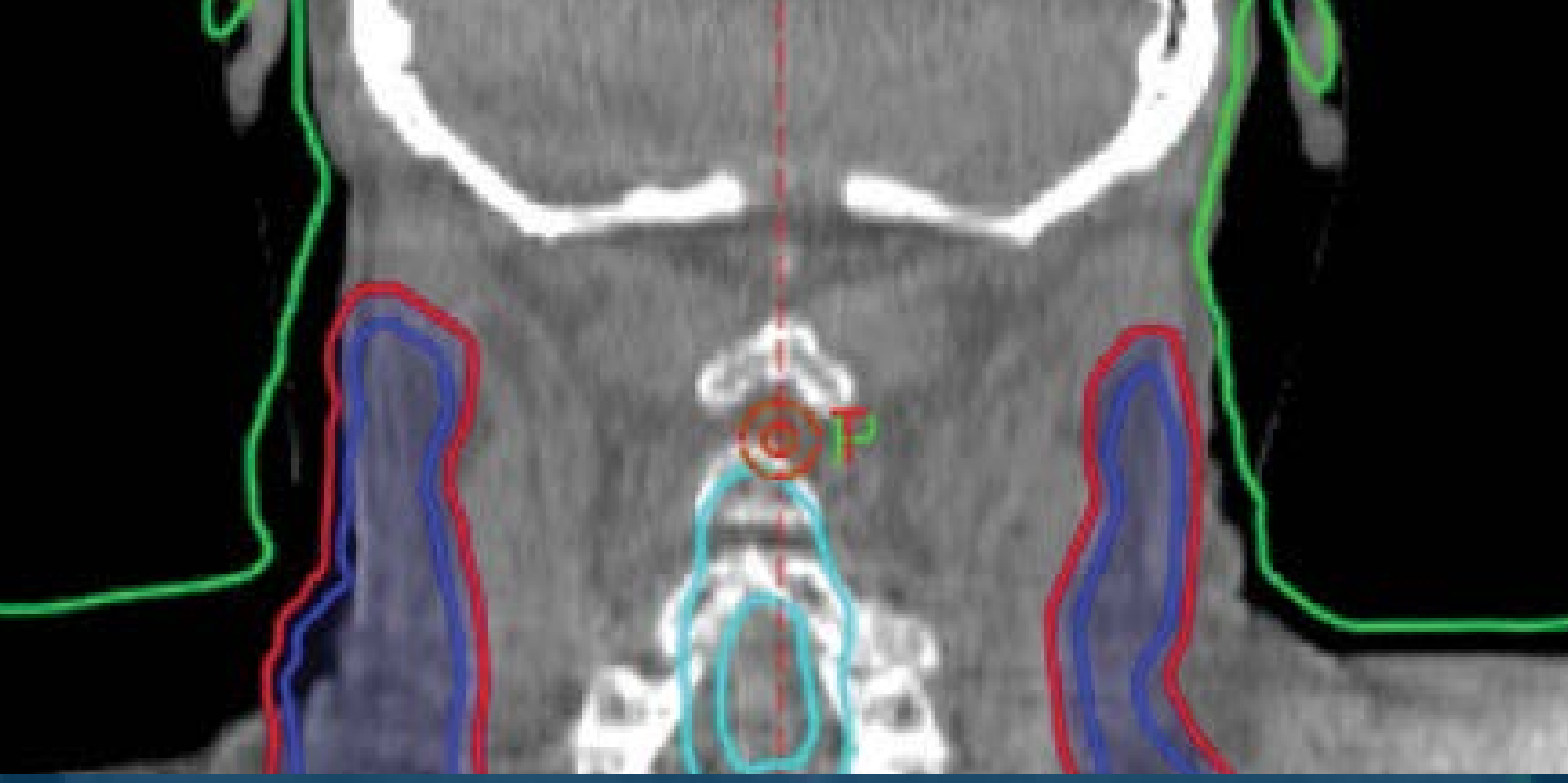
AMERICAN ASSOCIATION of PHYSICISTS IN MEDICINE

IMPROVING HEALTH
THROUGH MEDICAL PHYSICS

AAPM NEWSLETTER

January/February 2024 | Volume 49, No. 1

IN THIS ISSUE:



"With PerFRACTION, we've shown that **large-scale clinical implementation of in vivo transit dosimetry is feasible**, even for complex techniques."

Evy Bossuyt, M.Sc.,
Iridium Netwerk

SunCHECK® In-Vivo QA In Action

Over a span of 4 years, Iridium Netwerk's workflow adjustments — following the start of an In-Vivo QA program with SunCHECK® — resulted in consistent reductions in failed fractions.*

With automated in-vivo monitoring, SunCHECK helps clinical teams efficiently identify and address issues, in support of continuous improvement.

**Assessing the impact of adaptations to the clinical workflow using transit in vivo dosimetry E. Bossuyt, et al., Iridium Netwerk, Medical Physics, Antwerpen, Belgium, Physics and Imaging in Radiation Oncology 25 (2023) 100420*

Learn how >

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EDITORIAL BOARD

Jennifer Pursley, PhD, Editor
Assistant Professor
Massachusetts General Hospital
Department of Radiation Oncology
55 Fruit Street
Boston, MA 02114
617-643-8273
newsletter@aapm.org

SUBMISSION INFORMATION

To keep all reports uniform, we kindly request that submissions be made through a QuestionPro portal.

Questions? Contact Nancy Vazquez

PUBLISHING SCHEDULE

The AAPM Newsletter is produced bi-monthly.
Next issue: March/April 2024
Submission Deadline: February 2
Posted Online: Week of March 4

CORPORATE AFFILIATE ADVERTISING

Advertising Rates & Deadlines

CONNECT WITH US!

EDITOR'S NOTE

I welcome all readers to send me any suggestions or comments on any of the articles or features to assist me in making the AAPM Newsletter a more effective and engaging publication and to enhance the overall readership experience. Thank you.

2024 **AAPM**
EXPANDING HORIZONS TRAVEL GRANT

The **EXPANDING HORIZONS TRAVEL GRANT** program is designed to provide students and trainees with an opportunity to broaden the scope of scientific meetings attended in their career. The proposed meeting should introduce new and relevant topics which may ultimately be incorporated into current or future medical physics research and progress the field in new directions.

Program Year 2024 will be broken into two application cycles: **Spring** (Round 1) and **Fall** (Round 2).

The total amount of support funding for use towards travel and/or meeting registration will be based on attendance type: **$1,500 if attending IN-PERSON** or **$500 if attending VIRTUALLY/ONLINE ONLY**.

Please Note: $250 of the total award amount — *regardless of attendance type* — is contingent on a short presentation given by awardee at the next available AAPM Annual Meeting & Exhibition.

AMERICAN ASSOCIATION *of* PHYSICISTS IN MEDICINE

IMPORTANT FALL DEADLINES

- Open: February 1, 2024
- Deadline: March 15, 2024
- Award Decisions: May 1, 2024

REQUIRED DOCUMENTS

- Cover Letter/Personal Statement
  - Long-term career goals
  - Motivation to attend proposed meeting
  - Expected scientific value of attendance on dissertation project or future research
- Curriculum Vitae
  - Limit to education, publications, presentations, and any relevant awards
- Letter of Recommendation
  - Must also confirm that additional expenses outside of total award amount will be covered
- Budget/Overall Expected Expenses

APPLY TODAY:
https://aapm.me/EXHG

ELIGIBILITY CRITERIA

- Proposed meeting cannot be specifically related to medical physics.
- Proposed meeting must take place between July 1 – December 31, 2024.
- Must be a current graduate student, post-doctoral candidate, or current resident within five years of graduation at time of submission.
- Must be an AAPM member in good standing at the time of submission.
- Must not be a past Expanding Horizons awardee.

EXAMPLES OF INELIGIBLE MEETINGS

- Any AAPM-sponsored meeting
- American Society of Radiation Oncology (ASTRO) Annual Meeting
- Radiological Society of North America (RSNA) Annual Meeting
- Any meeting regularly attended by institutional group/program (judged on case-by-case basis)
- Any meeting that has previously been supported by an Expanding Horizons Travel Grant under the same Faculty/Advisor/Principal Investigator

QUESTIONS? exhg@aapm.org | www.aapm.org

New Beginnings for the New Year

NEWSLETTER EDITOR'S REPORT

Happy New Year to all, and welcome to the first edition of the 2024 *AAPM Newsletter*! We're pleased to welcome AAPM's new Executive Director, **C. David Gammel**, who started in his role on January 2, 2024. In this issue, you'll hear from incoming President **Todd Pawlicki** on how he and the Board of Directors are looking to the future and working to prepare AAPM and the medical physics profession for changes in the healthcare landscape. Additionally, Treasurer **Samuel Armato** presents the approved 2024 budget and explains the goal of aligning spending priorities with the strategic direction of AAPM. It's reassuring to see the leadership is ready to tackle these challenges.

Also in this issue, you will find updates on the 2024 AAPM meetings portfolio, with dates for specialty meetings, the Spring Clinical and Annual Meetings, the Summer School, and more. Make plans to attend one or more of the meetings this year! And don't forget about AAPM webinars, scheduled on the second and fourth Thursdays of most months; webinars are also recorded and available for later viewing by members. On a related note, check out two reports from the Education Council on the tremendous efforts to update and expand offerings in the Online Learning Center. Continuing education is important not only for maintenance of certification but also for staying up to date with advances in the field, and soon it will be easier to do both at the same time! Last but not least, we have a report from the recent Penn-Ohio-West Virginia AAPM Chapter meeting, which balanced education with a night out.

This *Newsletter* is by and for AAPM members, and we hope every member finds something of interest in it. All AAPM members are encouraged to submit content and ideas for the *Newsletter* either directly to the Editor or through the submission link on the Newsletter page. Please enjoy this issue of the *Newsletter* and send us your feedback and ideas for future editions. And as always, share the *Newsletter* articles you enjoy with your social media network; the *Newsletter* is available for all to read. Thanks to all the members whose volunteer efforts make AAPM the organization it is, and I hope everyone's new year is off to a good start! ■

Jennifer Pursley, PhD
Massachusetts General Hospital

Embracing a New Era: A Bright Start with AAPM's New Executive Director

PRESIDENT'S REPORT

Todd Pawlicki, PhD
UC San Diego

As we usher in the New Year, AAPM is eager to embrace change and positive beginnings. One of the hallmarks of this exciting period is the introduction of our new Executive Director, **C. David Gammel, FASAE, CAE**. Drawing on an impressive background as the Chief Practice Officer at McKinley Advisors and former Executive Director of the Entomological Society of America, David has a rich history of leadership and collaboration. His experience at McKinley, where he worked with prestigious associations like the American Society of Clinical Oncology (ASCO), underscores his commitment to excellence in the professional society realm. Notably, David is an active member of the American Society of Association Executives (ASAE), having served on the ASAE Board of Directors from 2015 to 2018 and elected ASAE Fellow in 2018.

AAPM looks forward to leveraging David's expertise as we embark on a year filled with significant events. The 2024 Spring Clinical Meeting, scheduled for March 23–26 in St. Louis, MO, promises to be a forum for cutting-edge discussions and collaborations. Later in the year, the Annual Meeting, themed "Embracing Change. Impacting Patient Care." will take place at the Los Angeles Convention Center from July 21–25. These events, meticulously planned by our dedicated teams, led by **Robin Stern, Ingrid Reiser**, and **Jeffrey Moirano**, with expert guidance from **Mariana Gallo** (Director, Meetings and Exhibits), will undoubtedly contribute to the continued advancement of medical physics and AAPM.

Board of Directors' Strategic Actions: A Glimpse into AAPM's Future

As we reflect on 2023, the AAPM Board of Directors has been actively shaping the future of our Association through strategic initiatives. Among these, the approval of the 2024 budget, as recommended by the Finance Committee led by **Sam Armato** and **Robert McKoy** (Associate Executive Director, Finance), stands out. With an anticipated revenue of $10.8 million and expected expenses of $12.1 million, the budget reflects a carefully considered plan for the upcoming year.

