

June 1, 2007

Mary Martel, PhD
President, AAPM

SUBJ: Liaison Report from AAPM Councilor to the ACR

Dear Dr. Martel:

Pursuant to my appointment as AAPM liaison to the ACR, I am reporting on the Annual Meeting of the Council of the American College of Radiology, held in Washington, D.C., May 20-23, 2007. The purpose of this report is to inform you and the AAPM board of the activities of the ACR, particularly as they relate to AAPM and its members. The report starts with a summary, followed by details if you wish to "drill down" to obtain more information.

In addition to this report, I hope to prepare an article for the AAPM Newsletter on ACR activities as well.

Please feel free to contact me if you have any questions, or if I may be of further service.

Sincerely,



David L. Vassy, M.S.
AAPM Liaison to ACR-2007
Gibbs Cancer Center—SRHS
101 East Wood Street
Spartanburg, S.C. 29303
dvassy@srhs.com

ec: Angela Keyser, Executive Director, AAPM
Jim Hevezi, PhD, Physics Commissioner, ACR

Report of the Liaison to the American College of Radiology including Annual Council Meeting held May 20-23, 2007

Date: June 1, 2007

EXECUTIVE SUMMARY

1. The contributions of medical physicists to the activities of the ACR continue to be valued and appreciated by the ACR Council. Example 1: the thoughtful and articulate leadership and networking of Jim Hevezi, as ACR Physics Commissioner. Example 2: the ACR publication on medical radiation exposures included a number of physicists as authors.
2. This meeting witnessed the birth of new sub-specialty, the “interventional oncologist”.
3. Increasing funding for research by the Federal government will be made more difficult by the current mood of Congress to offset any increases by cuts.
4. Demand for accreditation to “prove” quality is increasing and should provide more opportunities for physicists to show the value of their services.
5. New Practice Guidelines on Electronic Imaging, PET-CT for Oncology, and Image Quality in Digital Mammography are now available.
6. “Collaborative standards”, because they are co-written with other societies, can only be voted “up” or “down” by Council and can’t be edited as can ACR’s internally-produced ones. There were several this year, and the Council is chafing a little at the inability to have editing rights. A notable example of this is the Practice Guideline for IMRT. Members will need to make their comments known in the “field review” phase of these collaborative standards.
7. AAPM member Indra Das, PhD, was inducted as a Fellow of the ACR.

RECOMMENDATIONS TO THE AAPM BOARD

1. It would behoove the AAPM to promote contact with and education about the emerging field of “interventional oncology”. As they expand the use of percutaneous and transarterial therapies, there should be greater need for physics support to these radiologists.

DETAILED REPORT

The annual meeting of the ACR Council now called the “Annual Meeting and Chapter Leadership Conference (AMCLC) was held in Washington, D.C., May 20-23, 2007. This is the fifth of several annual meetings to be held in DC to facilitate lobbying members of Congress.

The meeting was preceded by two ACR-sponsored concurrent Categorical Courses: one on “Service, Quality, and Performance”, and one on “Oncologic Imaging and Image-Guided Interventions”. The latter course introduced to me the term “interventional oncologist” that would become a contentious term later in the Council meeting. It was ultimately decided that the ACR would recognize this as “an important subspecialty in the treatment of cancer as practiced by interventional radiologists and radiation oncologists.” At the same time, various Boards and Committees of the ACR met in preparation for the upcoming Council meeting, which began on Sunday, May 20.

The ACR Council is composed of elected representatives from each of the ACR's chapters, as well as appointed representatives from most societies that have any connection with the practice of diagnostic or therapeutic radiology. Approximately 500 Councilors were present, with 9 physicists in that number.

