Mission
To improve health care by advancing molecular imaging and therapy

Vision
SNM will be the leader in unifying, advancing, and optimizing molecular imaging and therapy.

Core Values
• Commitment to optimal patient care
• Commitment to excellence
• Honest and ethical behavior
• Integrity
• Respect
• Professionalism

Strategic Priorities
• Lead the way in groundbreaking research for nuclear and molecular imaging
• Communicate cutting-edge knowledge for optimal implementation to enhance patient care
• Educate professionals for quality and excellence
• Advocate for improved policies and legislation for research, funding and reimbursement
To improve health care by advancing molecular imaging and therapy

ABOUT THE SOCIETY OF NUCLEAR MEDICINE
The Society of Nuclear Medicine (SNM), headquartered in Reston, Va., is a nonprofit scientific and professional organization dedicated to promoting the science, technology and practical application of nuclear medicine, molecular imaging and therapy. SNM strives to be a leader in unifying, advancing and optimizing molecular imaging, with the ultimate goal of improving human health.

With 17,000 members worldwide and in more than 70 countries around the world, SNM represents nuclear and molecular imaging professionals, all of whom are committed to the advancement of the field. For more than 50 years, SNM members have developed—and continue to explore—innovations in medical imaging to allow for noninvasive diagnosis, management and treatment of diseases, benefiting countless patients. Members include physicians, technologists, physicists, pharmacists, scientists, laboratory professionals and others committed to advancing nuclear medicine and molecular imaging.

ABOUT NUCLEAR MEDICINE AND MOLECULAR IMAGING
Nuclear medicine and molecular imaging play a vital role in the practice of medicine across the full spectrum of patient care, from research to diagnosis to therapy.

Molecular imaging allows doctors to view specific functions within a patient’s body to help diagnose a disease or condition. Nuclear medicine procedures use small amounts of radioactive material—called “radio pharmaceuticals” or “radiotracers”—to diagnose and treat disease.

Nuclear medicine and molecular imaging are leading to remarkable breakthroughs in patient care. In the United States alone, more than 17 million patients benefit each year from nuclear medicine and molecular imaging procedures used to diagnose and treat a wide variety of diseases, including heart disease, Alzheimer’s disease and many cancers.

These noninvasive procedures are safe, effective and painless, and SNM works to promote their sound practice and to improve awareness of the field among both the medical community and the public at large. SNM strives to advance a single mission: To improve health care by advancing molecular imaging and therapy.
Letter from the CEO: Growth and Vitality

The past year has been one of exciting new initiatives for SNM. We have embarked on a path that will support the advancement of nuclear medicine and molecular imaging.

Planning for the future was a key priority for SNM this year. The Nuclear Medicine and Molecular Imaging 2020 Task Force was formed to discuss the future of our field and to make recommendations to serve as guiding principles to meet the challenges that lie ahead.

Task force members agreed that the most desirable scenario is the evolution of nuclear medicine as a primary specialty into a broader-based discipline of molecular imaging. However, Task Force members also agreed that the most likely scenario is that the field would be advanced by dual-certified professionals. SNM will now integrate these scenarios into its future goals and objectives to strengthen the society and ensure continued growth of the field.

Collaboration and strategic partnerships among all segments of the global molecular imaging community will speed advancement. SNM is working with our partners throughout the world to harmonize practice guidelines, define consistent clinical research protocols, arrive at consensus on appropriate use, agree on dose optimization and radiation protection standards, and show the value of nuclear medicine and molecular imaging through evidence-based research. We are actively engaging our U.S. partners and international colleagues in many projects to leverage our strengths and be a leading organization.

The introduction of new radiopharmaceuticals and new imaging technologies makes this an exciting time in the field of nuclear medicine and molecular imaging. With new focus and new energy, we are ready to meet the challenges and advance the field to improve human health.

George Segall, MD
2011-2012 SNM President

I’m pleased to report that 2011-2012 was a positive year for SNM, marked by new energy and new activity within the society.

Nuclear medicine and molecular imaging professionals have affirmed that SNM is an organization that is beneficial to them both personally and professionally, as reflected in our membership growth over the past year. Not only has our membership increased, but we have also welcomed a more diverse group of individuals—molecular imaging professionals, laboratory professionals and more—to the society.

We have also seen increases in many of our programmatic areas. We saw record numbers in attendance at the 2012 Mid-Winter Meeting and in the number of abstracts submitted for the SNM 2012 Annual Meeting. We are offering new courses, new MOC programs and new webinars. SNM’s Clinical Trials Network validated its 100th scanner this year. New outreach programs and partnerships have strengthened our connections to the larger medical community and have increased patient awareness.

And The Journal of Nuclear Medicine is the highest-rated journal in medical imaging, worldwide, for the third consecutive year. Additional details on SNM’s initiatives over the past year can be found throughout this report.

As a result of our successful programs and activities, I’m happy to inform you that the financial status of SNM is sound. With careful planning and monitoring, we have been able to provide members with the products and services they want and need well within our operating budget. This has allowed us to maintain solid financial ground and focus on our priorities.

Moving forward, SNM will foster its new strength and use it to improve the science of nuclear medicine and molecular imaging, widening it with new applications and expanding it to geographical areas that are just beginning to explore the field. This, in turn, will increase the ability of SNM members to provide their patients with the best care possible.

Virginia Pappas, CAE
SNM Chief Executive Officer

Letter from the President: Reflection, Collaboration and Global Synergy

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George Segall, MD
2011-2012 SNM President
Fostering Research & Science Around the World

Research, both basic and clinical, is key for SNM, its members and the profession. SNM’s activities in this area continue to center, strengthen and inspire nuclear medicine and molecular imaging. 2011 brought new growth for The Journal of Nuclear Medicine (JNM) and the Journal of Nuclear Medicine Technology (JNMT), new energy for the Annual Meeting and a surge in activity for SNM’s Clinical Trials Network with strong international participation and partnerships.