Recognizing the need for administrative efficiency and improved communication, the Board supported the initiatives brought forth by the Ad Hoc Advisory Committee on Administrative Proficiency (AHAP). Chaired by **Emilie Soisson**, this committee has introduced several motions to enhance the functioning of the Association. These include a new rule mandating that all AAPM online group meetings be conducted using the official meeting platform, a policy for additional review of proposed AAPM groups, a mechanism to review inactive groups, and a policy requiring all AAPM groups to submit biannual reports clarifying goals and progress.

Looking to the Future: Adapting to Evolving Medical Landscapes

In response to the rapidly evolving field of medicine, AAPM is actively exploring the implications for medical physics. The Ad Hoc Advisory Committee on New Science (AHNS) was established in 2023 to examine future directions in medicine and provide recommendations for AAPM investment. Building on the work of a committee initiated in 2021, this four-year effort, currently chaired by **Jim Dobbins**, aims to identify areas where AAPM can invest strategically for a robust future. The AHNS conducted interviews with experts and peer associations, utilized a survey to gather input from AAPM stakeholders, and subsequently identified three key future directions: computation-driven medicine, molecular-driven medicine, and expansion into other medical areas. These three areas include specializations such as data science, artificial intelligence, modeling, virtual clinical trials, and quantum computing as well as radiopharmaceutical imaging and therapy, theranostics, and optical agents. Also included is deepening the reach of medical physicists into other areas of healthcare such as surgery, cardiology, neurology, immunology, modernization of medicine, technology developments, and regulatory science.

Based on AHNS recommendations, the AAPM Board has embraced ideas from the report to future-proof the Association and the medical physics profession. The Board approved motions focusing on the strategic areas described above and establishing an Implementation Group. This group, crucial for executing strategic initiatives, will develop a formal action plan and budget aligned with AHNS recommendations. Furthermore, the Board approved the development of a proposal to hire a part-time medical physicist to work on new science initiatives and related tasks. These efforts have an expectation of an investment of about $2,000,000 over five years.

Additionally, Task Group No. 376, led by Chair **Kristy Brock** with contributions from Marc Mlyn and **Jan Seuntjens**, proposed the creation of the Medical Physics Institute (MPI) within the AAPM structure. With an initial allocation of up to $200,000 from reserves, the MPI aims to hire a part-time medical physicist as CEO. The MPI will focus on early assessment and guidance for stakeholders when new technologies emerge. Future funding for the MPI's development will come from regulatory agencies, funding agencies, and vendors. The MPI anticipates achieving budget neutrality within two years and returning a profit to AAPM shortly thereafter, marking a groundbreaking move for the Association.

Strategic Planning for a Robust Future: Navigating Change with Purpose

In an effort to ensure a strategic approach to the evolving landscape of medicine, the AAPM Board has positively voted to entrust the process of strategic planning to the new Executive Director. This move emphasizes the commitment to ensuring constancy in AAPM's strategic planning. The Board, through the Strategic Planning Committee, will maintain the ultimate responsibility for determining the Association's strategic direction, while the Executive Director will focus on the process of creation and execution of the strategic plan. Any new strategic plan will still be reviewed and approved by the AAPM Board of Directors before being adopted.

Charting the Course: Forward-Looking Initiatives for AAPM's Continued Success

In light of these transformative initiatives, AAPM recognizes the need for regular and efficient communication as well as being cost effective. Therefore, the special meeting of the Board and SPC, originally scheduled for March 26–27, 2024, in conjunction with the 2024 Spring Clinical Meeting, will be rescheduled as a virtual meeting with a date to be determined. This adjustment reflects the growing importance of flexibility and adaptability in our operations. Furthermore, in response to the dynamic nature of the Association's work, there is a possibility of scheduling quarterly standing Board meetings. This strategic move would aim to enhance the efficiency of addressing AAPM business promptly and effectively. As the Association continues to evolve, responsive governance becomes increasingly crucial.

Conclusion: A Vision for a Resilient Future

In summary, AAPM's outlook for the New Year is one of optimism, adaptability, and strategic foresight. With a new Executive Director at the helm, a forward-thinking approach to governance, and strategic initiatives to propel the Association into the future of medical physics, AAPM is well-positioned for continued success. As we navigate the evolving landscape of medicine, we embrace change with purpose, ensuring that our Association, our field, and our members will thrive in the years to come. ■

2024 Budget: "Do Less — Better"

TREASURER'S REPORT

At this time of reflection on the year that has just passed and of anticipation for the new year ahead, I wish to thank **Robert McKoy**, Associate Executive Director, Finance and the AAPM financial team, the diligent members of FINCOM, and my trusted colleagues on EXCOM for their dedication to the financial stewardship of our Association.

Financial Position and Estimates for 2023

The 2023 budget (approved by the Board in 2022) estimated revenue at $10.61M and expenses at $12.46M, for a budget deficit of $1.85M. This approved deficit was intentionally $0.4M higher than otherwise intended to allow for expected reductions in revenue from the 2023 Annual Meeting and Spring Clinical Meeting.

The finance team has analyzed year-to-date revenue and expenses versus their respective budgeted amounts. At the time of this writing, we estimate actual revenue of $11.0M and actual expenses of $12.0M, with a resulting estimated actual deficit of $1.0M for 2023. It should be noted that the final deficit for the year could be higher or lower due to variability in Council spending through December.

2024 Budget

The process that led to the 2024 budget (approved at the November 2023 Board meeting) represented a philosophical shift in AAPM's budget approach. Traditionally, portions of the Council budgets have resembled "wish lists;" consequently, many budget line items included funds allocated with the best intentions, but the funds nevertheless went unspent at the end of the year due to an abundance of other budgeted projects and a lack of member bandwidth. For example, nearly $780k of the funds allocated for Council activities in the 2022 budget went unspent by year's end; had all these funds been expended, we would have ended 2022 with a $734k deficit from operations rather than the actual surplus of $46k with which we closed the year. So underspending is good for our bottom line, but it leaves money "on the table" for activities the Board had intended to accomplish when it approved that year's budget. Therefore, for the 2024 budget, the Finance Committee (FINCOM) established expense targets for Councils based on a percentage increase over each Council's actual spending in 2022 (and gave Councils greater discretion on how to distribute the allocated funds across their projects and activities). The hope is that this shift from the wish-list approach will lead to more disciplined and strategic budgeting, with Councils budgeting what they truly intend to spend on activities aligned with the Board's strategic plan and then spending what they had budgeted as the year unfolds.

The budget is much more than a spreadsheet of line items and dollar amounts — it provides a holistic overview of the activities being planned across the

Samuel G. Armato III, PhD
The University of Chicago

TREASURER'S REPORT, Cont.

Councils to fulfill the mission of AAPM. Each line item in the budget represents real effort by real people costing (or generating) real money to achieve some aspect of the AAPM mission. There is a phrase that has recently gained traction within EXCOM and the Board (including the Ad Hoc on Administrative Proficiency chaired by **Emilie Soisson**), "Do Less — Better." The 2024 budget is a first attempt at putting this principle into effect. AAPM doesn't have an unlimited supply of financial resources or volunteer effort, and our budgets have often reflected the over-extension of those resources; however, we will be more effective by not overextending ourselves but rather by deploying our limited resources so they can have the most impact.

I want to thank the Council and committee chairs and their staff liaisons, who worked extremely hard together to meet the targets established by FINCOM for developing their draft budgets. FINCOM met face-to-face at AAPM Headquarters to review the 2024 draft budget in October. The Committee reviewed the initial draft and, after making several substantive changes, approved a draft of the 2024 budget. A couple of weeks later, FINCOM examined several appeals and approved a final budget to submit to the Board of Directors, which approved the 2024 budget during its virtual meeting on November 16, 2023.

Revenue and expense projections from the approved 2024 budget are provided below. The statistical model indicated a target budgeted deficit of $996,622. The final approved budget deficit still outpaces the statistical model by nearly $300k. However, the philosophical shift previously mentioned represents a monumental change that will take several years to implement fully. In this first year, we moved away from the wish-list approach; in future years, we need to shift our spending priorities to ensure that we fund initiatives that align with the strategic direction and future of AAPM.

2024 Budget

Total Revenue	$10,820,966
Total Expenses	$12,111,668
Deficit from Operations	$ 1,290,702

2024 Final Budget Approved by Board

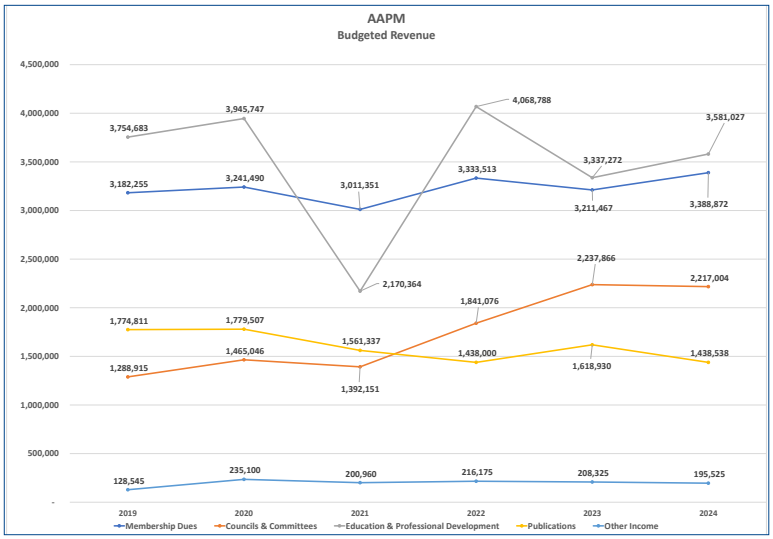
	Revenue	Expenses			Net
Final Budget Approved by Board 11.16.2023		Direct	Overhead	Total	
Membership Dues					
Dues	3,365,872	14,850	80,000	94,850	3,271,022
Reinstatement Fees	5,000	0	0	0	5,000
Applications Fees	18,000		0	0	18,000
Subtotal	$3,388,872	$14,850	$80,000	$94,850	$3,294,022
Membership Services					
Member Inquiries/Services	0	0	165,000	165,000	(165,000)
Membership Directory	0	0	1,000	1,000	(1,000)
AAPM Web Site	0	0	309,000	309,000	(309,000)
Subtotal	$0	$0	$475,000	$475,000	($475,000)
Organizational					
Governance	0	145,950	418,000	563,950	(563,950)
Governance - Contingency	0	0	0	0	0
Subtotal	$0	$145,950	$418,000	$563,950	($563,950)
Councils and Committees					
Administrative Council	20,000	663,789	603,000	1,266,789	(1,246,789)
Education Council	719,100	205,033	198,000	403,033	316,068
International Council	30,000	224,114	75,000	299,114	(269,114)
Professional Council	961,838	413,991	247,000	660,991	300,848
Science Council	486,066	921,112	413,000	1,334,112	(848,046)
Committees Reporting to the Board	0	27,500	152,000	179,500	(179,500)
Subtotal	$2,217,004	$2,455,538	$1,688,000	$4,143,538	($1,926,534)
Education & Professional Development					
Annual Meeting	2,898,197	1,843,927	781,000	2,624,927	273,270
Summer School	250,917	174,388	71,000	245,388	5,529
Spring Clinical Meeting	368,968	230,068	153,000	383,068	(14,100)
RSNA	0	72,421	31,000	103,421	(103,421)
Review Courses	47,945	36,469	9,000	45,469	2,476
Specialty Meetings	15,000	0	57,000	57,000	(42,000)
Subtotal	$3,581,027	$2,357,273	$1,102,000	$3,459,273	$121,754
Publications					
Journals	1,438,538	542,535	164,000	706,535	732,003
Subtotal	$1,438,538	$542,535	$164,000	$706,535	$732,003
Administrative Services					
Administration/Prof Services/AIP	0	52,820	164,000	216,820	(216,820)
General Operations /Prince Street	0	237,560	2,032,629	2,270,189	(2,270,189)
Subtotal	$0	$290,380	$2,196,629	$2,487,009	($2,487,009)
Other Income & Expense					
AAPM Mailing Lists	31,500	0	4,000	4,000	27,500
Membership Certificates	25	0	0	0	25
Royalties - ARP	26,000	0	0	0	26,000
Investment Earnings & Fees	2,000	0	0	0	2,000
CAMPEP	116,400	0	65,000	65,000	51,400
RSEA	0	0	0	0	0
SDAMPP	16,800	0	14,000	14,000	2,800
MPWB	0	0	1,000	1,000	(1,000)
Web Hosting	800	0	0	0	800
Meeting Evaluation	2,000	0	0	0	2,000
Contributions and Donations	0	8,000	0	8,000	(8,000)
Dues and other payments/AIP		89,513	0	89,513	(89,513)
Miscellaneous	0	0	0	0	0
Subtotal	$195,525	$97,513	$84,000	$181,513	$14,012
TOTAL FROM OPERATIONS	**$10,820,966**	**$5,904,039**	**$6,207,629**	**$12,111,668**	**($1,290,702)**
AAPM Education & Research Fund	401,510	627,950	2,000	629,950	(228,440)
Investment Income	270,000	48,000	0	48,000	222,000
Grand Total	**$11,492,476**	**$6,579,989**	**$6,209,629**	**$12,789,618**	**($1,297,142)**
				2024 Model to Break-Even	($878,988)
				2024 Model Debt Service	($996,622)
				2024 Debt Service Loss	($89,015)

