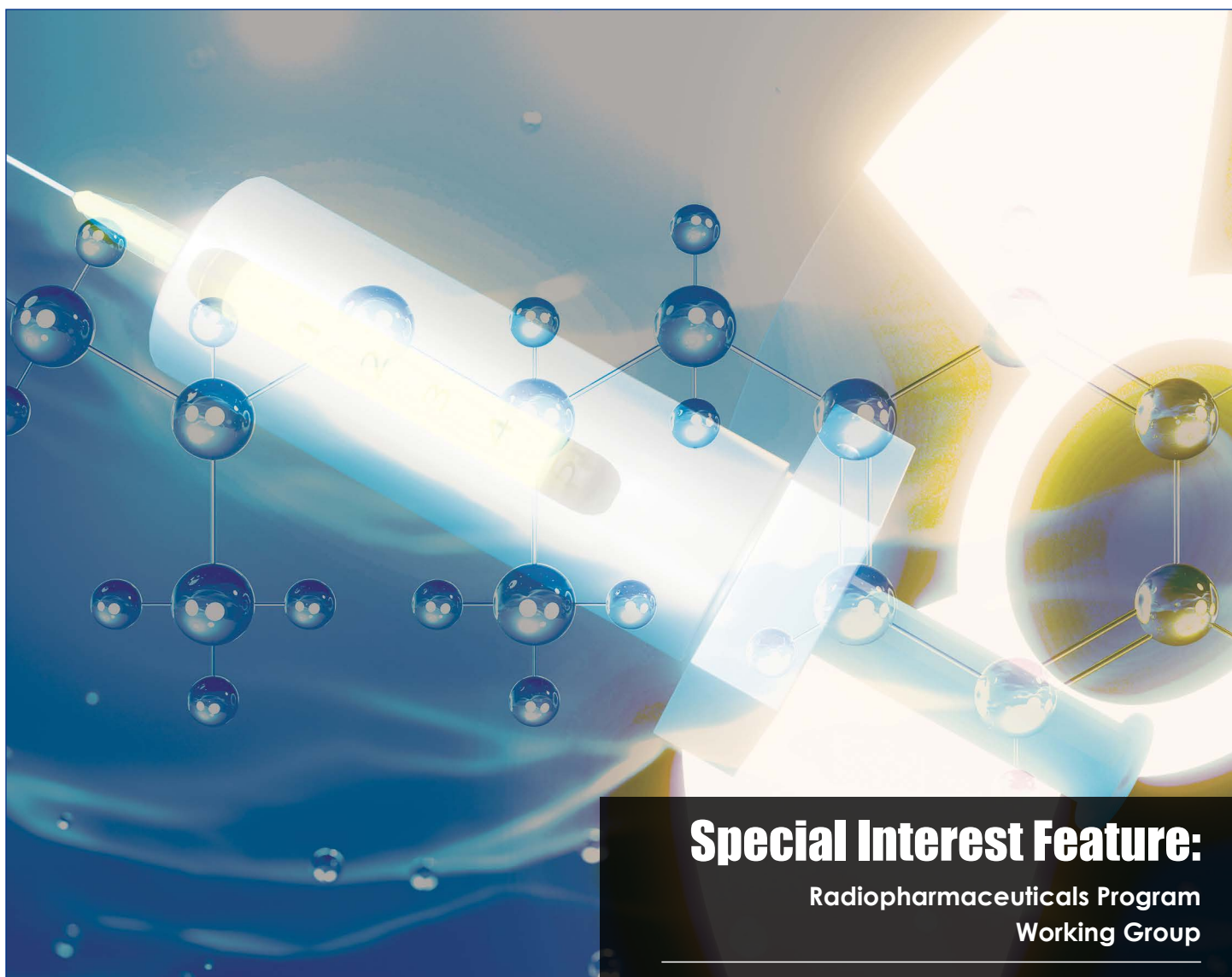


# AAPM NEWSLETTER

July/August 2026 | Volume 51, No. 4



## Special Interest Feature:

Radiopharmaceuticals Program  
Working Group

### IN THIS ISSUE:

- ▶ President's Report
- ▶ Annual Meeting Subcommittee Report
- ▶ Report From the 2026 ACR Annual Meeting
- ▶ Development Committee Report
- ▶ Global Clinical Education and Training Committee Report
- ▶ New Curriculum Committee Report
- ▶ Medical Physics Leadership Academy Report
- ...and more!

