  
**SNMMI House of Delegates Meeting  
January 21, 2017**

**Arizona Grand Resort Room: Grand Ballroom CD**

**Members in Attendance:**

John Baldwin, Marques Bradshaw, David Brandon, Tina Buehner, Patrick Colletti, Mark Crosthwaite, Gary Dillehay, Vasken Dilsizian, Frederic Fahey, James Galt, Frederick Grant, Bennett Greenspan, Robert Gropler, James Halama, Jordan Hankins, Lisa Hazen, Hossein Jadvar, Sara G. Johnson, Julie Kentz-Koehn, Alan Klitzke, Kathleen Krisak, Kanchan Kulkarni, Suzanne Lapi, Vicki LaRue, David Lewis, Charito Love, Cindi Luckett-Gilbert, April Mann, Nancy McDonald, Satoshi Minoshima, Erik Mittra, Seyed Mohammadi, Ashok Muthukrishnan, Ryan Niederkohr, Cybil Nielsen, Robert Pagnanelli, Neil Petry, Daniel Pryma, Joshua Reynolds, Buck Rogers, Leesa Ross, Sally Schwarz, Richard Siska, Michelle Wauters, Jessica Williams, Dusty York, Katherine Zukotynski

**Members Not in Attendance:**

Jackie Allen, Twyla Bartel, Weibo Cai, Panithaya Chareonthaitawee, Xiaoyuan Chen, Alexander Drzezga, Leonard Freeman, Peter Herscovitch, Marcia Hess Smith, Jay Hiller, Ruth Lim, Timothy Manzone, Quanzheng Li, Lalitha Ramanna, Rebecca Sajdak, George Segall, Suresh Srivastava, Don Yoo.

**Guests in Attendance:**

Robert, Atcher, Elpida Crawford, James Crowley, Kevin Donohoe, Guiseppe Esposito, Jamie Gladson, Michael Graham, Merle Hedland, Amber Lidraij, Angela Macci-Bires, Ed Melvin, Mike Middleton, Katie Neal, Todd Peterson, Amol Takalkar, Shannon Youngblood,

**Staff in Attendance:**

Ana Hilton, Akuender Kodi, Vince Pistilli, K. Malaika Walton

1. **Welcome and Call to Order**

Frederick Grant, MD*,* Vice Speaker of the HOD called the meeting to order at 4:05 pm and welcomed all the SNMMI House of Delegates meeting attendees.

1. **Establishment of a Quorum**

Katherine Zukotynski, BASc, MD, FRCPC SNMMI Secretary/Treasurer, confirmed a quorum.

1. **Commencement Actions**
   1. **The meeting agenda were reviewed.**

*A motion was made to move the Committee on Finance report to item 3 on the agenda and to approve the meeting agenda for January 21, 2017.*

**It was moved, seconded, and voted to approve the meeting agenda of January 21, 2017.**

* 1. **The standing rules were reviewed.**

*A motion was made to approve the standing rules.*

**It was moved, seconded, and voted to approve the standing rules.**

* 1. **The June House of Delegates minutes were reviewed.**

It was requested to make a correction to the minutes: John Baldwin was present at the meeting.

*A motion was made to approve the House of Delegates minutes from the meeting on June 10, 2016, with the correction.*

**It was moved, seconded, and voted to approve the House of Delegate minutes from the meeting on June 10, 2016, with the correction.**

1. **Committee on Finance***, Katherine Zukotynski, BASc, MD, FRCPC*

Dr. Zukotynski reported that for FY2016, both SNMMI and SNMMI-TS had a net surplus; it was a good year for both organizations and the consolidated bottom line was much better in 2015 than 2016. The audit report was good with no audit adjustments and a collegial call with the auditors. She highlighted also that SNMMI’s assets were 58% of the operating budget. She noted CTN had losses in FY2016, but anticipates coming in net neutral for 2017. For FY17, the budget is tight, with no projected surplus.

1. **Historian Report**, *Frederic Fahey, DSc*

Mr. Fahey commenced with a reading of the necrology and a brief moment of silence in honor of our fellow members and colleagues that have passed away.

He then reported on the work of the history committee:

* The committee is organizing a CE session for the Annual Meeting on the history of women in nuclear medicine.
* With funds from the Merkel foundation, SNMMI was able to hire a part-time archivist who worked from July through November. She developed systems for storing materials and policies for intake of new materials; and inventoried some of the collections and developed a finding aid. Additional work which needs to be done is to review the Anger collection which is 50 boxes and the Henry Wagner archive of 50 boxes.
* SNMMI is going to be launching a heritage campaign to raise money to finish the archive. The plan will be to have exhibits, and ensure the collection is accessible to members. SNMMI is working with ERF to raise funds to finish the initial work, and then maintain the collection. Will reach out to members, corporations and foundations.

Rathan Subramaniam of the SW Chapter requested that the HOD also noted the passing of Dr. Frederick Bonte. Mr. Fahey said he will be recognized at the June meeting.