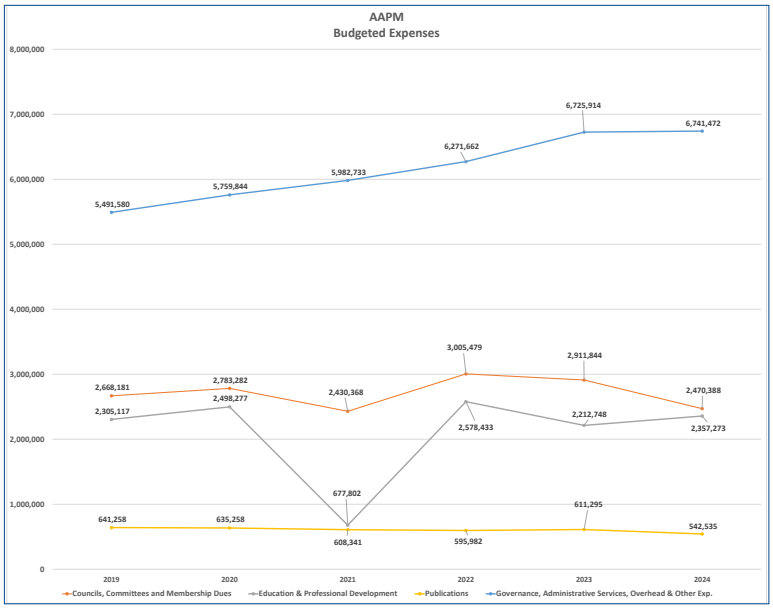
In closing, change is coming. After 30 years of leadership in the Association, **Angela Keyser** will have retired by the time you read this — we will be forever grateful for her passionate leadership, and I am personally grateful for having worked with her and learned from her throughout my years in various leadership roles. As we welcome our new Executive Director, **David Gammel**, I look forward to new directions and new opportunities for growth.
For the longest time, AAPM has maintained the same deficit-based budget approach. As John C. Maxwell said, "Change is inevitable; growth is optional." By the end of the shift in practice that we are beginning this year, one of my goals is to see AAPM prepare balanced budgets. It will take several years to make this transition; along the

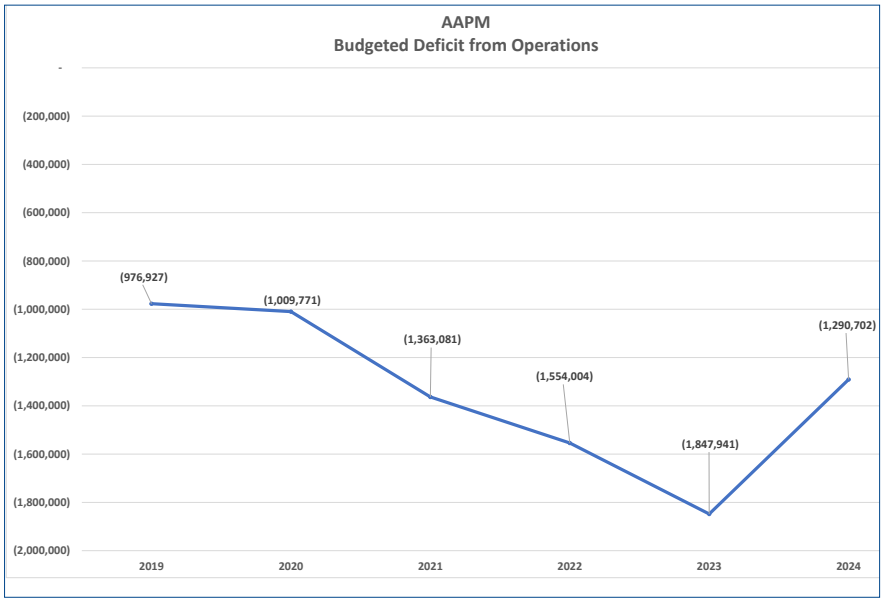
TREASURER'S REPORT, Cont.

way, spending priorities will need to be established, and, as a result, some traditional spending items may need to be eliminated. But, I am confident that we will emerge with budgets that more deliberately, more thoughtfully, and more effectively capture the strategic objectives of AAPM.

As we look to the future, we must be prepared to implement new spending priorities to address the Association's ever-changing needs. AAPM is well positioned to effectuate this change, with the right volunteer and staff leadership to make this change happen. I want to thank Robert McKoy for his extraordinary assistance throughout the budget process and in the writing of this article, and I look forward to his continued proficient guidance in the upcoming years. Please contact me (s-armato@uchicago.edu) if you have any questions concerning this report. I'm looking forward to a rewarding and fulfilling 2024! ■







AAPM SPRING CLINICAL MEETING 2024

Mark your Calendar

MARCH **23–26** | St. Louis, MO

Important Dates to Remember

January 10:
Registration and Housing Available

January 17:
Program Available

Hyatt Regency St. Louis at the Arch

AMERICAN ASSOCIATION of PHYSICISTS IN MEDICINE

Welcome!

C. DAVID GAMMEL, FASAE, CAE

The AAPM membership and HQ Team proudly welcome our next Executive Director, who officially began his journey January 2, 2024!

Read the full press release here.

SAVE *the* DATES

2024 AAPM MEETINGS

FEBRUARY

14–16 **Updates in Proton Radiation Therapy** | *Virtual*
Registration Opens: December 6, 2023

MARCH

23–26 **Spring Clinical Meeting**
Registration Opens: January 10, 2024

JUNE

17–22 **Summer School**
Registration Opens: March 11, 2024

AMERICAN ASSOCIATION *of* PHYSICISTS IN MEDICINE

JULY

18–19 **TG100, Train the Trainer**
Pre-Conference to the Annual Meeting & Exhibition
Registration Opens: March 20, 2024

20 **AI for Clinical Medical Physicists**
Pre-Conference to the Annual Meeting & Exhibition
Registration Opens: March 20, 2024

20–21 **Review Courses**
Pre-Conference to the Annual Meeting & Exhibition
Registration Opens: March 20, 2024

21–25 **66th Annual Meeting & Exhibition**
Registration Opens: March 20, 2024

OCTOBER

3–4 **Innovations in QA: Moving Toward Efficient QA Programs** | *Virtual*
Registration Opens: June 26, 2024

SAVE THE DATES! The 2024 AAPM Meetings Portfolio

MEETING COORDINATION COMMITTEE CHAIR REPORT

The meetings committees have assembled an exciting schedule of meetings for 2024, with something for everyone.

- We kick off the year with our first specialty meeting, **Updates in Proton Radiation Therapy**, on February 14–16. This virtual meeting features presentations on relevant Task Group reports, IROC credentialing, a treatment planning demonstration, and much more.
- That's followed on March 23-26 by the **Spring Clinical Meeting** in St. Louis, MO, the Gateway to the West. The meeting program will feature the President's Symposium, short oral presentations, and posters, as well as the usual selection of excellent sessions on clinically related topics. While in St. Louis, consider taking a trip to the top of the Arch for a magnificent view of the city to one side and the Mississippi River and Illinois to the other, or visiting Ballpark Village and Busch Stadium, both within walking distance.
- Next up on June 17–22 is the **Summer School** at Dartmouth College. The topic for 2024 is Workflow Optimization in Radiation Oncology: From Theory to Clinical Implementation, an important and relevant topic as we continue the effort to increase efficiency while reducing the time from consult to treatment. Workflow optimization involves not just the medical physicist but the entire Radiation Oncology department, and physicists are encouraged to bring their physician colleagues and administrators with them to the meeting. While at the meeting, explore the charming small New England college town and its surrounding outdoors.
- July brings the **66th Annual Meeting & Exhibition** and three pre-conference meetings, including the Review Courses, TG-100 Train the Trainer, and Artificial Intelligence for Clinical Medical Physicists. The meetings will be held at the Los Angeles Convention Center, next to L.A. Live, and the Crypto.com Arena (formerly the Staples Center), which offer a wide range of restaurants and entertainment venues. Or venture out a little to the beach, a movie studio, or see the space shuttle Endeavor at the California Science Center.

  We start on July 18–19 with a two-day **TG-100 Train the Trainer workshop**, designed to provide you with the tools to organize your own TG-100 workshop in your local community to train others in the TG-100 approach to risk-analysis-based quality management and implementation of the TG-100 recommendations. On July 20 is the **Artificial Intelligence for Clinical Medical Physicists Meeting**, organized by members of the Ad Hoc Committee on Artificial Intelligence Boot Camp. Topics range from an overview of AI fundamentals through applications of AI in clinical therapy and imaging, ethical and regulatory considerations, and clinical implications of the latest global developments. The **Review Courses** will be held July 20–21. They offer excellent preparation for the ABR exams and

Robin Stern, PhD
University of California, Davis (emerita)

a solid review of principles for OLA maintenance of certification.

The **Annual Meeting & Exhibition**, themed "Embracing Change. Impacting Patient Care," will be held on July 21–25. With the President's Symposium, invited symposia, proffered presentations, an exciting Exhibit Hall, social activities, the Awards Ceremony, and much more, the Annual Meeting provides an unequaled chance to learn and network. New this year, the program tracks will be organized by topic rather than the traditional Scientific/Educational headings. Track topics are Professional; Diagnostic Imaging; Interventional Imaging; Radiopharmaceuticals; Image Guidance in Therapy; Radiation Physics Dosimetry, Biology; and Therapeutic Planning, Delivery, and Adaptation. This format is more organic, highlighting synergies between sessions and making the meeting easier to navigate.

