meeting of the ACNP Residents Organization, we will have elections for president, vice-president, treasurer, and secretary. At the Mentorship Program activity, trainees can finally meet their mentor(s) in person. This year we will again award travel grants and best essay awards for the best oral and poster presentations. Led by the newly elected officers, we will begin to plan for next year's meeting. Residents, fellows, and other trainees can determine the entire meeting agenda, including the selection of guest speakers and lecture topics, so please bring your ideas, suggestions, and energy!

If you are unable to attend the Annual Meeting, then please remember to pass the word about the ACNP Residents Organization, its free membership, and the free mentorship program. Everyone is invited to join the RO listserv that is used primarily by the officers to send occasional e-mail notices to our Residents Organization membership. Join at [http://groups.yahoo.com/group/acnp\\_ro](http://groups.yahoo.com/group/acnp_ro) to receive e-mails and to view prior messages. Both new membership applications and membership renewals are FREE. This is made possible by generous support from industry, which is subsidizing the \$50 annual membership fee. You can download the membership application form from the JOIN/RENEW section of the ACNP Web site at [www.acnponline.org](http://www.acnponline.org).

This is my last President's Message in the *ACNP Scanner*. As the president for the past two years, it has been my honor to participate in the tremendous growth of the ACNP Residents Organization. I enjoyed working with Ghassan El-Haddad, MD, vice-president, and Daniel Sigg, MD, PhD, secretary/treasurer, as well as Simin Dadparvar, MD, who recently completed her term as president of the ACNP and was critical to the many ideas implemented. To the new officers who will be elected at the ACNP 32nd Annual Meeting: remember that the ACNP Residents Organization is what you make of it—and good luck!

*Henry Kim, MD*  
*President*  
*ACNP Residents Organization*

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