1. **Committee on Councils and Centers,** *Jon A. Baldwin, DO*

Mr. Baldwin reported that the Committee on Councils and Centers (CoCC) met earlier in the day. All councils and centers are being asked to review their SOPs, which will then be approved by the CoCC. He also reported that Dr. Grant had recommended developing a general calendar for councils and centers to prepare for the year, and this will be finalized by the June meeting**.**

1. **Committee on Chapters,** *Guiseppe Esposito, MD*

Dr. Esposito reported that the Committee on Chapters met earlier. They reviewed the status of membership and finances. In general chapters are smart in finding ways to keep the membership and financial status viable. Several chapters are slowly experiencing a decline in the membership and the people who attend their meetings. Some are finding solutions by live streaming meetings. One issue noted with the decline in attendance, is potential members are questioning the value of membership if they are not able to participate in meetings due to financial restrictions. SNMMI needs to continue to explain the value of membership, and the chapters are requesting slides to demonstrate the value. Other chapters are reporting having difficulty finding young leaders. Finally, technologist members from chapters reported difficulties with credentialing in CT.

1. **Scientific Program Committee Report,** *Satoshi Minoshima, MD, PhD*

Dr. Minoshima reported that the MWM was a success. Attendance was better than San Antonio (2015) and New Orleans, equal to Palm Springs, but lower than Orlando (2016). Orlando always has a good turnout and the meeting will be back there in 2018. He thanked all who participated in the success of MWM. For Annual Meeting 2017, Dr. Minoshima noted abstract submissions had closed and there were 2093 submissions. This number was higher than submissions for Baltimore (2015), but down 6% from San Diego (2016) submissions. The SPC had noted with some concern a 30% reduction in US submissions. He requested HOD members to let the SPC know why this may have occurred.

1. **SNMMI President’s Message,***Sally Schwarz, MS, RPh, BCNP, FAPhA*

Ms. Schwarz discussed the Value initiative which SNMMI is in the process of launching, and how one aspect of the project will focus on recruitment. The initiative will highlight the value nuclear medicine adds to the medicine and radiology. There are 5 domains for the initiative: Quality of Practice, Innovation, Discovery and R&D; Workforce Pipeline, Advocacy and Outreach. The SNMMI Board of Directors will further develop a strategic plan for the Value Initiative at the Spring 2017 Board Meeting. The initiative will require donors for success, and SNMMI will start a funding campaign. Under the umbrella of the initiative, SNMMI will be encouraging the recruitment of more individuals into NM at the medical school level. The plan is to introduce NM into their vocabulary early. SNMMI will be reaching out to the AMA for advice on how to grow and encourage others to come into the field.

Ms. Schwarz noted that nuclear medicine has tremendous value and we need to encourage all of our specialties to grow. She said “we need new blood, energy in the field.” She noted in particular the exciting recent approval by FDA of 2 new radiopharmaceuticals: Netspot, (Ga 68 dotatate) and AXUMIN (fluciclovine F 18). Another therapy is in development, Lutetium 177. Ms. Schwarz commented that it is exciting for the profession to embrace radiotherapeutics, which will change the NM process, through greater patient interaction. These developments are bringing positive energy to the NM profession.

Ms. Schwarz concluded her report by expressing her pleasure at serving SNMMI as the president.

1. **TS Quality Initiative**, *April Mann, MBA, CNMT, NCT, RT(N), FSNMMI-TS*

Ms. Mann presented a PowerPoint presentation on the work and conclusions of the SNMMI-TS quality committee. During her talk she highlighted:

* 1. The committee started their work in September 2016.
  2. They sent a survey to 27,000 people. 4000 responded (7%). Respondents represented a diverse group. Members and non-members with a broad degree of experience. 57% were directly working on NM.
  3. Survey results highlighted a great variation in the perception of quality. There is not much agreement among technologists about the definition of quality. The difference correlated to the education level of respondents. Those with less than a bachelor’s degree tended to focus more on process, procedure and image quality.
  4. The QA measure being used most often was patient satisfaction. Other operational outcomes were mentioned, but not patient outcomes.
  5. The survey also asked about trends and challenges. Respondents noted decreases in reimbursements and the impacts of the ACA.
  6. However, the majority of respondents were optimistic about the future of the field in general, while being more neutral about their personal future.

Next Steps: The committee’s next steps will be to develop a program overviewing aspects of quality, defining quality, and addressing what the working technologist should know. They will put together an educational process, to be made available to chapters. There will also be clinical modules. A writing group is working to publish the survey.

The slogan of the quality campaign will be:

Quality and the NMT: Making it Personal (SASS)

S.top

A.ssess

adjuS.t

S.can

Long term objectives: The committee’s goal is to mainstream the quality program, to reengage and reinvigorate standards programs, practices, and education. They will be working with partners in industry and accreditation, all speaking with technologists with the same language on quality.