- October 3–4 is the **Innovations in QA: Moving Toward Efficient QA Programs virtual Specialty Meeting**. You will learn about new technologies and tools in QA science and how these can lead to efficiencies in QA programs and transform and simplify QA procedures. Technology-specific break-out room discussions are planned for attendees and faculty to exchange tactics, tricks, and discoveries.
- Last but not least, there are the **AAPM webinars**. Webinars are scheduled on the second and fourth Thursdays of most months, but keep an eye on the schedule for topics as well as date/times. The first half of 2024 includes Phosphorescence Lifetime Imaging of Oxygen During Radiation Therapy, A Day in the Life of a Medical Physicist in Africa, Total-Body PET Scanning, Medical Physics Mentorship and Expanding Global Opportunities, Continuing Certification Process: Updates from the ABR, So You want to Do Research: Identifying Research Opportunities for Early Career and Busy Clinical Physicist, Delayed Fluorescence Lifetime Imaging for Intra-Cellular pO2 Measurement, Presentation of the 2023 Arthur Boyer Award for Innovation in Medical Physics Education Winner, Fully-Automated Treatment Planning with AI: Where Are We?, Radiation Oncology Journey: From Practice to Entrepreneurship, Open Source AI and Machine Learning Tools for Medical Physics Applications, and Pediatric Dual Energy CT Do's and Don'ts.

So, save the dates for all that AAPM offers in meetings and webinars in 2024. Learn something new, meet new colleagues, spend time with old and new friends, and take away knowledge that will help you accomplish good things for your career, your fellow physicists, and the patients who are the ultimate purpose of all we do. ■

What's New — Updates from the Annual Meeting Organizers

ANNUAL MEETING SUBCOMMITTEE REPORT

Dedicated Radiopharmaceutical Track Starting in 2024

After a successful Theranostics Specialty Program at the 2022 Annual Meeting, and a successful Summer School in 2023, the Annual Meeting will now permanently feature a dedicated Radiopharmaceutical track, starting with the 2024 Annual Meeting. The Program Directors for this inaugural track are **Robert Hobbs** and **Jessica Clements**, who will bring their expertise and experience to the Annual Meeting. Sessions will include scientific, educational, and professional subjects in the fields of diagnostic nuclear medicine as well as radiopharmaceutical therapy, from pre-clinical developments of new radiopharmaceutical drugs and devices to clinical implementations, combination therapies, radiation safety concerns, training materials, and guidance for quality control. Joint sessions with EFOMP, SNMMI, and WIMS in this exciting new track are planned, as is a "meet the vendor" session with RPT dosimetry software vendors. This new track will also feature scientific oral and poster presentations — the abstract submission website will open in early 2024. Consider submitting yours!

Update on Scientific Posters: Returning to Live(ly) Poster Sessions

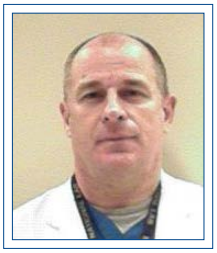
We are returning to paper posters! High-scoring posters will be presented during two dedicated live(ly?) poster sessions. (Yes, we have requested beer be available for both sessions.) All accepted posters will remain viewable online, but we will no longer have e-poster viewing kiosks with large-screen monitors. There will be two separate poster groups: Sunday/Monday posters with 90-minute poster discussions on Sunday afternoon, and Tuesday/Wednesday posters with 90-minute poster discussions on Tuesday afternoon. About 300 posters will be presented in each poster group, determined by the highest abstract review scores. All accepted and approved posters will be accessible for online viewing on your personal electronic device throughout the meeting. Additionally, they will remain available on the meeting platform for one year after the meeting concludes.

Under this modification, the e-poster fee, previously imposed to cover the expenses of e-poster display hardware and software, will be eliminated. At the end of the meeting, paper posters can be recycled at the Los Angeles Convention Center.

Goodbye

We would like to thank **Kristy Brock** for her many years of service to the AAPM Annual Meeting. Kristy started her involvement with the Annual Meeting more than a decade ago as the Therapy Scientific Program Co-Director (2012), then chaired the scientific program through 2020, and was Vice-Chair of the Annual Meeting Subcommittee through 2023. In addition to bringing amazing science to the attendees, Kristy was and is a staunch supporter of students and trainees, creating many presentation opportunities and events. Last but

Ioannis Sechopoulos, PhD
Radboud University Medical Centre



Robert Hobbs, PhD
Johns Hopkins University

Jessica Clements, MS
University of Vermont Medical Center

Ingrid Reiser, PhD
The University of Chicago

not least, Kristy made sure there were fun sessions at the Annual Meeting — most notably, the **Med Phys SLAM**! We will miss her and wish her well as she takes on other impactful leadership roles within AAPM.

Meeting Organizer Updates

We would like to thank **Tyler Fisher** for his eight years of service and leadership as Practical Program Director and as Chair of the Education Working Group. Program Directors **Carnell Hampton, Kai Yang, Hania Al-Hallaq, Wojciech Zbijewski,** and **Xianyang Tang** are rotating off their respective committees and we are grateful for their contributions and leadership. We thank **Zayang Long, Ken Bader, Maryellen Giger,** and **Chuck Mayo** for organizing the specialty programs in 2023 (Ultrasound, Data Science). Program (co-) director roles for the AAPM meetings have been described by some as one of the most demanding and time-consuming volunteer roles within AAPM, and we truly appreciate the many volunteer hours that these individuals have given to benefit the meeting attendees and the AAPM members.

We welcome the following new Annual Meeting organizers: **Robin Miller** (Education Programs), **Stephen Bowen** (Scientific Programs Chair Designee), **Lei Ren** (AMSC Vice Chair), as well as **Alex Sisniega, Heather Whitney, Emily Marshall** (Diagnostic Imaging Program), **Susan Richardson, Jing Wang** and **Brian Winey** (Therapy Program), as well as **Rob Hobbs** and Jessica Clements (Radiopharmaceutical Program).

New Structure of Meeting Organizer Groups

The meeting organizer groups are undergoing a structural transformation to enhance the consistency of the Annual Meeting's programming. In this update, thematic organization replaces the traditional approach, breaking down barriers between scientific and education programs. This strategic shift aims to capitalize on synergies between education and scientific content within sessions and symposia. Notably, the Diagnostic Imaging Group is orchestrating two tracks on "Diagnostic and Interventional Imaging Physics." Meanwhile, the Therapy Group is overseeing three tracks: "Image Guidance in Therapy," "Radiation Physics, Dosimetry, Biology," and "Therapeutic Planning, Delivery, Adaptation." These changes complement the existing Professional and Radiopharmaceutical Tracks.

As the meeting organizers work hard creating another exciting Annual Meeting, we look forward to seeing you July 21–25, 2024 in Los Angeles, California! ■

Expanding the Publication-Based Offerings of the Online Learning Center

EDUCATION COUNCIL REPORT (1 OF 2)

Written on behalf of Working Group on Journal-Sourced Educational Content

Eric Lobb, MS
Ascension Wisconsin

Background

Education Council, Continuing Professional Development, and the Online Learning Services Subcommittee (RDCE) recently approved the creation of the Working Group on Journal-Sourced Educational Content (WGJSEC). The charge of WGJSEC is to actively monitor publications within the *Journal of Applied Clinical Medical Physics* (*JACMP*) and *Medical Physics* (*MedPhys*) for inclusion within the AAPM Online Learning Center (OLC), as well as to facilitate the creation of RDCE-compliant quizzes for these publications so that they can be used to earn CAMPEP-approved Medical Physics Continuing Education Credits (MPCEC).

The formation of this Working Group was motivated by several goals. First, this effort should result in more consistent additions to the OLC since the journal publication process is independent of the AAPM meeting cycle, where the majority of OLC content has originated in recent years. Second, it provides an additional mechanism for adding content to the OLC in underrepresented and high-demand CAMPEP categories.

Third, pivoting to an active approach for incorporating journal-based content in the OLC will allow us to more effectively "refresh" these offerings. Approximately 75% of the current journal-based OLC activities are sourced from articles published more than a decade ago, and nearly 20% are based on articles published more than *two* decades ago. While many of these older publications still have relevance and educational value, they may not be what our current members are looking for in a continuing education offering.

Finally, we hope this work will drive enhanced engagement between the Online Learning Center and our AAPM journals. That is, avid readers of the AAPM journals will have more opportunities to earn continuing education credits for the work they are already doing in staying up to date with our field, and OLC subscribers looking for new continuing education activities will hopefully find their way to these impactful and educationally valuable publications as part of their search.

The WGJSEC Team

Continuing education activities in the OLC are organized into more than 40 CAMPEP-defined categories and subcategories. The major categories represented in the OLC are Diagnostic Radiology, Radiotherapy, Nuclear Medicine, Radiation Protection, PACS, and General Medical Physics. Subcategories further divide the activities into descriptive groups such as mammography, proton therapy, regulatory, radiobiology, etc.

EDUCATION COUNCIL REPORT (1 OF 2), Cont.

To ensure that WGJSEC can create content which meets the needs of the diverse subscriber base of the Online Learning Center, the expertise represented in the Working Group must match the breadth of these CAMPEP-defined categories. Currently, WGJSEC consists of a team of 10 volunteers who were recruited based on their demonstrated expertise across multiple disciplines.

I am excited to serve as the WGJSEC Chair, with **Andreea Dohatcu** serving as Vice-Chair. **Nrusingh Biswal, Hao Gong, Teh Lin, Tina Pike, Senthamizhchelvan Srinivasan, Christopher Tien, Jonathan Tucker**, and **Yuenan Wang** will serve as voting members. I would like to extend my gratitude to each of these individuals for their willingness to support this new Working Group and contribute to its charges.

Article Selection Process

Under WGJSEC, selecting a publication for use as the source material of an Online Learning Center continuing education activity follows the same guidelines that have historically been used by RDCE. The publications must be relevant to the clinical, research, educational, or professional practice of the AAPM-specified subfields of medical physics, and the publications must be freely accessible to the AAPM membership. Selected publications should have substantial educational value and sufficient content to create 10 RDCE-compliant multiple-choice questions for testing the reader's comprehension.

One key challenge for WGJSEC relates to the sheer quantity of publications within the AAPM journals — each month, there are approximately 80 new publications within Medical Physics and JACMP. Reviewing a monthly volume of publications of this size is a significant undertaking, and largely unrealistic for a small group of volunteers. Fortunately, the editorial teams of both journals have offered their assistance in this regard by agreeing to share their curated lists of "noteworthy" publications, which reduces WGJSEC's evaluation burden to approximately 20 publications per month — a significantly easier number to manage. Many thanks to **Elle Thomas** and **Viv Dennis** from AAPM HQ for their assistance in finding and organizing this solution for our Working Group. However, it should be noted that WGJSEC volunteers do maintain the discretion to select publications within their areas of expertise that are outside of this list, when appropriate.

The initial goal of WGJSEC is to select approximately 30 publications per year for inclusion in the Online Learning Center, with an emphasis on publication quality and CAMPEP category diversity. Further, we plan to emphasize the selection of recent publications (those published within the preceding 12 months) to ensure regular additions of new and relevant publication-based content to the OLC.

Efforts and Acknowledgements

Several projects have been undertaken to assist in making the availability of journal-based OLC activities as transparent and accessible as possible, with two of the most recent described below.

First, at the onset of this project all existing publication-based OLC activities were organized into groups based on their source: AAPM Task Group Reports, *JACMP* Articles, *Medical Physics Journal* Articles (Imaging), and *Medical Physics Journal* Articles (Therapy). A new webpage on the AAPM Education portal has been created where lists of active quizzes for each of these source types can be found, and with direct links into the AAPM Learning Management System where the source publications can be accessed and the quizzes completed. **Zailu Gao** from AAPM HQ was instrumental in this organization and webpage creation and his assistance is greatly appreciated. Following this, members of the Online Learning Services Subcommittee performed a thorough

SOURCE TYPE	NUMBER OF QUIZZES
AAPM Task Group Report	38
JACMP Article	27
Medical Physics Journal Article (Imaging)	63
Medical Physics Journal Article (Therapy)	30
Other	7

EDUCATION COUNCIL REPORT (1 OF 2), Cont.

evaluation of existing publications in the OLC for current relevance and retired approximately 40 continuing education activities as a result.