REVIEWING AND PUBLISHING VITAL RESEARCH

Of 113 peer-reviewed journals across the world in the field of medical imaging and radiology, The Journal of Nuclear Medicine (JNM) has the highest impact. In 2011 this flagship publication of SNM was once again ranked the top medical imaging journal worldwide in impact factor by Thomson Reuters—the third consecutive year in which JNM has taken the top honors. JNM’s articles represent the global community, with submissions from more than 45 countries around the world. The journal’s high influence factor shows that its articles are quickly read, absorbed and utilized for new ideas and developments. In addition to its monthly scientific articles, JNM’s December 2011 supplement, Issues and Controversies in Nuclear Medicine, took a critical look at top issues for the profession, spurring reflection, critical thinking and discussion.

With the publication of the December issue of JNM, Heinrich R. Schelbert, MD, PhD, stepped down as editor in chief, completing eight years of service and considerable record of innovation and achievement. Dominique Delbeke, MD, PhD, is now editor in chief. At the same time, with the December issue of SNMTS’s Journal of Nuclear Medicine Technology (JNMT), Francois L. Haglery, CNMT, FSNM-T, completed her successful five-year term; Norman E. Bolus, MPH, CNMT, has taken over the helm. In addition, SNM continued to sponsor the journal Molecular Imaging at a reduced price as a benefit to SNM members. The journals have also become more accessible in the past year. In 2011, the JNM and JNMT websites debuted a mobile interface designed for smartphone and other mobile devices, which are increasingly used in both research and clinical settings. In early 2012, JNM and JNMT became part of Medline with Full Text—the world’s most comprehensive source of full text for medical journals—which will broaden its reach and penetration into the global medical community.

BRINGING TOGETHER THE GLOBAL RESEARCH AND SCIENTIFIC COMMUNITY

The 2011 SNM Annual Meeting held June 4–8 in San Antonio, Texas, characterized the resurgence and invigoration of the profession in the past year. The meeting brought together nuclear medicine and molecular imaging physicians, researchers, technologists, lab professionals and industry representatives from around the world for presentation of research, education and networking.

Almost 10 percent more attendees than the previous year enjoyed the meeting’s hundreds of sessions, posters and exhibits. The meeting kicked off with a standing-room-only crowd of thousands attending the Henry N. Wagner Jr. Lectureship. This was followed by the presentation of more than 70 continuing education sessions, and 1,818 scientific papers and posters.

Research presented included topics of interest in a number of areas across the field, for example, hybrid cardiovascular imaging and new tracers, cognitive decline/dementia, neuroscintigraphy imaging ligands, brain tumor investigation, movement disorders, molecular imaging probes, radioimmunotherapy, molecular-targeted radiotherapy, bone SPECT/CT, 18F-FDG infection imaging, radioiodine thyroid cancer diagnosis and neuroendocrine tumor imaging.

Exhibits remained strong, with 166 companies in attendance representing 481 booths on the show floor. Also, for the first time, SNM offered a Virtual Meeting for those unable to attend certain sessions or broke the trip in San Antonio, with full-motion video capture of all of the most popular sessions.

INCREASING THE GLOBAL REACH OF THE SNM CLINICAL TRIALS NETWORK

SNM’s Clinical Trials Network (CTN) provides tools and resources to promote faster, more cost-effective drug development and increase the availability and performance of imaging biomarkers for clinical use. Created in 2008, the CTN has developed rapidly and is now beginning to see results in its efforts to standardize imaging in clinical trials, educate molecular imaging professionals in running the trials and improve the reliability and increase the volume of research data on biomarkers.

This past year witnessed continued growth in a number of CTN programs including scanner validation, trial design and education. The CTN has also played a pivotal role in events affecting PET imaging in clinical research, such as providing clarification of the requirements for submitting investigational new drugs, new drug applications and abbreviated new drug applications for radiopharmaceuticals, especially those used in clinical research.

In its Phantom Program, CTN increased the number of validated PET/CT scanners globally, assisting several sites to remedy problems and improve image quality. These changes should significantly improve the overall standardization of images obtained. The CTN continues to offer live webinars and online courses that are attended by a wide range of participants—MDs, CNMTs and industry personnel. In February of 2012, CTN cosponsored the Molecular Med TriCon 2012 to raise awareness of how the use of imaging can advance drug development when conducting clinical trials using certain pharmaceuticals.

SNM is working with the European Association of Nuclear Medicine to exchange information regarding the Clinical Trials Network to identify areas of international collaboration, such as standardized imaging protocols.

WHAT’S COMING…

• The 2012 SNM Annual Meeting in Miami Beach, Fla., promises to continue the renewed energy shown in 2011: registrations are significantly stronger, abstract submissions are 19 percent higher and the exhibit hall is sold out.
• A new reprint tool will allow SNM journal readers to order reprints online.
• In 2012, maintenance of certification credit will be offered for journal articles.
• CTN will offer new webinars and courses in 2012 and, in conjunction with SNMTS, a new research technologist categorical during the 2012 Annual Meeting.