The AMCLC meeting itself began Sunday with meetings of various "caucuses". These are various constituency groups formed either by geographical interests, such as the "Southern", or "Snowbelt" Caucuses, or specialty caucuses, such as the Radiation Oncology (CARROS), Nuclear Medicine, or Medical Physics Caucuses. The Medical Physics Caucus met at 10:30 on Sunday morning. Attendees included:

Jim Hevezi, Commissioner for Medical Physics, Board of Chancellors
Geoff Ibbott, Council Steering Committee, Councilor-at-Large
Jim Galvin, Councilor, Liaison from ACMP
Richard Geise, Councilor-at-Large, and Vice-Chair, Guidelines and Standards
(Physics)
Mahadevappa Mahesh, Councilor-at-Large
Russell Ritenour, Councilor-at-Large
Dave Vassy, Councilor, Liaison from AAPM
Marilyn Wexler, Councilor-at-Large
Jerry White, Councilor-at-Large, Economics Commission, AAPM President-elect
Stuart Korchin, PhD, ACR Member
Bennett Greenspan, MD, ACR Member
Penny Butler, M.S, Physicist/ACR Staff

At Jim Hevezi's direction, each Councilor had previously received and reviewed the agenda items such as resolutions, proposed bylaw changes, and Technical Standards and Practice Guidelines. Fifty resolutions were reviewed and discussed. From these, the caucus elected to attempt to change several by presenting these changes to the Reference Committees on Council floor on Monday. The table at the end of this report summarizes the issues discussed. It is apparent that the Council is streamlining its review of these standards and guidelines. The Physics Caucus has identified the need for members to participate more actively in the review process prior to the Council meeting, by reviewing and commenting on-line during the open review process.

Sunday's program continued with Albert Blumberg, M.D, opening the first session of the ACR Council. The council received standing reports, beginning with the reports of the President, Dr. James Borgstede, of the Executive Director, Dr. Harvey Neiman, and other officers. These reports will be available on the ACR web site. Particular mention was made of the publication "ACR White Paper on Radiation Dose in Medicine" published in the Journal of the ACR in 2007. Several AAPM members were authors: Penny Butler, Libby Brateman, Jim Hevezi, Rick Morin, and Keith Strauss.

Outgoing ACR President James Borgstede, M.D., then addressed the Council. He reminded us that evolutionary success is based on the ability to adapt to change, and noted how new technology brings such change. For example, the coming targeted therapies may create "turf battles" between interventional radiologists, radiation oncologists, medical oncologists and surgeons.

Following presentations from the candidates for various ACR offices, Sunday's activities concluded with the Awards and Honors Convocation. Among those inducted into ACR Fellowship was AAPM Member Indra Das, M.D.

More detail on the Fellows and Gold Medalists is available on the ACR Website.

On Monday morning, the Council voted on officers. The newly elected officers are:

President	Barry Pressman, M.D.
Vice-President	Jeffrey Weinreb, M.D.
Board of Chancellors	R. Terrell Frey, M.D.
Board of Chancellors--Economics	John Patti, M.D.
Board of Chancellors—Rad. Onc.	Albert Blumberg, M.D.
ACR Council Speaker	David C. Kushner, M.D.
ACR Vice-Council Speaker	Alan D. Kaye, M.D.
Council Steering Committee	Kimberly Applegate, M.D., Phillip S. Cook, M.D., Robert D. Tarver, M.D.
Council Nominating Committee	Nancy Ellerbroek, M.D., Isaac Raymond Kirk, III. M.D., W. Ross Stevens, M.D.

Monday morning's Council meeting continued with reports as follows.

ABR: N. Reed Nunnick, M.D., reported on activities. Movement continues to computerize all the written exams and make them available at numerous testing locations. Currently the oral exams are unchanged in location and format.

ACRIN: Bruce Hilman, M.D., reported. There are now 118 institutions on board and 27 multi-center trials are open. He highlighted the National Oncologic PET Registry. At 1 year old, 1520 facilities and 33,000 patients are now participating, and collected data to date is showing the expanding usefulness of PET in oncologic imaging. This will improve the likelihood for reimbursement for these new procedures.

JACR: Dr. Hilman continued with a report on the Journal of the American College of Radiology. As outgoing editor, he announced that the JACR has achieved MEDLINE indexing, retrospective to the first issue. This journal is an included ACR member benefit.

RTOG: The report was given Walter Curran, M.D. Research continues in three domains: biophysical, pharmacological, and analytical. There will be more cooperation between RTOG and international research bases such as EORTC, especially in such rare tumors. as anaplastic oligodendrogliomas.

ETHICS: Dr. Leonard Berlin, chair of the Committee on Ethics, then gave his report. He said the committee received 5 complaints involving expert witness. One to date has resulted in censure of an ACR member.