# RDCE

## NEWLY ADDED MPCEC QUIZZES IN THE AAPM ONLINE LEARNING CENTER

IGRT | [Benefits and Barriers for Widespread Adoption of Adaptive RT](#)

Quality Management | [AAPM task group report 314: Fault recovery in external beam radiation therapy](#)

Nuclear Medicine | [Hemodialysis-associated radioactive waste management in I-131 and Lu-177 radionuclide therapy](#)

Cardiovascular | [Margins to account for cardiac and respiratory motion in cardiac radioablation](#)

Nuclear Medicine | [In silico assessment of cellular damage from Lu-177, Ac-225, and Pb-212 therapeutic radionuclides](#)

Radiotherapy | [Applications of AI in Radiation Therapy](#)

Stereotactic Radiotherapy | [AAPM-RSS Medical Physics Practice Guideline 9.b: SRS-SBRT](#)

Dosimetry | [The contribution of the cable to the polarity effect in ionization chamber dosimetry](#)

Professional | [Work Day Optimization at the Personal and Departmental Level](#)

External Beam | [A Review of Spatially Fractionated Radiation Therapy](#)

## AAPM MEETING CONTENT NOW AVAILABLE IN THE VIRTUAL LIBRARY

[AAPM Annual Meeting - 2024](#)

[AAPM Summer School - 2024](#)

[AAPM Spring Clinical Meeting - 2024](#)

## QUESTIONS OR CONCERNS?

Contact Us: [Online Learning Services Subcommittee](#)

## INTERESTED IN SUBSCRIBING TO THE ONLINE CONTINUING EDUCATION PROGRAM?

Contact [Jennifer Hudson](#) or [Jackie Ogburn](#) to purchase a subscription



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### Jennifer Pursley, PhD, Editor

Assistant Professor  
Mayo Clinic Radiation Oncology  
200 First St SW  
Rochester, MN 55905  
507-284-2511  
[newsletter@aapm.org](mailto: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: September/October 2026

Submission deadline: July 31, 2026

Posted online: week of August 31, 2026

### 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.

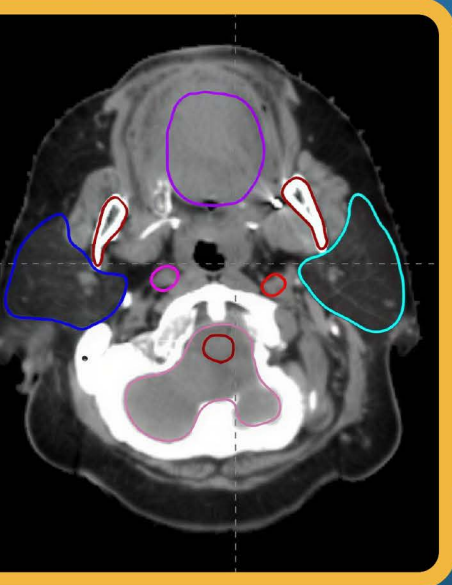
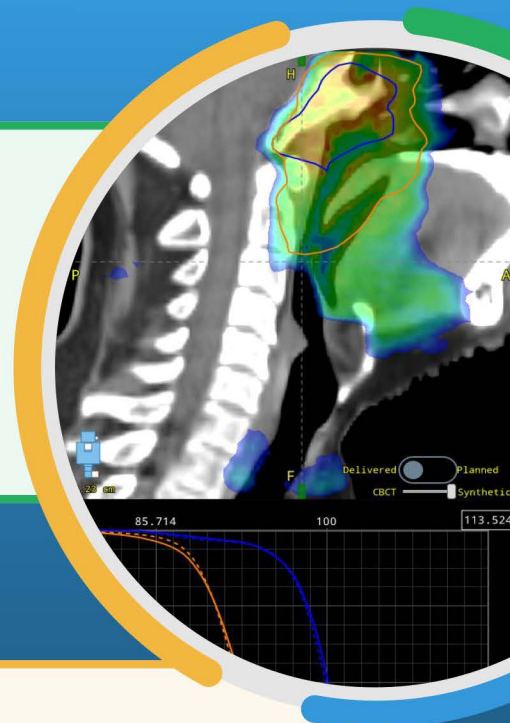
*All articles appearing in this newsletter are expressions of the authors' own personal views and are not a reflection of the views of their places of employment or of AAPM.*