1. **Update on Development of Appropriate Use Criteria (AUC) Documents,** Kevin Donohoe, MD

Dr. Donohoe began his report by stating that in a year it would be difficult for referring physicians to do a NM test without showing they have consulted an AUC. The AUC’s for Ventilation Perfusion Imaging in Pulmonary Embolism and Bone Scintigraphy in Prostate and Breast Cancer are finalized and will be approved by the Board at the MWM. The AUC for Hepatobiliary Scintigraphy in Abdominal Pain is out for peer review. The FDG-PET /CT in Restaging of Malignancy AUC will be approved before the Annual Meeting in June. SNMMI is starting an additional 6 AUCs for:

* Infection Imaging
* Somatostatin Imaging
* Gastrointestinal Transit
* PET Myocardial Perfusion Imaging
* Prostate Cancer Imaging
* Thyroid Imaging

Dr. Donohoe noted that these topics were prioritized by the committee. Erica Cohen had identified the ACR criteria in which NM was most devalued, and prioritized those. Additionally, they are the most used NM procedures. Developing the AUC’s is a daunting task, requiring a literature review, which costs over $100K each. They are using the institute of medicine standards, involving all stakeholders, including NM and referring physicians.

The AUC’s will be available on the SNMMI website when approved. They can be shown to referring physicians and hopefully improve the use of NM in patient care.

Dr. Donohoe noted that the process of the use of AUC’s will evolve in the next few years. CMS recognizes there will be competing AUC’s, and referring physicians are required to refer to an existing AUC. However, they will need to jump through more hoops when there is no AUC for a procedure.

AUCs will be distributed through clinical decision support tools (CDST), purchased by healthcare organizations. Several CDST’s are already in development, with ACR Select appearing to be the most prominent. They claim they are independent of ACR, and may change their name to CARE Select. A referring physician will use the tool by putting the patient scenario in the CDST. What is populated in the CDST is all the tests allowed / appropriate for that scenario. The AUC will describe the scenarios. SNMMI will get its AUC’s in the software programs. The developers of the CDSTs want as many AUC’s in their tools. Ultimately SNMMI will get some income from this, and several developers are interested in SNMMI’s AUCs already, as CMS has deemed SNMMI an approved provider led entity. There are 11 other approved entities.

Dr. Donohoe said that his committee will be working with the outreach committee and chapters to ensure SNMMI’s AUCs provide value back to the SNMMI membership. As SNMMI has worked with other specialty societies, many organizations have a stake in the successful distribution of the AUCs. There are also multiple vendors for CDSTs who have an interest in making sure their product is a comprehensive as possible. SNMMI can sell to multiple vendors. SNMMI’s AUCs will carry weight because of the multiple societies involved in their creation, and because SNMMI’s quality will be strong. For example, one AUC has 21 indications, whereas other AUCs only mention a couple indications.

1. **Delegate Discussion on Issues Important to the Chapters and Councils**
2. Therapy Center of Excellence, *Dan Pryma, MD*
3. Clinical Trials Center, *Michael Graham, MD*
4. Cardiovascular Council, *Robert Gropler, MD*

Dr. Pryma reported that the Therapy Center of Excellence had subsumed some of the work of the Nuclear Oncology Council, but had a different focus, so they were working to ensure that some of the issues previously covered by the NOC continued in joint CE sessions. He noted also that Therapy CoE would hold new board elections in 2017. The Therapy center launched the Committee on Radioiodine Therapies, which has a strong outreach component.

Dr. Gropler reported that CVC was working on two white papers (Quantitative PET MPI White Paper and Cardiac Sarcoidosis White Paper), which part of an AAC spearheading document. He also noted CVC was contributing to the AUC for PET.

Dr. Michael Graham reported that CTN was conducting training for AXUMIN at the MWM. He said that over the previous 1 ½ year, CTN had worked actively with AAA and Blue Earth on the approval for their agents. CTN’s worked saved the companies a few years of effort and several million dollars. CTN continues to collaborate with the companies, for example, the training program on AXUMIN. The training was organized by CTN and financed by Blue Earth.

He also noted the Gallium Users Group has organized an effort on GA68 PSMA; to develop a common protocol by six universities for a phase 3 trial. The universities include UCLA, Stanford, Wisconsin and Emory. The initial intent is to gather data to lead to an NDA to attract an industry partner. CTN should have all data and file with FDA in 2 years. Ultimately, CTN’s goal is to facilitate approval of new radiopharmaceuticals and ensure quality in PET

Dr. Graham advised that he and Dr. John Hoffman had been the sole two directors of CTN. The continuity in leadership supported CTN’s success. However, they are now making an effort to bring in junior leadership, and as a result Drs. Jonathan McConathy and John Sunderland have joined as co-directors.

1. **New Business**

There was no new business.

1. **Adjournment**

Dr. Grant thanked all the House of Delegates members for attending the meeting. The meeting was adjourned at 5:33 pm.