The annual Moreton Lecture was given Elliott Fisher, MD, MPH, Professor of Medicine at Dartmouth, an imminent researcher and writer in the area of health care delivery. He noted that the U.S. government's unfunded liabilities are \$50.5 trillion, with Medicare and Medicaid accounting for a largest portion. That equates to \$440,000 per U.S. household, and confirms that the "day of reckoning" on health care costs is coming soon. He then reported on analysis of national Medicare and other data that demonstrates a negative correlation between care intensity and outcome. In other words, higher numbers of procedures actually delivered reduced benefit. He concluded that Medicare could remain

solvent without draconian cuts if procedures ordered were consistent with maximum benefit.

The Council then began considering resolutions. Each resolution, which is often a new or renewing Guideline, is presented to solicit changes. These changes, and the testimonies in support or opposition, are heard and recorded by the "Reference Committee" to whom it is assigned. I had the privilege of serving on Reference Committee II. Each Reference Committee then reviews the suggested changes and prepares a final version for a subsequent vote on Tuesday. This area of Council activity has great deal of impact on physics practice. Details on some of the resolutions and their subsequent outcomes are included at the end of this report.

Following these proceedings, the Council heard guest speaker Representative Pete Stark (D-CA), chairman of the House Ways and Means Subcommittee on Health. He said he has no plans to pursue self-referral legislation at this time. He said "Lawyers keep finding loopholes and more loopholes in these laws. Stark III would just probably create even more loopholes." He also acknowledged that radiologists still make very good incomes. With respect to other legislation, he stated that Congress is very much "in the pay-as-you-go mode. Legislation is not being passed unless there is a way to pay for it. So that limits what can be passed." He mentioned several times that accreditation was a potential way to ensure safer and more appropriate imaging. So, in total, it may be difficult to achieve increased research funding, but greater emphasis on accreditation should create opportunities for physicists.

On Tuesday, following a special session on "2007 Economics Update", the Council continued to discuss, debate and vote on various resolutions. A list of resolutions pertinent to Medical Physics is included at the end of this report.

On Wednesday, the ACR physician and physics members, guided by the ACR staff and consultants, descended upon Capitol Hill. Each state chapter was scheduled to meet with their congressmen, senators, or staff. The primary message was to bolster support for increased funding for the National Institutes of Biomedical Imaging and Bioengineering (NIBIB) and to support Bill S.1338, the "Access to Medical Imaging Act of 2007". This bill contains a moratorium on payment reductions called for by the Deficit Reduction Act.

As of the date of this report, there have been no other ACR activities on which to report.

As a personal note, I think the medical physics community should be proud of the influence we have within this powerful, effective organization of over 25,000 physicians. Special appreciation goes to Jim Hevezi for his leadership, to the physics councilors, and to Penny Butler, who kindly reviewed a draft of this report.

Respectfully Submitted,



David L. Vassy, M.S.
AAPM Liaison to ACR-2007
dvassy@srhs.com

Technical Standards and Practice Guidelines reviewed at 2007 ACR Council with implications for Medical Physics

Res #	Brief Title	Issues	Outcome
13	New: Electronic Practice of Imaging	Recommends a QMP to consult with electronic image management	Passed
14	Revised: CT Physics Performance Monitoring	Adds CT # homogeneity to annual testing and to routine QC	Passed with changes
15	Revised: Managing Radiation Safety in Fluoroscopy	Now recommends extremity monitoring at 10% MPD, periodic calibration of DAP meters, investigation of skin doses above 6 Gy	Referred to Council Steering Committee because some felt that it needed a section to define what Physician Assistants vs. Radiologist Assistants can do.
16	Revised: Intravascular Brachytherapy Physics	None	Passed without change
17	Revised: IMRT Guideline—jointly developed by ASTRO, so editing difficult	“Dosimetrist” replaces “treatment planner. Inhomogeneity corrections required. Major re-write of QA section, but very general.	Passed. Developed in collaboration with ASTRO-- changes not permitted.
19	Guideline for PET/CT in Oncology	Mentions ‘Scientist’ able to perform some duties vs. QMP	Passed with many edits.
35	Guideline for Digital Mammography Image Quality	Is very descriptive, and has much information, but very few recommendations	Passed. Developed with SIIM. Changes were not permitted.