Second, "Virtual Issues" were created within *JACMP* and *MedPhys* which would house publications that have associated OLC activities. The *JACMP* Virtual Issue can be accessed directly from the main navigation bar of the *JACMP* homepage, and the *Medical Physics* Virtual Issues can be accessed through the "Online Learning Quizzes" link in the *MedPhys* sidebar. These Virtual Issues contain lists of all publications which have associated OLC activities, along with links into the AAPM Education Portal where they can be accessed, and they will be updated quarterly as new OLC quizzes are published. Thank you to journal editors **John Boone**, **Stanley Benedict**, and **Michael Mills** for their openness to collaboration with RDCE and WGJSEC, and thank you to Gillian Greenough (Senior Publisher at Wiley) for helping us see this part of the project through to completion.

Getting Involved

The Working Group on Journal-Sourced Educational Content welcomes suggestions from AAPM members regarding publications they would like to see added to the Online Learning Center. These suggestions can be communicated to the Online Learning Services Subcommittee by emailing ollc@aapm.org, where they will be reviewed by a volunteer subject matter expert.

Assistance from OLC users in maintaining the quality of OLC activities is also greatly appreciated. Should you come across a quiz which you believe contains errors or is focused on outdated information, please share that so that we have the opportunity to address it. This feedback can be submitted directly within the Learning Management System at the time of quiz completion, or it can be emailed directly to ollc@aapm.org where it will be received by Subcommittee and Working Group leadership.

Lastly, if you are interested in contributing to the efforts of WGJSEC or RDCE, keep an eye on the AAPM Committee Classifieds and look for opportunities to volunteer. These groups rely on the efforts of engaged and enthusiastic volunteers from within AAPM to grow the offerings of the Online Learning Center and maintain its quality. ■

AMERICAN ASSOCIATION *of* PHYSICISTS IN MEDICINE

AAPM's Working Group on Grand Challenges (WGGC) is pleased to announce

Two AAPM Grand Challenges to be Conducted in 2024!

The following AAPM-member led Challenges are running now through late Spring, with results to be presented at the AAPM Grand Challenge session during the 2024 AAPM Annual Meeting (July 21–25, Los Angeles, CA):

- **THE CT METAL ARTIFACT REDUCTION (CT-MAR) GRAND CHALLENGE** (co-sponsored with members from GE HealthCare, Rensselaer Polytechnic Institute and Massachusetts General Hospital) addresses the need for a universal CT-MAR image quality benchmark to evaluate the clinical impact of new MAR methods in a wide range of applications, comparing them to state-of-the-art MAR algorithms. Participants are invited to develop 2D metal artifact reduction (MAR) algorithms, with both deep learning (DL) and non-DL approaches welcome. Solutions can operate in the image-domain, in the sinogram-domain, or in a combination of both (cash prizes awarded).
- **THE QUANTITATIVE INTRAVOXEL INCOHERENT MOTION DIFFUSION MRI RECONSTRUCTION (IVIM-dMRI RECON) GRAND CHALLENGE** (co-sponsored with members from Johns Hopkins and UT Southwestern) focuses on quantitatively determining images of biophysical tissue microstructural parameters. The estimation of these parameters is often accompanied by considerable uncertainty, due to the complex inverse problems posed by the highly nonlinear nature of dMRI signal models, particularly in scenarios with low signal-to-noise ratios (SNRs) resulting from fast image acquisition and physiological motion. Challenge participants are invited to develop image reconstruction and model fitting methods, using both deep learning and non-deep learning approaches, to improve the accuracy and robustness of this quantitative parameter estimation.

Registration links and detailed information for both Challenges can be found on AAPM's website here: https://aapm.me/GrandChallenges

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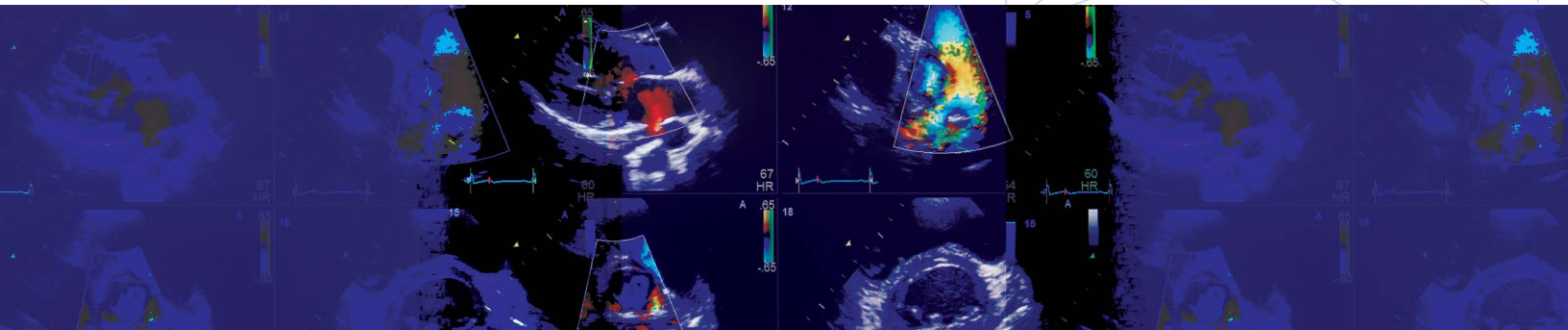
For questions, please reach out to any member of the Working Group on Grand Challenges (WGGC) or AAPM staff member Emily Townley.



The Online Learning Services Subcommittee: Reflections from the Outgoing Chair

EDUCATION COUNCIL REPORT (2 OF 2)

Stephanie Parker, MS
Wake Forest Baptist Health
High Point Medical Center

I began my volunteer service to AAPM with the Online Learning Services Subcommittee (RDCE) in 2004 by writing quizzes for the Online Learning Center (OLC). I became a member of the subcommittee in 2014 and it has been an honor to have served as a member, Vice-Chair, and Chair. As of January 1, 2024, **Eric Lobb** takes over the role of Chair, **Lei Qin** will continue as Imaging Vice-Chair, and **Teh Lin** will become the Therapy Vice-Chair. I will remain involved in the subcommittee, however, as I will become Chair of the Continuing Professional Development Committee (CE) which is the parent committee of the RDCE.

The RDCE and the Online Learning Center have evolved and changed over the twenty years that I have been participating. In the early years, quizzes were primarily based on written content such as Journal articles. As the Virtual Library grew and began capturing content from AAPM meetings, a shift occurred, and quizzes began to be primarily based on Virtual Library presentations. There is now a renewed effort to include more journal-sourced content and Eric Lobb has led that effort with the creation of the Working Group on Journal-Sourced Educational Content (WGJSEC). For more information on the work of the WGJSEC, see the article by Eric Lobb in this same issue of the Newsletter. If you would like to learn more about the work of the RDCE and the OLC, I recommend this 2022 Newsletter article.

The preceding chair of the RDCE, **Mi-Ae Park**, led an effort to improve and standardize the quality of quizzes in the OLC. Under Dr. Park's leadership, the subcommittee established clear guidelines for quiz writing and developed an accompanying checklist for both quiz writers and reviewers. The guidelines were largely based on the American Board of Radiology (ABR) Item Writers' Guide. Since the time that the guidelines were implemented, the quality of new quizzes added to the Online Learning Center has greatly improved.

The work of the subcommittee is multifaceted, and it can be challenging for new members to keep track of the scope of the work. Therefore, as the Vice-Chairs of the RDCE at the time, **Michael Silosky** and I developed a guidance document for subcommittee members. The guidance document describes the purpose and structure of the subcommittee, provides a flowchart of the quiz production process, and includes a frequently asked questions section that provides additional detail about the workings of the subcommittee.

Shortly after I became Chair of the RDCE, the Vice Chairs (Michael Silosky and Eric Lobb) and I developed a structured onboarding process for new members. The onboarding process consists of reviewing the guidance document and other resources, viewing two Virtual Library presentations about writing multiple choice questions, and completing an OLC quiz based on the two presentations. Once a subcommittee member has completed

EDUCATION COUNCIL REPORT (2 OF 2), Cont.

the onboarding process, they begin writing quizzes. The structured onboarding process helps smooth the orientation process for new members and allows them to contribute effectively to the Subcommittee in a shorter amount of time. To the best of our knowledge and based on our experience, structured onboarding for new members is not common among AAPM groups (committees, subcommittees, working groups, etc.). We have found the structured onboarding process beneficial and recommend that other AAPM groups consider adopting similar processes.

An additional initiative that we further developed and refined in the last three years is the process of converting SAMs quizzes to OLC quizzes. The OLC began hosting SAMs content from AAPM meetings in 2008. SAMs quizzes expire after three years. Once a group of SAMs quizzes expire, the Subcommittee reviews each SAMs session, determines if and how many OLC quizzes should be written based on the associated presentations, and writes the identified quizzes. The requirement for SAMs ended in 2022, therefore no additional SAMs quizzes will be added to the OLC. We will continue the process of converting expired SAMs sessions into standard OLC quizzes until we have created OLC quizzes for all remaining SAMs sessions in the system.

Since SAMs quizzes are no longer required by the ABR, we have adapted our processes to include developing quizzes based on presentations from recent AAPM meetings. Beginning with the 2023 Spring Clinical Meeting, Subcommittee members will review each meeting session, determine the number of quizzes to be created based on the presentation content, and develop the identified quizzes. Our goal is to have high quality quizzes available to our membership as soon as possible after an AAPM meeting.

Another big change that occurred during my tenure as RDCE Chair is the implementation of a new Learning Management System (LMS) that hosts the OLC. The previous system was in-house developed and required a great deal of AAPM staff time to maintain. There have been some challenges to getting the new system fully up and running, and we are working with the vendor to iron out some of the kinks. However, we are optimistic that the new LMS will prove valuable to OLC users and subcommittee members once the issues have been addressed.

As you can see, there have been many changes to both the working of the RDCE and the OLC itself over the past several years. What I am most proud of is that the subcommittee has taken on a mindset of continuous improvement and worked hard to consisstently improve both processes and quiz quality year after year. I have no doubt that the continuous improvement will continue under Eric Lobb's leadership, and I look forward to watching and supporting the changes that occur in the future. I'd like to thank the AAPM staff, especially **Jackie Ogburn** and **Zailu Gao**, for all of their work supporting the OLC. Additionally, I'd like to thank Eric Lobb, Lei Qin, and Teh Lin for leading the RDCE into the future and all of the members of the subcommmittee, both past and present, for supporting this vital program for the medical physics community. ■

Our Condolences

Andrée Dutreix • David Randall (Randy) Smith, MS • Edward (Ned) S. Sternick, PhD

Our deepest sympathies go out to the families. We will all feel the loss in the Medical Physics community.

If you have information on the passing of members, please inform HQ ASAP so that these members can be remembered appropriately. We respectfully request the notification via email to: 2024.aapm@aapm.org
(Please include supporting information so that we can take appropriate steps.)

Integrating the Healthcare Enterprise — The Value of the Integration Statement and the Medical Physicist

IHE-RO WORKING GROUP REPORT

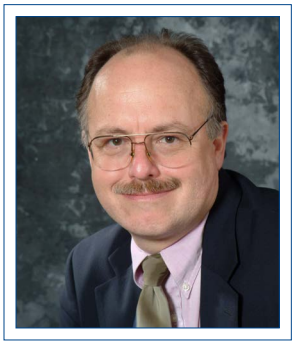
The Integrating the Healthcare Enterprise (IHE) effort is dedicated to improving the interoperability of medical information systems. It does this by identifying connectivity issues between systems and constructing a solution, known as an Integration Profile, that is developed by consensus among the IHE participants. Vendors then demonstrate the ability of their products to satisfy the Integration Profile through monitored testing at an IHE Connectathon. IHE Radiation Oncology (IHE-RO) is one domain among many IHE efforts with its focus on radiation oncology information exchange.