HIGHLIGHTS

• 20,684 total citations to JNM per the Thomson Reuters Institute for Scientific Information Journal Citation Reports (June 2011)
• 7,022 impact factor of The Journal of Nuclear Medicine, ranked as top peer-reviewed journal in the entire field of medical imaging—a 10 percent increase over the previous year
• 5,583 attendees at the SNM Annual Meeting, almost a 10 percent increase from 2010
• 2,195 abstracts submitted for the SNM Annual Meeting, of which 1,820 were accepted
• 1,118 articles submitted to JNM, with 66 percent originating outside North America
• 1,100 posters displayed in the Poster Hall at the 2011 SNM Annual Meeting
• 219 sessions offered at SNM’s 2011 Annual Meeting in San Antonio
• 166 companies on the 2011 Annual Meeting show floor, represented in 481 booths
• 125 sites participating in SNM’s Clinical Trials Network scanner validation program, with 177 PET/CT scanners validated to date
• 7 CTN studies in 2011/2012 with another 2 currently in the protocol phase

JNM Manuscript Submissions

- North American-34%
- South American-15%
- Europe-38%
- Asia-26%
- Australia-2%
In support of its members’ active commitment to excellence and optimal patient care, one of SNM’s top strategic goals is to be the primary resource for nuclear medicine and molecular imaging education. In 2011, SNM education showed robust activity, with an exceptionally strong Midwinter Meeting, substantial participation in online education and Maintenance of Certification, and new educational offerings on a variety of cutting-edge topics.

OFFERING A STRONG MID-WINTER PROGRAM FOR CONTINUING EDUCATION

This year’s MidWinter Meeting—held January 26-29 in Orlando, Fla.—was SNM’s largest-attended MidWinter Meeting ever, with a 17.5 percent increase in attendance over last year. The meeting, cosponsored with the American College of Nuclear Medicine, included three-and-a-half days of educational programming, with numerous educational sessions designed in collaboration with SNM’s councils, centers of excellence, Technologist Section, Young Professionals Committee and Clinical Trials Network. Recognizing that the increasing prominence of multimodality imaging necessitates training in adjunct modalities, SNM offered an in-depth review of magnetic resonance imaging and a two-day CT case review workshop, which were highly rated and well attended.

Interest was also high in dementia-related education. The dementia summit—a forum for cutting-edge research in academic and industry settings—had the highest attendance of any session at the meeting. Because of the pertinence of the topic, the industry panel will offer a reprise at the SNM 2012 Annual Meeting.

EXPANDING FLEXIBLE OFFERINGS

SNM continues to expand the availability of online resources for presenting educational programs to members. Online courses are convenient and flexible, allowing members to fit their training around their professional schedules. SNM now has more than 100 online courses available for physicians, technologists, pharmacists, physicists, scientists, laboratory professionals, residents and technologist students. In 2011 SNM expanded these options with content from the recent prostate cancer and breast cancer symposia and preclinical imaging training workshops, as well as new online courses in CT and MRI for technologists and five new online lectures on therapy. Eight new Maintenance of Certification modules were launched in the past year, as well as two practice performance assessment projects. A 2012 version of the Nuclear Medicine Board Review course will be available in mid-2012 and will include molecular imaging as a topic area.

SNM also launched a 13-part training series in molecular imaging, sponsored by the Center for Molecular Imaging, Innovation and Translation (CMIIT). The series is designed to provide participants with a firm foundation in the basic principles of molecular imaging, including methods employing radiosotopes, optical imaging agents and magnetic resonance. Live sessions continue through August 2012; after airing, they are available on-demand through the SNM website. Although the training series was designed with residents in mind, technologists and others may attend to gain a better knowledge of molecular imaging.

HOSTING SPECIALIZED EDUCATION OPPORTUNITIES

In addition to the SNM Annual and Midwinter Meetings, several educational events are hosted throughout the year on hot topics within the nuclear medicine and molecular imaging field. SNM works with subject-matter experts to plan these events, which allow participants to earn continuing education credit and network with a multidisciplinary group of thought leaders. An in-depth overview of the fundamentals of small animal imaging modalities attracted a record number of attendees to In Vivo Imaging. An Introductory Workshop, held March 2011 in Baltimore, Md. Hosted by Johns Hopkins University School of Medicine, the University of Virginia and SNM, the program was designed to improve participants’ knowledge of using molecular imaging for in vivo biomedical applications, focusing on key topics of instrumentation, data acquisition and reconstruction, imaging probes, imaging targets and applications, small animal handling, data analysis, and techniques for imaging infectious disease models.

The 2012 Multimodality Cardiovascular Molecular Imaging Symposium was held April 19-21 in Bethesda, Md., at the National Institutes of Health (NIH). Continuing the work of previous topic-specific conferences held at NIH, this two-and-a-half-day symposium brought together experts from multiple scientific disciplines—including chemists, engineers, physics, molecular biology, cardiovascular physiology, and imaging sciences—with the goal of promoting the emerging field of cardiovascular molecular imaging.

During the SNM Annual Meeting in June 2011, the SNMITS and the Sector for Magnetic Resonance Technologists (SMRT) formed a joint task force to develop a white paper to present unique modality issues related to the operation of a PET/CT and to recommend regulations pertaining to certification and educational requirements for technologists.

WHAT’S COMING

SNM will offer a MidWinter 2013 Summit on PET/CT:

• A special issue or supplement from Molecular Imaging will focus on molecular imaging and the brain.
• A set of primers highlighting PET tracers will be developed in 2012-13.
• CMIIT members are authoring two more molecular imaging textbooks to be published by Cambridge University Press.
• A joint conference, State of the Art Molecular Imaging in Cancer Biology and Therapy, will be held in conjunction with the American Association for Cancer Research, February 27–March 2, 2013, in San Diego, Calif.
• The NCT review course at the 2012 Annual Meeting will be recorded and made into an online course.
Advocating for the Future of the Field

These are complicated times for health care and the government. A massive effort is underway to implement the new Patient Protection and Affordable Care Act, at the same time it is being challenged in the Supreme Court. The future supply of isotopes so critical for patients continues to be uncertain—and the major supplier will go offline in 2016. Significant reductions in reimbursement continue to loom—and with each temporary fix of the sustainable growth rate, the ultimate cost of resolving the problem creeps higher. These are just a few examples of why advocacy and policy have always been a top priority for SNM.