# Innovate. Automate. Elevate.

DON'T MISS IT AT AAPM:

## ChartCheck Adaptive™

Offline Adaptive Assessment combined with automated in-vivo monitoring for confident, data-driven decisions.



## AutoContour

**Unified by Design:** v2.7 brings together the best of AutoContour and Limbus Contour, offering our largest-ever library of guideline-aligned models.

See What's in Store for AAPM

Booth #903

# Welcome Summer and the AAPM Meeting

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## NEWSLETTER EDITOR'S REPORT

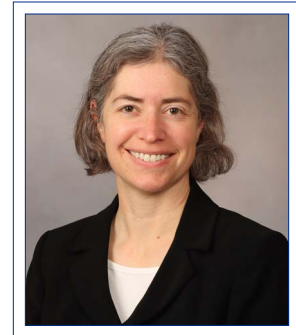
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Welcome to the July/August 2026 edition of the *AAPM Newsletter*, released just in time for the Joint AAPM | COMP Meeting in Vancouver, BC. The [meeting program is live](#) so you can preview the many great sessions that have been planned. In this newsletter, you'll find an update from the Annual Meeting Subcommittee summarizing the program highlights, featured speakers, and opportunities for attendees to come together and network. The Special Interest Group feature for this edition is a report on the meeting's Radiopharmaceutical track, detailing the content and presenters lined up to talk about this rapidly growing area of expertise. It's sure to be a great meeting and I look forward to seeing many members there.

The Annual Business Meeting & Town Hall will once again be held virtually in advance of the meeting, on Thursday July 9 at 3:30 pm ET — [registration is required to attend](#). Members can attend the meeting to learn more about what's going on at AAPM, and to hear about the Bylaws changes that are coming up for a membership vote. The AAPM Governance Committee Report in this newsletter lays out the changes and why it was better to develop a clean replacement of the Bylaws than use amendments. These changes will modernize the governance document of the AAPM while not making any modifications to the current structure of the Board or how members vote. Please check out their report and then attend the Business Meeting to have any questions answered.

While the AAPM Meeting may be the main topic of conversation, there are many other articles of interest in this edition of the newsletter. Inside you'll find an update from AAPM President Robin Miller, a report outlining the role of the New Curriculum Committee under the Education Council, and a review of a recent hands-on training session for state regulators. Check out the full issue for more updates from regular Newsletter contributors and AAPM members, timely announcements, and informational ads highlighting AAPM's upcoming programs and activities.

All AAPM members are encouraged to submit content and ideas for the *AAPM Newsletter* either directly to the Editor or through the submission link on the [Newsletter page](#). If you have an announcement of an honor or award that you would like to share, please submit it to the *AAPM Newsletter* for consideration! Enjoy this issue of the *AAPM Newsletter* and send us your feedback and ideas for future editions. And please freely share the *AAPM Newsletter* articles you enjoy; the *AAPM Newsletter* is available for all to read. ■



**Jennifer Pursley, PhD**  
Mayo Clinic

*Congratulations*

**to the Recipients of the Following  
AAPM Awards, Achievements,  
and Honors in 2026!**

**All recipients of awards, achievements, and honors will be recognized at the 2026 Joint AAPM | COMP Meeting in Vancouver, BC, during the Awards and Honors Ceremony, taking place on Monday, July 20, at 6:30 PM in Ballroom BC of the Vancouver Convention Centre (reception immediately following)**