A vendor can claim adherence to an IHE profile through the publishing of an IHE Integration Statement. An Integration Statement defines the IHE profile (profile and year) that the vendor is claiming adherence to, the product version number, and the role the vendor's product played in the profile. For example, vendor X could claim that their product Y satisfies profile Z for IHE profile P(yyyy). An Integration statement of this type, which is initially unverified, is solely published by the vendor and has not been verified.

If the vendor's product has been tested in an IHE Connectathon and successfully passed the testing criteria, the Integration Statement can be elevated to a verified Integration Statement. To successfully pass IHE criteria, a product must show that it meets the IHE Profile requirements by importing information from three* (if available) upstream actors and have its information accepted by three* (if available) downstream actors. Once the performance of an actor is verified, the Integration Statement is allowed to display the IHE Seal as a sign that the performance of the product has been tested and verified.

AAPM members play a key role in not only the awarding of successful completion of a product in an IHE-RO Connectathon, but also in the selection of products that meet interoperability requirements. Medical physicists act as monitors (aka judges) in the Connectathon process, verifying product performance in satisfying the Integration Profile requirements. Additionally, medical physicists must be responsible for inclusion of verified IHE-RO Profile adherence in the RFPs for new purchase solicitations.

Medical physicists are key to the continuing importance of development of IHE-RO Integration Profiles and the implementation of products meeting IHE-RO requirements in clinical practice. Medical physicists interested in participating in IHE-RO should contact the IHE-RO domain Secretary **Jill Moton** (jill@aapm.org) or the AAPM Working Group on IHE-RO (2024.wihero@aapm.org) to learn how to get involved. ■



Bruce Curran, MS, MEng
VCU Health System

*** If fewer than three test systems are available upstream or downstream of a product's test, IHE-RO uses the following criteria:**

If the product interacts successfully with two alternate systems (when only two are available), the product is determined to have successfully passed the Connectathon. If the products interact successfully with a sole alternate system (when that system is the only test partner available), a conditional pass is awarded, indicating that only limiting interoperability testing was conducted.

ABR Trustee Selection Process

ABR UPDATE

The ABR Board of Governors (BOG) consists of three officers: the president, president-elect, and secretary-treasurer, the chair of the ABR Board of Trustees (BOT), and six other members. Members of the BOT have specific specialty and subspecialty expertise, reflecting major areas of current clinical practice. The BOT consists of 20 trustees, 10 of whom specialize in diagnostic radiology, three in interventional radiology, three in medical physics, and four in radiation oncology.

Trustees play a crucial role in the decision-making processes of the ABR, specifically related to the administration of exams. The trustees are responsible for advancing the quality, relevance, and effectiveness of the ABR's exams for initial certification, subspecialty certification, and continuing certification across all disciplines of radiology and medical physics. The Board of Trustees makes recommendations to the Board of Governors regarding assessment structure, including, but not limited to, exam format, content, assembly, delivery, scoring and feedback.

The trustees' actions and decisions have a significant impact on ABR candidates and diplomates, as well as the broader field of radiology and medical physics. While the role requires a substantial time commitment, the potential rewards and satisfaction that come from making a positive impact on the organization and its stakeholders can be highly motivating for those who choose to serve as trustees. The initial term on the ABR Board of Trustees is three years, and trustees may be reappointed to serve for up to eight years.

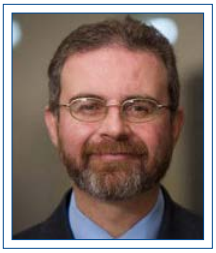
When an opening on the Board of Trustees becomes available, professional societies such as the American Association of Physicists in Medicine (AAPM), Radiological Society of North America (RSNA), the American College of Radiology (ACR), and others are invited to nominate one to three of their members. Specialty societies are also solicited for nominees in areas where trustees are needed. Candidates from all types of practices, including private practice, community hospitals, and academic practices, are eligible. Participation in ABR's Continuing Certification (formerly MOC) program is required. Those not currently enrolled in Continuing Certification must do so prior to beginning service.

Prior to presentation to the full Board of Trustees, all nominees are first reviewed by the Trustees who represent the discipline that is recruiting for a new Trustee. The full Board of Trustees then votes on the discipline's top two or three nominees, who are then recommended to the Board of Governors for appointment as a new Trustee. The Chair of the Board of Trustees then contacts the nominee(s) that is approved by the Board of Governors.

The ABR trustee selection process is rigorous, and a candidate is expected to meet the high expectations necessary to support the ABR's mission. Current or previous ABR volunteer service is essential to this selection process, and most trustees have professional leadership roles outside the ABR. ■

Kalpana Kanal, PhD
ABR Trustee
University of Washington

Robert Pooley, PhD
ABR Trustee
Mayo Clinic



Matthew Podgorsak, PhD
ABR Trustee
Roswell Park Cancer Institute

Geoffrey Ibbott, PhD
ABR Associate Executive Director

What is the role of the ABR trustees? Have you ever wondered how the ABR selects new trustees?

The ABR is led by a Board of Trustees (BOT) and a Board of Governors (BOG). The Board of Governors is responsible for ABR financial affairs, initial certification and MOC program processes, communications, strategic planning and priority setting, intersociety relations and outreach, and oversight of American Board of Medical Specialty matters.

AAPM SCIENCE COUNCIL ASSOCIATES
MENTORSHIP PROGRAM

THE AAPM SCIENCE COUNCIL ASSOCIATES MENTORSHIP PROGRAM (SCAMP) has been established to recognize and cultivate outstanding researchers at an early stage in their careers, with the goal of promoting a long-term commitment to the advancement of science within AAPM. SCAMP uses the process of shadowing to integrate the Associates into scientific activities of the organization. Our review working group will select eight Associates then assign each one to a Mentor from the AAPM Science Council, Research Committee, Data Sciences Committee, Therapy Physics Committee, Imaging Physics Committee, Technology Assessment Committee, or subgroups thereof. The Associate will participate in selected meetings of their assigned Mentor's Committees and join a task group (chosen with input from the Mentor). Other shadowing AAPM-related activities include abstract review, Young Investigator judging, committee activities at the Annual Meeting, etc.

The Science Council (SC) Associates will participate in the program through the end of the following calendar year. Each Associate will be reimbursed up to $2000 to cover the costs (travel-related expenses including flight, hotel, and meeting registration) to attend the 2024 Annual Meeting in Los Angeles, CA and the 2025 Annual Meeting in Washington, DC.

OPEN FOR APPLICATIONS:

January 8, 2024

DEADLINE:

April 3, 2024

ELIGIBILITY CRITERIA:

- Early career Medical Physicists within five years of earning a doctoral degree. Applicants must have completed their PhD and be either currently in a residency/post-doc position or beginning their career in order to apply.
- Must be a member of AAPM at the time of application (any membership category) and maintain membership for the duration of the award period.

  Pending membership status not acceptable

  Prior SCAMP recipients are ineligible

DIRECT INQUIRIES: scamp@aapm.org

APPLICATION REQUIREMENTS:

- Cover letter outlining current contributions to Medical Physics research, describing future career plans, and reasons for interest in mentorship within Science Council and its committees specifically.
- The cover letter should specify the committee(s) and/or committee member(s) of interest — e.g., Science Council, Research Committee, Therapy Physics Committee, Imaging Physics Committee, or Technology Assessment Committee, and/or member(s) therein.
- A diversity statement limited to one single-spaced page that describes how you have supported and will support and achieve SCAMP and AAPM's goals of equity, diversity and inclusion, especially as it relates to supporting the role of women and underrepresented groups in the field.
- CV (no more than four pages).
- Brief letter of support from institution during the SCAMP tenure. This letter indicates support for the time commitment that SCAMP requires. Not a letter of recommendation.
- Please combine and submit all application documents as one PDF

AMERICAN ASSOCIATION *of* PHYSICISTS IN MEDICINE

https://aapm.me/SCAMP

CMS Issues Medicare 2024 Final Rules

HEALTH POLICY AND ECONOMIC ISSUES REPORT

Medicare Physician Fee Schedule

The Centers for Medicare and Medicaid Services (CMS) recently released the 2024 Medicare Physician Fee Schedule (MPFS) final rule. The final rule policies and payments are effective January 1, 2024. The MPFS specifies payment rates to physicians and other providers, including freestanding cancer centers. It does not apply to hospital-based facilities. Payments to hospital outpatient departments are described in a separate section below.

Payments are based on the relative resources typically used to furnish the service. Relative value units (RVUs) are applied to each service for physician work, practice expenses and malpractice costs. These RVUs become payment rates through the application of a conversion factor, which is updated annually.

The 2024 MPFS policy changes and reduction to the conversion factor results in an estimated overall cut of 2.0 percent to radiation oncology and 3.0 percent reduction to radiology services. The 2024 conversion factor is $32.74, a 3.4 percent decrease from the 2023 conversion factor ($33.89). The reduction to the 2024 conversion factor may only be mitigated by Congressional legislation.

Beginning January 1, 2024, CMS is finalizing implementation of a separate add-on payment for healthcare common procedure coding system (HCPCS) code G2211 for an inherently complex office visit. This add-on code will better recognize the resource costs associated with evaluation and management (E/M) visits for primary care and longitudinal care. Implementing payment for this add-on code has redistributive impacts for all other 2024 payments due to budget neutrality requirements.

CMS is finalizing the proposal to pause efforts to implement the Appropriate Use Criteria (AUC) program. CMS is rescinding the current AUC program regulations. CMS will continue efforts to identify a workable implementation approach and will propose to adopt any such approach through subsequent rulemaking.

The reduction to the 2024 conversion factor, in conjunction with the clinical labor pricing update, medical equipment updates and expansion of evaluation and management services (i.e., office visits) will result in payment reductions to most radiation oncology services in 2024, although some medical physics codes have minimal payment changes slated for 2024:

- 77336 Weekly medical physics consultation $87.43, 0% change from 2023
- 77370 Special medical physics consultation $142.11, a 1.1% increase
- 76145 Medical physics dose evaluation radiation exposure $890.97, a 3.7% decrease

Wendy Smith Fuss, MPH
Health Policy Solutions

For additional information including Medicare rule summaries, 2024 final payments and impacts visit the AAPM website.

Hospital Outpatient Payment System

CMS recently released the 2024 Medicare Hospital Outpatient Prospective Payment System (HOPPS) final rule, which provides facility payments to hospital outpatient departments. The final rule policies and payments are effective January 1, 2024. This rule does not impact payments to physicians or freestanding cancer centers.

Under the HOPPS, hospital reimbursement is based on Ambulatory Payment Classifications (APCs). CMS assigns CPT and HCPCS codes to an APC based on clinical and resource use similarity. All services in an APC are reimbursed at the same rate.

CMS is updating the HOPPS payment rates with a 3.1 percent overall increase in 2024. Payment for medical physics consultation codes 77336 and 77370 have a 3.0 percent payment decrease in 2024 (see table below).