In 2011-12, SNM continued its efforts to increase its advocacy through enhancement of its grassroots efforts and further development of relationships with leaders on Capitol Hill, federal agencies and other professional societies.

ENSURING A STABLE DOMESTIC SUPPLY OF MEDICAL ISOTOPES

Working with cosponsors Senators Jeff Bingaman (NM) and Lisa Murkowski (AK), SNM helped get the American Medical Isotopes Production Act of 2011 (S. 99) introduced in this Congress. S. 99 would assist in the development of essential medical isotope production and ensure that patients have a stable and reliable supply of diagnostic and therapeutic medical isotopes.

Through meetings and grassroots advocacy, SNM helped persuade the Senate to pass S. 99 on November 17, 2011, by unanimous consent. The bill has since been referred to the House Committee on Energy and Commerce, where our grassroots advocacy continues.

EDUCATING LEGISLATORS, REGULATORS AND EXECUTIVE BRANCH ON SNM ISSUES AND CONCERNS

Working with bill sponsors Reps. Ed Whitfield (KY) and John Barrow (GA), SNM helped get the Consistency, Accuracy, Responsibility, and Excellence in Medical Imaging and Radiation Therapy (CARE) Act of 2011 (H.R. 2104) introduced in this Congress. H.R. 2104 would assist in the development of essential medical isotope production and ensure that patients have a stable and reliable supply of diagnostic and therapeutic medical isotopes.

Through meetings and grassroots advocacy, SNM helped persuade the House to pass H.R. 2104 on June 2, 2011. The legislation was then referred to the House Committee on Energy and Commerce. The CARE legislation would require those who perform medical imaging and radiation therapy procedures to meet minimal education and credentialing standards in order to receive Medicare reimbursement.

The SNMTS coordinated a largescale advocacy effort in which more than 900 SNM members in key Congressional districts were contacted by SNM and SNMTS leaders and encouraged to call or write their members of Congress. To date, SNM has helped secure more than one hundred sponsor, 20 of whom serve on the Energy and Commerce Committee. In 2011, SNMTS created and implemented the Technologist Advocacy Group (TAG Team). In the past year, the SNMTS has secured representatives for 40 of 50 states plus one for Washington, DC, created a TAG section of our website where member questions can be submitted and addressed, and begun the process of adding state licensure information.

SNM has been an active participant in the Coalition for PET Drug Approval, a group of ten professional associations working together to help the imaging community understand requirements related to the implementation of 21 CFR part 121 and the submission process for PET drug applications, and to make a positive impact on the overall implementation process through interaction with the U.S. Food and Drug Administration (FDA). The rule requires the submission of a new drug application or abbreviated new drug application for any PET drug product marketed for clinical use in the United States. SNM continues to staff the Coalition and serve as liaison between the Coalition and FDA.

PROMOTING GOVERNMENT RESEARCH FUNDING

The Department of Energy (DOE) Office of Science has historically funded nuclear medicine research, supporting significant advances such as the Anger gamma camera, positron emission tomography (PET) imaging, the “DODGER” racer, and the “Mico”/$e/$c generator. In the past eight years, funding for this program has been reduced, and Congress is currently debating the appropriate home for nuclear medicine research.

In 2011, working with the House and the Senate, SNM was able to secure funding in the FY12 DOE Appropriations. Congress allocated $12 million for nuclear medicine research with human application.

ADVOCATING FOR APPROPRIATE REIMBURSEMENT

The “sustainable growth rate” (SGR) formula sets annual limits on how much Medicare can pay doctors in the aggregate. If those limits are breached, as they have been repeatedly, the formula reduces the fees that will be paid in subsequent years for thousands of medical services. While this might reduce exorbitant fees for some professionals, it would likely severely impact others—including many nuclear medicine professionals—limiting patient access to services.

SNM participated in a grassroots effort by our members to ensure no cuts were made to medical imaging in proposed SGR legislation. On Friday, February 17, the House of Representatives (293-132) and the Senate (60-36) passed the bipartisan agreement that prevented a fee cut to Medicare providers. There were no specific cuts to imaging included in the offsets.

WHAT’S COMING

• At the end of 2012, Congress will be faced with budget decisions that could have a tremendous impact on imaging reimbursement. Efforts will continue to guard against imaging-specific cuts to Medicare.
• As deadlines approach for isotope manufacturers to convert from highly enriched uranium to low-enriched uranium, discussions continue on a global scale on how to ensure isotope production and prevent shortages.
• SNM will advocate for legislation in multiple states creating and/or defining licensure for nuclear medicine technologists.
• SNM was awarded a contract for the Patient Simulator Program through the U.S. Department of Veterans Affairs for one year with the option of an additional four years of funding beginning in 2011 and ending in 2016.

HIGHLIGHTS

• 12 million ... DOE funding for basic nuclear medicine research.
• 112 ... cosponsors secured by SNMTS and others for the CARE bill, H.R. 2104. (As of 5/1/12).
• 61 ... visits to legislators on SNM’s Capitol Hill Day.
• 40 ... states and Washington, D.C., are represented in the state Technologist Advocacy Group (TAG Team).
• 31 ... participants met with 61 congressional offices from 17 different states during SNM’s Capitol Hill Day.
• 20 ... comment letters sent to federal agencies by SNM.
• 12 ... organizations partnered with SNM on key advocacy issues.
• 7 ... federal agencies met with SNM.
• 5 ... contract years for the Patient Simulator Program awarded to SNM by the U.S. Department of Veterans Affairs beginning in 2011 and ending in 2016.
• 0 ... Congressional cuts to imaging.
SNM is engaged in multiple quality-related activities, promoting the sound practice of nuclear medicine and molecular imaging. The society is actively collaborating with peer societies around the world. One of the society’s areas of focus for the past year has been uniting these activities in a cohesive framework that further supports the value of nuclear medicine and molecular imaging within the broader health care environment.