In the proposed rule, CMS sought public comment on potential modifications to the packaging policy for diagnostic radiopharmaceuticals. CMS will continue to package diagnostic radiopharmaceuticals in 2024 while considering stakeholder comments. Packaged services do not receive separate payment under HOPPS. ■

Summary of 2024 Radiation Oncology HOPPS Payments

APC	Description	CPT Codes	2023 Payment	2024 Payment	Payment Change 2023-2024	Percentage Change 2023-2024
5611	Level 1 Therapeutic Radiation Treatment Preparation	77280, 77299, 77300, 77331, 77332, 77333, 77336, 77370, 77399	$133.38	$129.41	($3.97)	-3.0%
5612	Level 2 Therapeutic Radiation Treatment Preparation	77285, 77290, 77306, 77307, 77316, 77317, 77318, 77321, 77334, 77338	$358.72	$352.41	($6.31)	-1.8%
5613	Level 3 Therapeutic Radiation Treatment Preparation	32553, 49411, 55876, 77295, 77301, C9728	$1,340.67	$1,321.58	($19.09)	-1.4%
5621	Level 1 Radiation Therapy	77401, 77402, 77789, 77799	$122.39	$114.37	($8.02)	-6.6%
5622	Level 2 Radiation Therapy	77407,77412, 77600, 77750, 77767, 77768, 0394T	$262.93	$256.33	($6.60)	-2.5%
5623	Level 3 Radiation Therapy	77385, 77386, 77423, 77470, 77520, 77610, 77615, 77620, 77761, 77762	$572.47	$561.45	($11.02)	-1.9%
5624	Level 4 Radiation Therapy	77605, 77763, 77770, 77771, 77772, 77778, 0395T	$721.72	$683.84	($37.88)	-5.2%
5625	Level 5 Radiation Therapy	77522, 77523, 77525	$1,323.22	$1,353.02	$29.80	2.3%
5626	Level 6 Radiation Therapy	77373	$1,767.45	$1,701.89	($65.56)	-3.7%
5627*	Level 7 Radiation Therapy	77371, 77372, 77424, 77425	$7,690.57	$7,427.37	($263.20)	-3.4%
5723	Level 3 Diagnostic Tests	76145	$483.43	$511.20	$27.77	5.7%

*Comprehensive APC

AAPM Influences CMS Decision to Delay Implementation of Quality Measure

During 2023 Medicare rulemaking, CMS proposed a new quality measure *Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults* in the hospital inpatient and outpatient settings and for physician payment. AAPM had significant concerns regarding the development of this measure and provided written comments to CMS.

Medicare Physician Fee Schedule (payments to physicians and freestanding centers):

CMS had proposed the new Merit-based Incentive Payment System (MIPS) quality measure for the CY 2024 performance period and future years. AAPM urged CMS not to adopt the quality measure as proposed, or as a minimum a delayed implementation for one year until 2025 to allow limited modification to address some of the concerns noted in our written comment letter.

While CMS proposed to adopt the measure for the CY 2024 Performance Period/2026 MIPS Payment Year, CMS instead finalized the new measure with a one-year delay. The measure will be available for the CY 2025 Performance Period/2027 MIPS Payment Year and future years.

Hospital Outpatient Prospective Payment System (facility payment to outpatient departments):

CMS proposed the adoption of the new electronic clinical quality measure (eCQM) for *Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults* (Hospital Level — Outpatient), beginning with the voluntary CY 2025 reporting period and mandatory reporting beginning with the CY 2026 reporting period for CY 2028 payment determination.

AAPM urged CMS not to adopt the quality measure as proposed. Further, AAPM advised CMS that we would like to work with the Agency and interested and affected parties to improve and revise the proposed quality measure prior to implementation.

CMS finalized this measure with modification to extend the voluntary reporting period to a total of two years prior to requiring mandatory reporting beginning with the CY 2027 reporting period for the CY 2029 payment determination. The additional year of voluntary reporting would allow CMS time to monitor implementation progress with regards to data collection burden and response rates.

AAPM's comments had an impact on the 2024 Medicare final rules and implementation of the new quality measure in both sites-of-service. The implementation delays allow AAPM and interested stakeholders to revise and improve the quality measure prior to implementation in future years.

AMERICAN ASSOCIATION of PHYSICISTS IN MEDICINE

2024 AAPM BEST AWARD

Award Duration: July 21–25, 2024

Application Deadline: May 15, 2024

(All supporting documents are due by the application deadline.)

Recipients notified by: May 30, 2024

Sponsored by Best Medical International and the AAPM Education Council through the AAPM Education & Research Fund.

Eligibility

- Applicants must be an AAPM Associate or Associate-Student member; and,
- first author on an accepted abstract for the 2024 AAPM Annual Meeting.

Required Supporting Documentation

- Complete the online application and upload first author accepted 2024 AAPM Annual Meeting abstract(s).

Best Medical will provide a $500 stipend to be used for travel, food and lodging expenses to attend in person the 2024 Annual Meeting in Los Angeles. AAPM will provide complimentary 2024 Annual Meeting registration for each recipient, including social functions. Recipients agree to be photographed receiving a plaque and the stipend check presented by Best Medical during the 2024 Annual Meeting. Best Medical and AAPM will have the right to use these photographs and recipients' names and identifying information in recognizing the achievement.

FOR MORE DETAILS, VISIT: https://aapm.me/BEST

ACR Accreditation & More: Info for Medical Physicists

UPDATES FROM ACR HQ

ACR Has Implemented a Program to Improve Transparency in Radiology AI

The ACR Data Science Institute® responded to a call from clinical end users and the FDA to drive more public transparency regarding imaging AI algorithms — including how they were developed and validated — with the new Transparent-AI program on AI Central. AI industry participation in the Transparent-AI program empowers practices to make better-informed AI purchases and access more transparent AI product information on ACR's AI Central platform. AI Central is the most complete and up to date online, searchable directory of FDA-cleared Imaging AI products in the United States and is a long-term commitment by the ACR to help promote collective understanding of the evolving AI marketplace. Be sure to review all radiology AI products in the AI Central directory for details when shopping for these products.

Manufacturers who have voluntarily provided transparency data will have our Transparent-AI badge on their products, making it easy for medical professionals to distinguish transparent products. Learn more about AI Central on the DSI website here or visit AI Central here.

ACR is Retiring TRIAD and Moving to ACR Connect (please share with your DIR clients and institutions!)

The ACR will retire TRIAD Site Server for the Dose Index Registry (DIR) in Q1 2024 as part of the larger ACR initiative to introduce the next generation of TRIAD called ACR Connect. This new server-based platform will support interfaces to the National Radiology Data Registry (NRDR), such as DIR Link, and to other ACR initiatives, e.g., accreditation and research programs. If your site is currently participating in DIR and hasn't already migrated to ACR Connect you will need to do so in the next 3 months in order to have uninterrupted service.

To get started:

- View the Transition from TRIAD Site Server to DIR Link article where you will find our *DIR-Link Installation* video and our *Transition from TRIAD to DIR Link* PowerPoint to learn about the installation process. This will expedite the time required at the time of installation.
- Based on the information provided in these materials, please determine and notify the individuals who will need to be involved in the installation of ACR Connect (the new site server) and request they review the system specifications here.
- Schedule an installation session when the team is available. The installation typically requires 45 minutes to two hours, inclusive of installation download, activation, and export/import of current scanner mappings.

Dustin A. Gress, MS
Senior Advisor for Medical Physics
ACR Quality and Safety

In each issue of this newsletter, I present information of particular importance or relevance for medical physicists. You may also check out the ACR's accreditation support page for more accreditation information and QC forms. **Thank You** to all the other staff that keep ACR programs running and assist with creating the content in this column.

The deadline is imminent for ACR's 2024 Medical Physics Graduate Student Scholarship (deadline: January 10, 2024). The awardee will receive full funding to attend the ACR Annual Meeting April 13–17, 2024 in DC, where they'll have the opportunity to observe the business and governance of the ACR and network with medical physicists and physicians active with the ACR. The application includes two primary components, (1) up to two minutes of audio explaining why they want to attend the 2024 ACR Annual Meeting, and (2), a summary of their graduate research in 500 words or less, to be judged on both content and comprehensibility. Also, the application period for ACR's Morin Fellowship has just opened! Deadline: February 12, 2024. The ACR appreciates the opportunity to support our younger generation of medical physicists.

We appreciate your cooperation and are excited about implementing this enhanced technology. Please contact us at ACR Connect Support with any questions.

Important New(ish) Standards From Industry, With Free Downloads

NEMA XR-27 – X-Ray Equipment for Interventional Procedures User Quality Control Mode

Applies to x-ray equipment intended to perform interventional procedures and defines a minimum set of requirements designed to more easily facilitate quality control at the facility level. User quality control mode is available on most new equipment models starting in 2017. Free download here.

NEMA XR-31 – Standard Attributes on X-ray Equipment for Interventional Procedures

Offers healthcare providers a reference to identify key features which contribute to enhanced patient care and to help manage patient radiation dose delivery, while still enabling the system to provide sufficient image quality needed by the physician. Free download here. ■

Navigating the APEx Journey: Insights from the Radiation Oncology Community

ASTRO QUALITY IMPROVEMENT

Embarking on the path toward ASTRO's APEx — Accreditation Program for Excellence® is a transformative endeavor for any radiation oncology practice. This rigorous process sets a high standard for quality and safety in patient care. In this article, we have the privilege of hearing from five members of the radiation oncology community who have successfully achieved APEx accreditation or are in the process of doing so. Their experiences shed light on how they learned about APEx, the pivotal factors that led to their decision to change accrediting bodies, and the challenges and triumphs they encountered. We gain insight into the unique aspects of APEx that set it apart from their previous accreditation experiences, like the Self-Assessment. Their collective experiences offer a roadmap for other practices that may be considering APEx. For more detailed information about each phase of the APEx process, visit About APEx.

About Your Decision to Switch:

Douglas Prah, PhD: Was there a specific tipping point or deciding factor in changing accreditation programs?

Virginia Lockamy, PhD: Since our practice is in New Jersey, we had to wait for the state to recognize APEx before switching our accrediting body. [APEx has been accepted in all 50 states since 2021.]

Colleen A. F. Lawton, MD, FASTRO: I was involved in ASTRO leadership and wanted to be part of this critical initiative as soon as possible. We were accredited with another accrediting body since it began and highly value the accreditation process. The APEx process was more involved and thus we wanted to have this new level of accreditation that was Safety is No Accident based. So as soon as our accreditation was expiring, we just changed to APEx.

Jennifer Tietz, RT(T) and Kileigh Peturis, MS: Participation in RO-ILS, excellent publications such as Safety is No Accident, and professional recommendations drove the switch. The radiation safety emphasis and APEx Standards were also factors.

Prah: Were there any key advocates for switching? What were the reasons voiced by your practice staff for or against changing accreditation programs?

Tietz/Peturis: At the beginning of the process, there was apprehension about switching programs because the current agency was known, and we had

ASTRO Staff

Are you interested in transitioning to APEx from another radiation oncology accrediting body? Schedule a free one-on-one session with ASTRO staff to discover how APEx can benefit your practice. During the call, ASTRO staff will provide information tailored to your practice's needs and goals. You can also request a teleconference with a knowledgeable radiation oncology professional from your chosen discipline by completing the peer-to-peer request form to hear about APEx from medical physicists that have been through the program. You can ask specific questions and learn from their experiences.

built a solid relationship with the organization. In hearing from colleagues across the [Texas Oncology] network, APEx was comprehensive, patient-focused and streamlined with less administrative burden during the initial application process.

Channels: Being under the ASTRO umbrella, we knew that APEx would be radiation oncology-focused, whereas ACR has a much broader scope. In addition, APEx's attention to safety and quality attracted us, as that is our focus at HOA. It also allowed us to deeply dive into all our policies and procedures to update and improve upon what we were already doing. The guidance provided by APEx made this an easy process overall.

Lockamy: Fortunately, we had buy-in from the entire team. As a current APEx Surveyor, I was able to explain the benefits of the program and answer any questions/concerns. Our partners at Penn Medicine were also supportive of our switch to APEx as they are accredited by APEx as well. We felt that this program was more robust and more specific to radiation oncology as it was developed by ASTRO.

APEx Process — Team and Timing:

Prah: Who was involved in the actual APEx process? How was the work managed at your practice?

Tietz/Peturis: The Director of Radiation Services, Regional Chief Physicist and Chief Radiation Therapists were involved in completing the Self-Assessment. Monthly meetings are hosted. All electronic documentation is saved on SharePoint, and general information is shared via MS Teams.

Lawton: Physics, dosimetry, therapists, department managers and radiation oncologists. Initially, we had weekly meetings. Once we got accredited, roughly monthly.

Channels: Chief Physicist, Chief Radiation Therapist, Lead RTT and myself. Monthly meetings started about six months before our facility visit.