CONDUCTING EVIDENCE-BASED STUDIES

In 2011, SNM worked with advisors and stakeholders to evaluate the evidence-based medicine landscape and develop an infrastructure for SNM’s activities moving forward. A number of key themes emerged. First and foremost, there is a lack of high-quality clinical evidence to support and prove the value of nuclear medicine and molecular imaging. The community needs to determine and clearly define what quality means for the profession, standardizes practice in defining research approaches and outcomes, and train researchers in these practices. The society needs to partner with other stakeholders wherever mutually beneficial relationships can strengthen these efforts, creating better evidence and ultimately improved patient care. Finally, appropriate, high-quality and specialized education and training are required to ensure competency in conducting nuclear medicine and molecular imaging studies.

Having defined what is needed to effectively conduct evidence-based research, SNM has begun to move forward with plans for future studies. In May 2011, the University of Washington and the Center for Medical Technology Policy held a collaborative meeting bringing stakeholders from professional societies, regulators, payers and others together to develop a design of comparative effectiveness research for studies of nuclear medicine imaging in oncology, using PET for head and neck cancer as a case study. The meeting produced a clearly defined framework for conducting studies and writing grant proposals that will improve the evidence available for clinical and health policy decision making. This will enhance members’ and other stakeholders’ ability to improve care quality and thus enhance the value of the profession.

DEVELOPING GUIDELINES

Practice guidelines are important to improving quality and consistency in health care. SNM’s Committee on Guidelines is aggressively revising the society’s entire body of practice guidelines. In 2011, five guidelines were updated, including brain death scintigraphy, parathyroid scintigraphy, somatosensory receptor scintigraphy and lung scintigraphy. The SNM guideline for I-131 therapy for thyroid disease has been substantially revised. Work has begun on five more guidelines slated for revision. In addition, a new guideline was created for dopamine transporter imaging.

Broad consensus on guidelines helps improve standardization. In 2011, SNM began international collaboration on quality guidelines with the European Association of Nuclear Medicine (EANM). The two societies are mutually reviewing and endorsing selected existing guidelines. When they are revised, they will become collaborative. EANM and SNM are beginning to work on a collaborative guideline for palliation of bone pain and on a revision of 18F-FDG Imaging in Inflammation and Infection. EANM has also invited the SNM to join in collaboration on the “Joint EANM and International Atomic Energy Agency Practical Guidance on Peptide Receptor Radionuclide Therapy in Neuroendocrine Tumors.”

HIGHLIGHTS

- 20,000+ “Go with the Guidelines!” posters were distributed to nuclear medicine professionals and hot labs all over the United States.
- 50 practice guidelines published on SNM’s website, 9 of which were developed or revised within the past year.
- 39 representatives of stakeholder groups participated in a May workshop to develop comparative effectiveness research on PET for head and neck cancer.
- 21 groups from the nuclear medicine/molecular imaging community participated in an environmental assessment of SNM’s engagement in quality activities.
- 11 guidelines were developed for frequently performed nuclear imaging studies in children.
- Initial key activities selected to support evidence-based research.
- SNM guidelines endorsed and posted by the EANM.
- EANM guidelines endorsed and posted by the SNM.

Agency Practical Guidance on Peptide Receptor Radionuclide Therapy in Neuroendocrine Tumors.

COLLABORATING ON APPROPRIATE USE CRITERIA

SNM has a role and a responsibility within the profession to define what quality means in nuclear medicine and molecular imaging. One of the ways the society can achieve this is through the development of appropriate use criteria. In 2011 the society created a scientific, data-driven methodology for developing appropriate use criteria, including detailed guidance documents to walk developers through the steps of this process. Now, working with the Alzheimer’s Association Foundation, SNM and the Brain Imaging Council are developing consensus on evidence related to beta-amyloid imaging and developing draft appropriate use criteria, which, after peer review, will be published and disseminated.

LEADING EFFORTS IN DOSE OPTIMIZATION AND STANDARDIZATION

SNM members have continually developed innovative new procedures and refined current clinical practice in order to deliver the best possible care for patients. One refinement that is a priority for the profession is dose optimization. SNM and the Society for Pediatric Radiology jointly approved the “North American Consensus Guidelines for Administered Radio pharmaceuticals in Children and Adolescents,” establishing standards for high-quality images at low radiation dose for 11 nuclear medicine procedures. In 2011 SNM worked with the Alliance for Radiation Safety in Pediatric Imaging to launch the Image Gently, “Go with the Guidelines” campaign to disseminate these guidelines to every hot lab in the United States (www.snm.org/imageware).

In November 2011 SNM began work with the Image Wisely campaign to lower the amount of radiation used in all medically necessary imaging studies and eliminate unnecessary procedures. With the Image Gently and Image Wisely collaborations, SNM was able to achieve consensus that will lead to wider acceptance and better adherence to low-dose standards. Similar partnerships will help us understand and make the field stronger, and collaborations with other professional societies are essential to achieving SNM’s goals.