Lockamy: Our Assistant Vice President of Radiation Oncology, Director of Physics, Medical Director, two site managers, and one site supervisor were all part of the APEx Self-Assessment. We also enlisted a few therapists to assist with the chart review preparation. We met weekly to review our progress. We tracked our work in a spreadsheet and assigned owners to each section of the Self-Assessment.

Prah: How long did the Self-Assessment take? Was that more or less than your expectations? Why?

Lockamy: The Self-Assessment took us three months to complete. This also included the medical record review preparation. The Medical Record Review [of the Self-Assessment] took the longest for us to complete, which was longer than we expected. The reason is that it was a more thorough and comprehensive review of the charts than required by our previous accrediting body.

Lawton: The Self-Assessment took longer than expected as many of our safety procedures were not documented well and needed to be added or updated.

Prah: What are some unique aspects of APEx compared to your previous experience? What changes did you see at your practice?

Lockamy: The entire process, from preparation to on-site facility visit, was more robust than our previous experiences. We implemented multiple changes to our practice in response to our preparation for the survey. For instance, our physicians were not always documenting pertinent negatives during their consults. We also reviewed our existing policies and procedures. Based on the guidelines provided by APEx, we revised multiple ones and developed new ones we lacked.

Prah: Were there any unexpected challenges in the transition process? If so, what?

Channels: At first, applying for accreditation seemed daunting, but APEx makes the process seamless, and the ASTRO staff support was excellent. Any questions we had were answered in a timely manner, which helped us to keep moving forward. We were unsure how the Self-Assessment document upload would be reviewed. We kind of took the approach of "here is what we have" and submitted it. We did not pass the first time, but we refocused our efforts so that we could successfully complete that step of the process.

Lawton: The biggest challenge was the time needed to do the initial work for the first APEx Accreditation. Having ACR Accreditation, we thought, would make this initial work for APEx easy, but that was wrong. APEx is much more detailed and totally worth the effort.

ASTRO QUALITY IMPROVEMENT, Cont.

Prah: How was your experience with APEx Surveyors and the facility visit?

Channels: Our experience with the [APEx] Surveyors and facility visit was excellent. The surveyors did not seem to be looking for things that were wrong; they were more interested in how and why we did things at our facilities. We felt they were working with us instead of dissecting every little thing.

Prah: What was identified as a low-performing area during the Self-Assessment? How has your practice addressed that before or after the facility visit? Was there any unexpected feedback from the Self-Assessment or facility visit?

Lockamy: We knew going into both the Self-Assessment and on-site facility visit that we were going to be marked as low-performing on the documented patient-specific planning directive. Our physicians were alerting our dosimetrists to what dose constraints they wanted but not in a formalized document. We had templates built and implemented by the facility visit to demonstrate to the surveyors. ■

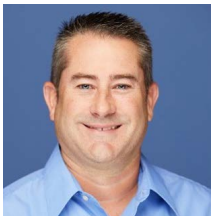
Interviewer:

Douglas Prah, PhD (@douglas_prah)
Associate Professor and Director of Advance Care and Technology
Department of Radiation Oncology
Froedtert & Medical College of Wisconsin
Milwaukee, Wisconsin
APEx Surveyor, ASTRO Practice Accreditation Subcommittee Member
Past Accreditation: ACR (1995-2018)
Current Accreditation: APEx (2019-2027)

Interviewees:

Virginia Lockamy, PhD
Virtua Director of Physics and Penn Medicine
Chief of Network Physics
Penn Medicine I Virtua Radiation Oncology
Voorhees, New Jersey
APEx Surveyor since 2019
Past Accreditation: ACR (2016-2022)
Current Accreditation: APEx (2022-2026)

Colleen A. F. Lawton, MD, FASTRO
Professor and Vice-Chair
Department of Radiation Oncology
Froedtert & Medical College of Wisconsin
Milwaukee, Wisconsin
Past Accreditation: ACR (1995-2018)
Current Accreditation: APEx (2019-2027)



Chris Channels, RT(T)
Director of Radiation and Imaging Services
Hematology-Oncology Associates of CNY
Syracuse, New York
Past Accreditation: ACR (2013-2022)
Current Accreditation: APEx (2022-2026)

Kileigh Peturis, MS
Chief Medical Physicist
Texas Oncology – Central Texas
Austin, Texas
Past Accreditation: ACRO (2017-2023)
Current Accreditation: APEx (Active Application)

Jennifer Tietz, RT(T)
Director of Radiation Services
Texas Oncology – Central Texas
Austin, Texas
Past Accreditation: ACRO (2017-2023)
Current Accreditation: APEx (Active Application)

ASTRO
TARGETING CANCER CARE

AMERICAN ASSOCIATION of PHYSICISTS IN MEDICINE

2024 ASTRO-AAPM Physics Resident/ Postdoctoral FELLOW SEED GRANT

AAPM and the American Society of Radiation Oncology (ASTRO) are happy to announce a jointly funded research seed grant for Medical Physics Residents and Post-Doctoral Fellows. The goal of the joint seed grant is to advance the field of radiation oncology in novel ways through the support of early-career scientists involved in radiation oncology physics-related research. With this jointly supported grant, both societies aim to help support the next generation of researchers in the field of radiation oncology.

Sponsored by the AAPM Science Council through the AAPM Education & Research Fund and the American Society of Radiation Oncology (ASTRO).

ELIGIBILITY CRITERIA

- Must be a current and active ASTRO and AAPM member.
- Must show a commitment to a career focusing on physics-related research with a radiation oncology component.
- Must work at an institution with a well-established research and clinical career development program and qualified faculty in physics and radiation oncology to serve as mentors.
- Must be a physics resident or post-doctoral fellow. Physics residents: your institution must be willing to commit 75% of your time to research for at least one year.

AWARD DURATION

July 1, 2024 – June 20, 2025

APPLICATION DEADLINE

March 20, 2024

AAPM Members must log in to access the application. If you are not yet an AAPM member, consider applying now to be eligible for the grant. Apply here.

PROGRAM CONTACT: Karen MacFarland | karen@aapm.org

FOR MORE DETAILS, VISIT:

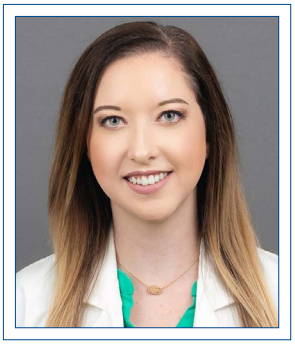
https://aapm.me/AAPRPD

POWV AAPM Chapter Fall Symposium 2023

PENN-OHIO-WEST VIRGINIA AAPM CHAPTER REPORT

The Penn-Ohio-West Virginia Chapter of AAPM hosted a successful Fall Symposium beginning on September 15, 2023, at Carnegie Mellon University in Pittsburgh, PA. This location was lucrative in helping fulfill our chapter's goals of increasing outreach and education efforts to students. The meeting offered nine CAMPEP credits and drew almost 100 registrants, including 41 physicists, 26 students, seven trainees, and 23 vendor members.

The theme for the 2023 Fall Symposium was "Microcosms to Macro-Realms, Bridging Nano to Cosmos". The program began with the Early Career Investigators Symposium, which welcomed trainees from the region to present their research to a panel of judges who are outside of the field of medical physics. Next up was a wonderful talk detailing nanoparticles and their clinical applications by Pat Zanzonico, PhD from Memorial Sloan Kettering Cancer Center (New York, NY). **Piotr Zygmanski, PhD**, a faculty medical physicist at the Brigham and Women's Hospital/Dana Farber Cancer Institute (Boston, MA), followed with a captivating presentation on electrical impedance tomography and spectroscopy for nanoparticles. After the sessions and initial vendor exhibit time, the group changed into themed tee shirts designed for the meeting and travelled to PNC Park to watch the Pittsburgh Pirates take on the New York Yankees.



Abigail Dare, MS
Allegheny Health Network

The next morning began at CMU with a full breakfast to kick off the second day of presentations. First up was a look at the multi-scale modeling of radiation therapy from Jan Shuemann, PhD out of Massachusetts General Hospital (Boston, MA). Next up was a great display from the POWV Chapter President, **Peter Sandwall, PhD**, on "Radiation Physics in Outer Space" coupled with a presentation on radiation shielding for astronauts given by **Jordan Houri, MS** from StemRad, Inc. Following a coffee break, the POWV Chapter Board Representative, **Jeremy Donaghue, MS**, spoke about the AAPM equipment donation program. **Matt Goss, MS** (Allegheny Health Network, Pittsburgh, PA), gave a terrific presentation showing the work that is being done by Radiating Hope. Next up was the POWV Chapter Secretary-Elect, **Abigail Dare, MS**, who spoke about the benefits of ASTRO accreditation.

The group then enjoyed a nice lunch and presentations from the platinum-level meeting sponsors. Directly after lunch, **Susan Kost, MS**, the POWV Chapter Secretary, shared about our chapter's push for medical physics outreach. Next, we had the pleasure of having **Ashley Cetnar, PhD** (The Ohio State University, Columbus, OH) present the "AAPM Committee on Medical Physicists as Educators Traveling Road Show", which was an interactive session that displayed teaching techniques that can be easily implemented by medical physicists to improve teaching efficacy. The final speaker of the meeting was **Dan Pavord, MS** (Allegheny Health Network, Pittsburgh, PA) who gave a great overview and updates about Medical Physics Practice Guidelines as the chair of the Subcommittee on Practice Guidelines.

The POWV Chapter would like to thank the vendor sponsors for the Fall Symposium. The meeting could not have taken place without your support. The POWV officers are in the process of planning our next event for the spring. Keep an eye on our new website for the details of upcoming events! ■

2024
RESEARCH SEED FUNDING GRANT

$25,000 grants will be awarded to provide funds to develop exciting investigator-initiated concepts, which will hopefully lead to successful longer term project funding from the NIH or equivalent funding sources. Funding for grant recipients will begin on August 1 of the award year. Research results will be submitted for presentation at future AAPM meetings. The award is not intended to provide salary support for the applicant, however any other research-related expenses, including travel to scientific meetings, will be supported. Travel expenses should be included in the submitted budget. At the end of the 12-month period a report must be forwarded to AAPM, along with itemized expenses. The award will not support indirect costs. Any unspent funds should be returned to AAPM.

Sponsored by the AAPM Science Council through the AAPM Education and Research Fund.

A list of Award Recipients can be found here.

Eligibility:

- Ten years or less since receipt of a terminal research degree or medical physics residency, whichever is later. (Excludes those who have reached Associate Professor level.)
- Eligibility extension is possible and will be reviewed on a case-by-case basis, following similar NIH guidelines.
- Must be a member of AAPM at the time of application (any membership category). Pending membership status not eligible.
- No previous grants greater than $50,000 as principle investigator (including institutional startup funding, industrial awards, other external grants).
- Previously funded projects are ineligible.
- Prior Seed Grant recipients are ineligible.

Application Requirements:

Five-page description of research project (including figures and tables), separated as follows:

a. Specific aims
b. Background and significance
c. Preliminary results
d. Research plan
e. Literature cited
f. Budget
g. Letter of support from division/ department chair demonstrating support for the project and authorization of time and resources to complete the proposed research
h. CV (no more than four pages)

Note that sections (e), (f), (g), and (h) do not count towards the five-page limit.

A 1-hour call will be held on January 19, 2024 at 1:00 pm ET to provide information to prospective applicants. Items to be discussed:

• Grant format • Review criteria • Application do's and don'ts • Q&A

INTERESTED IN JOINING THIS CALL?

Contact karen@aapm.org to receive the appointment.

Deadline to provide three key words and upload a letter of intent of your proposed topic: March 18, 2024

Application Deadline: April 17, 2024

All supporting documents are due by the application deadline.

Award duration:

August 31, 2024 – August 31, 2025

Recipients notified by:

May 30, 2024

FOR MORE DETAILS, VISIT:

https://aapm.me/SEED

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