WHAT’S COMING

- SNM will identify topical areas for additional workshops related to evidenced-based studies in cardiology and neurology.
- SNM will roll out comprehensive education on conducting evidence-based research.
- SNM will launch webinars offering a detailed look at new or revisited practice guidelines as they are published, and guidelines will be offered for continuing education credit in society journals.
- SNM and EANM are developing a collaborative guideline on beta-amyloid imaging.
- The nuclear medicine section of the Image Wisely website will debut in 2012.
- SNM will implement a plan to provide information and guidance regarding dose optimization to imaging professionals, referring physicians, and the public.
- SNM will continue and increase its leadership role in dose optimization in the United States and worldwide by researching and developing new standards, guidelines, and criteria and disseminating them through SNM’s influential communication channels, including SNM, annual meeting sessions, and outreach.
Nuclear medicine and molecular imaging are vital elements of today’s medical practice, adding an additional dimension to patient care that can change the way common and devastating diseases are understood and treated. Conveying and reinforcing this message with the medical community, legislators and regulators, patients and their families is an essential and important job that can make a critical difference in patient care.

SNM has focused much attention in the past year on communicating—toward patients, the medical community, to policymakers and to each other—about the nature and importance of nuclear medicine and molecular imaging. A variety of communication channels are used to achieve this goal, from social networks to outreach.

REACHING OUT TO TRADITIONAL MEDIA

In 2011, SNM had more than 600 media placements reaching more than 16.5 million people—close to 20 percent of the population of the United States. Original stories were published by top consumer media outlets including The Los Angeles Times, CBSNews.com, FORN News, The Telegraph (Australia) and more. These outlets published stories about the dangers of the isotope shortage, the truths about medical radiation and the benefits of nuclear medicine and molecular imaging.

SNM reaches the media in a variety of ways, from traditional phone calls and press releases to Twitter to a simple post on the website. SNM leadership and staff also monitor media and respond where appropriate through editorials, letters and comments.

ENGAGING PATIENTS AND HEALTHCARE PROVIDERS

Comprising representatives from 12 patient organizations, SNM’s Patient Advocacy Advisory Board (PAAB) has been active and successful. SNM works continually with the board to get patients the information they need about nuclear medicine and molecular imaging.

Partnering with the PAAB organizations, SNM launched its new award-winning patient website, discoverMI.org, in September 2011 with great results. Awareness of the site was promoted with paid international advertisement that ran for three months on a jumbotron in Times Square, New York City. The discoverMI Facebook site is now “liked” by more than 10,000 people, and the site itself receives more than 1,000 visits per month.

SNM partners with the PAAB organizations in other ways as well, such as reciprocal exhibits, joint webinars, and providing free speakers for patient meetings. For example, SNM is involved in a joint project on Appropriage Use Criteria for amyloid imaging with the Alzheimer’s Association and will soon offer webinars for patients on Parkinson’s disease and thyroid imaging and therapy.

Through our membership in the National Health Council, SNM was afforded the opportunity to submit blog posts for WebMD’s blog “A Different Normal: Living with a Chronic Condition.” SNM submitted two posts, “Preventing Diabetes Complications” and “Technology for a Fast-er Diagnosis,” by SNM president George Sagel, MD, and more posts are planned for coming months.

At the same time, SNM is collaborating with healthcare provider associations to raise awareness of and educate referring physicians about nuclear medicine and molecular imaging. Successful collaborations have already occurred with the American Society for Radiation Oncology, the American Society of Clinical Oncology, the Commission on Cancer/American College of Surgeons and the American Heart Association; further joint meetings and joint projects are planned for the near future.

INTERACTING WITH THE IMAGING COMMUNITY

Social media networks are a key way to get all kinds of messages out to the imaging community, as well as feedback on initiatives. SNM has been very successful in building its social networks, seeing not only an increase in the number of likes, followers and members on its social media sites, but also a significant increase in the amount of interaction among members—a real indicator that SNM’s social media efforts are getting people talking.

To educate the imaging community about radiopharmaceutical dose for pediatric patients, SNM collaborated with Image Gently to create the “Go With the Guidelines” awareness campaign to encourage community hospitals, academic hospitals and clinics to observe standardized guidelines. Three SNM articles set the stage for the campaign, culminating in the North American Consensus Guidelines for Administered Radiopharmaceutical Activities in Children and Adolescents (NMM, February 2011). All the campaign information, as well as webinars listing the recommended doses, can be accessed at www.snm.org/imagegently. SNM is also collaborating with Image Wisely in a similar effort geared toward adults. This information should be online this summer.

Expanding on the theme, SNM/NTS has developed a series of Chapter Roadshows to identify methods of reducing radiation exposures to pediatric patients. The roadshows, hosted in areas outside the usual meeting cities, also help establish and reinforce communication among society leadership and members who are not able to attend the national meetings.

WHAT’S COMING

• SNM is developing a new website that will host useful information and resources for non-imaging healthcare providers, such as oncologists, cardiologists and neurologists.

• SNM is developing a schedule of additional patient-oriented webinars on how molecular imaging and therapy can help patients with a wide variety of diseases.

• SNM has joined the Choosing Wisely campaign, sponsored by the ABIM Foundation and designed to help physicians, patients and other health care stakeholders think and talk about overuse of health care resources in the United States. In coming months, the society will identify five specific tests or procedures for scrutiny; the procedures will be announced in November 2012.

• SNM will focus new outreach efforts on education related to brain imaging and prostate cancer therapy.

• SNM will develop a new educational microsite on dose optimization.

SNM Social Network Growth 2009-2012

HIGHLIGHTS

• 16,500,000 people read about SNM in the news in 2011.

• 14,653 medical professionals have taken the Image Gently pledge at www.imagegently.org.

• 10,318 patients “like” discoverMI on Facebook in just seven months. The estimated weekly total reach is 508,097 people.

• 3,370 people “like” SNM on Facebook (25 percent increase from June 2011).

• 2,637 individuals are part of SNM’s LinkedIn community (160 percent increase from June 2011).

• 2,160 individuals are the shares of the discoverMI.org awareness videos in Times Square, New York City.

• 600 media placements featuring SNM.

• 532 people who follow SNM on Twitter (81 percent increase from June 2011).

• 12 patient organizations involved on SNM’s Patient Advisory Board: Alzheimer’s Association, American Brain Tumor Association, American Heart Association, American Thyroid Association, Susan G. Komen for the Cure, Leukemia and Lymphoma Society, Livvy Body Dementia Association, Men’s Health Network, NCI-CanCerNET Support Group, ovarian Cancer National Alliance, Parkinson’s Disease Foundation and Thyroid Cancer Survivors’ Association.

• 5 chapter roadshows in 6 months.
Supporting Our Members

For the past year, SNM has seen new growth throughout the organization, from journal and meeting abstract submissions to meetings and course registrations to exhibitors and sponsors. That kind of enthusiasm is contagious: 100 new members joined through the society’s member-get-a-member campaign, more than 300 joined through the new student bridge transition program, and more than 1,000 residents took advantage of the in-training membership.

MAINTAINING GREAT MEMBER BENEFITS
SNM journals are one of its most outstanding membership benefits. In 2011, SNM’s flagship journal, The Journal of Nuclear Medicine, was the #1 medical imaging journal worldwide for the third consecutive year. The Journal of Nuclear Medicine Technology is an excellent resource for technologists. Both journals offer continuing education credit for articles. SNM keeps its members apprised of news in the field through JNM Newsline, SNM SmartBrief, and the award-winning SNMTS newsletter, Uptake, covering new research, society activities and industry news. SNM and SNMTS also self-publish books as resources for the profession. In 2011 SNMTS published revisions of its major coursebooks. SNM’s Annual Meeting is the largest nuclear medicine conference in the world, offering an ideal opportunity to learn about current research, earn valuable continuing education credit and network with colleagues from around the world, establishing valuable contacts. The exhibit gives attendees a chance to see new equipment and talk to manufacturers.

For many professionals, one of the most important benefits of association membership is networking—to share information with colleagues of like interests, develop peers resources for research and career, and stand out as a leader in the nuclear and molecular imaging community. SNM and SNMTS leadership attend most major meetings and chapter meetings to provide updates and get member feedback.

ATTRACTING AND INVOLVING STUDENTS AND NEW PROFESSIONALS
In 2011, SNMTS implemented a new Graduate Transition Program students reduced dues the first year after graduation. SNM will expand the program to residents in the coming year. SNMTS leaders conducted Student Focus Groups at chapter meetings to discuss how the society can continue to improve the value of membership for students.

SNM recently developed the Educational Digest—a quarterly e-newsletter for program directors and residents/students featuring information about curricula, grants, awards, and educational offerings. This year the active New Professionals Task Force conducted a survey for recently certified technologists in order to help identify the needs of new professionals. The survey led to the launch of a new professional newsletter, The Collimator—Getting Through to New Professionals, rounding up information of special value such as networking information, human resources information and grants and scholarships.

SUPPORTING RESEARCH AND EDUCATION THROUGH GRANTS AND AWARDS
Many SNM and SNMTS members are eligible for grants and awards offered throughout the year, from small travel grants to the $100,000 SNM Molecular Imaging Research Grant for Junior Medical Faculty. In 2011, the grants and awards program introduced the Robert E. Hankin Government Relations Fellowship. The Robert E. Hankin Fellowship is designed to provide young professionals in nuclear medicine and molecular imaging direct personal exposure to government relations activities of the SNM as well as the state and federal legislative and regulatory process.

This year, the Education and Research Foundation provided $303,172 in support of the grants and awards issued by the SNM and SNMTS. The Society of Nuclear Medicine would like to offer its appreciation to the Education and Research Foundation for its continued support of the SNM/ERF Grants and Awards Program.

In 2011, the SNMTS Professional Development and Education Fund rebranded. The fund was established in 2001 to support the advancement of molecular and nuclear medicine technologists through professional development, promoting clinical excellence and optimal patient outcomes. The relaunch has been very successful, surpassing its short-term targets.

SUPPORTING PROFESSIONAL GROWTH
SNMTS has continued its work with the Nuclear Medicine Advanced Associate (NMAA), a clinical degree at the master’s level. Currently there are 10 students enrolled in the program, six in their first year and four finishing up their second.

SNMTS has enjoyed five years of success in discovering new leaders through the Leadership Academy—a program that provides attendees with the skills they need to be successful within the leadership of the organization, the field and their careers. The academy is a two-day course with key SNMTS leadership, members and staff involving team-building exercises and leadership development activities. This year’s Leadership Academy was sponsored by IBA and Philips.

OFFERING ACCESS TO A NETWORK JOB BANK
SNM developed a new job bank in 2011 with the National Healthcare Career Network (NHCN), a network of more than 245 top health care associations and professional organizations. Job seekers now have access to many more jobs and can post resumes in a free resume bank. In addition, users can sign up for automatic daily job alerts for jobs that match criteria they have selected.

WHAT’S COMING
• The PET Center of Excellence has set up new task forces, in collaboration with other groups within the society, including a technologist working group, a new tracers task force, a quality and reporting task force, an appropriateness criteria task force and a PET/VR roadmap task force. The task forces will begin their work in the coming months.
• SNMTS is developing a new strategic plan for 2013 and beyond.
• SNMTS has several new and revised books in the pipeline. In addition, SNMTS has been asked by the EA-M National Technologist Committee to co-author a new technologist guide book: PET/CT Part I—PET/CT Radiotherapy Planning.
• The SNMTS will be hosting a New Professionals Reception at the 2012 Annual Meeting for individuals who have been working in the field for 5–10 years.

HIGHLIGHTS
• $303,172 provided by the Education and Research Foundation in support of grants and awards issued by SNM/SNMTS.
• 18,503 utilized SNM SmartBrief, providing the latest news and information about the profession.
• 17,623 SNM and SNMTS members in 2012, including physicians, technologists, physicists, pharmacists, scientists, and laboratory professionals.
• 4,198 SNM and SNMTS books sold in 2011 to educate and support the nuclear medicine and molecular imaging community.
• 1,108 residents took advantage of in-training membership.
• 327 students participated in the new student bridge transition program.
• 118 grants and awards presented by the SNM/SNMTS in 2011.
• 100 members joined through the SNM Member-Get-A-Member campaign.
• 61 awards presented through the SNM, and 57 awards presented through the SNMTS Technologist Section.
• 25 applicants to the Leadership Academy for 2012, and 16 graduates.

Member Specialties

- Nuclear Medicine
  - Technology 19%
  - Imaging 47%
- Cardiology 11%
- Radiology 4%
- Molecular Imaging 4%
- Oncology 2%
- Radiochemistry 2%
- Medical Physics 3%
- Other 8%
- Neuroscience 2%
- Radiopharmacy 2%
## Financials

### REVENUE, EXPENSE AND CHANGE IN NET ASSETS

**For the Year Ended September 30, 2011**

<table>
<thead>
<tr>
<th>Revenue and support:</th>
<th>2011 Total</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings</td>
<td>$4,037,125</td>
<td>36.6</td>
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<tr>
<td>Membership</td>
<td>2,633,652</td>
<td>23.9</td>
</tr>
<tr>
<td>Communications</td>
<td>2,049,860</td>
<td>18.6</td>
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<tr>
<td>Leadership</td>
<td>1,348,101</td>
<td>12.2</td>
</tr>
<tr>
<td>Professional</td>
<td>1,348,101</td>
<td>12.2</td>
</tr>
<tr>
<td>Other</td>
<td>599,975</td>
<td>5.4</td>
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<tr>
<td>Councils</td>
<td>75,470</td>
<td>0.7</td>
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<tr>
<td>PET Center of Excellence</td>
<td>30,396</td>
<td>0.3</td>
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<tr>
<td><strong>Total revenue and support</strong></td>
<td><strong>11,028,068</strong></td>
<td><strong>100.0</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Expense:</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td><strong>Program services:</strong></td>
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</tr>
<tr>
<td>Communications</td>
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<tr>
<td>Meetings</td>
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<tr>
<td>Professional</td>
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<tr>
<td>Leadership</td>
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<td>Molecular Imaging Campaign</td>
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<tr>
<td>SNM Clinical Tools Network</td>
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<tr>
<td>Grants, awards and related expenses</td>
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<tr>
<td>Councils</td>
<td>88,630</td>
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<tr>
<td>PET Center of Excellence</td>
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<td>0.1</td>
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<tr>
<td><strong>Subtotal for program services</strong></td>
<td><strong>7,657,598</strong></td>
<td><strong>75.8</strong></td>
</tr>
</tbody>
</table>

| **Support services:**         |           |            |
| Finances                      | 737,667   | 7.3        |
| Administrative                | 627,480   | 6.2        |
| Information Services          | 550,904   | 5.4        |
| Membership                    | 301,492   | 2.9        |
| Development                   | 244,820   | 2.4        |
| **Subtotal for support services** | **2,462,363** | **24.2** |
| Total expense                 | 10,119,961| 100.0      |

| **Change in net assets before investment activity** | 908,107 |

| **Investment activity:** |          |            |
| Unrealized loss            | ($588,086)|           |
| Realized gains             | 363,172   |            |
| Interest and dividends     | 112,833   |            |
| **Total return from investment activity** | ($112,081) |

| **Change in net assets** | **$796,026** |

| **Net assets:**           |          |            |
| Beginning of year         | 6,455,999|            |
| End of year               | 7,252,025|            |

Note: The financial information presented above was derived from the audited financial statements of SNM as of September 30, 2011. The independent auditor’s report accompanying the audited financial statements expressed an unqualified opinion.
SNM EXECUTIVE STAFF

Virginia Pappas, CAE - Chief Executive Officer
Vincent A. Pistilli, CPA - Chief Financial Officer
Judy Brazel, CMP - Director of Meeting Services
Sue Bunning - Director of Health Policy and Regulatory Affairs
Bonnie Clarke - Director of Clinical Trials Network
Pamela Colman, DPM - Director of Education
Matthew Dickens - Director of IT
Rebecca Maxey - Director of Communications
Robert J. Milanchus - Director of Development
Joanna Spahr - Director of Marketing
Nikki Wenzel-Lamb, MBA - Director of Leadership Services & SNMTS Administrator

SNM BOARD OF DIRECTORS

George M. Segall, MD - SNM President
Palo Alto, CA
Frederic H. Fahey, DSc - SNM President-Elect
Boston, MA
Gary I. DiMatteo, MD, FACNM, FACR - SNM Vice President-Elect
Chicago, IL
Richard B. Noto, MD - SNM Secretary/Treasurer
Barrington, RI
Dominique DiBalski, MD, PhD - SNM Immediate Past President
Nashville, TN
Ann Marie Alessi, BS, CNMT, NCT, RT(N) - SNMTS President
Shirley, NY
Brenda J. King, CNMT, FSNMTS - SNMTS President-Elect
Carson, CA

Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S. Greenspan, MD, FACNM - Bennett S.