**WILLIAM D. COOLIDGE  
GOLD MEDAL**

Bruce R. Thomadsen, PhD

**EDITH H. QUIMBY LIFETIME  
ACHIEVEMENT AWARD**

Cedric X. Yu, DSc

**FELLOWS**

Ashley Cetnar, PhD  
Lawrence T. Dauer, PhD  
Lindsay S. DeWeese, PhD  
Xuanfeng Ding, PhD  
Jeremy D. Donaghue, MS  
Jessica Fagerstrom, PhD  
Grace Jianan Gang, PhD  
Matthew D. Goss, MS  
Xuejun Gu, PhD  
Minsun Kim, PhD  
Ho-Ling Anthony Liu, PhD  
Yu Liu, PhD  
Eric Lobb, MS  
Yulia Lyatskaya, PhD  
Sarah E. McKenney, PhD

**MARVIN M.D. WILLIAMS  
PROFESSIONAL  
ACHIEVEMENT AWARD**

Bruce H. Curran, MEng

**HONORARY MEMBERSHIP**

Jeff Michalski, MD

Jonathon A. Nye, PhD  
Chester R. Ramsey, PhD  
Damian D.G. Rudder, MSc  
Jatinder Saini, PhD  
Peter A. Sandwall, PhD  
Baozhou Sun, PhD  
Boon-Keng Kevin Teo, PhD  
Harini Veeraraghavan, PhD  
Christopher Watchman, PhD  
Heather M. Whitney, PhD  
Brian Winey, PhD  
Amy Shu-Jung Yu, PhD  
Da Zhang, PhD  
Tianyu Zhao, PhD  
Jun Zhou, PhD

**JACMP BEST PAPER AWARDS**

**Edwin C. McCullough Award of Excellence for an Outstanding  
Medical Imaging Physics Article**

David W. Jordan, Christopher C. Smitherman, Jake M. Bell, William E. Moloney and Thomas J. Petrone. *Beyond CT accreditation: Systematic evaluation of achievable image quality, radiation dose, and protocol factors in annual physics testing.* *J Appl Clin Med Phys.* 2025;26:e70366. <https://doi.org/10.1002/acm2.70366>

**George Starkschall Award of Excellence for an Outstanding  
Radiation Oncology Physics Article**

Blake R. Smith, Joel St-Aubin and Daniel E. Hyer. *Commissioning of a motion management system for a 1.5T Elekta Unity MR-Linac: A single institution experience.* *J Appl Clin Med Phys.* 2025;26:e70005. <https://doi.org/10.1002/acm2.70005>

**Michael D. Mills Editor in Chief Award of Excellence for an  
Outstanding General Medical Physics Article**

Deborah Schofield, C. Lynn Chevalier, Laurence Court, William Harmsen and Akiva Turner. *The burden of burnout: Understanding its prevalence and organizational drivers in medical physics.* *J Appl Clin Med Phys.* 2025;26:e70121. <https://doi.org/10.1002/acm2.70121>

**Peter R. Almond Award of Excellence for an Outstanding  
Radiation Measurements Article**

Katrin Saße, Karina Albers, Daniela Eulenstein, Georg Weidlich, Björn Poppe and Hui Khee Looe. *Determination of the beam quality correction factor  $k_{Q_{msr}}$  for the PTW Semiflex 3D ionization chamber for the reference dosimetry at ZAP-X.* *J Appl Clin Med Phys.* 2025;26:e14610. <https://doi.org/10.1002/acm2.14610>

**People's Choice Award**

Jingwei Duan, Joel A. Pogue, Dennis N. Stanley, Sui Shen, Natalie N. Viscariello, Carlos E. Cardenas, Richard A. Pople and Joseph Harms. *Assessing HyperSight iterative CBCT for dose calculation in online adaptive radiotherapy for pelvis and breast patients compared to synthetic CT.* *J Appl Clin Med Phys.* 2025;26:e70038. <https://doi.org/10.1002/acm2.70038>

**MEDICAL PHYSICS BEST PAPER AWARDS**

**Farrington Daniels Award (awarded for an outstanding paper on Therapy  
Medical Physics, including dosimetry, planning, or delivery)**

James C. Korte, Mark Wright, Prem G. Krishnan, Nicholas Winterling, Sulman Rahim, Katrina Woodford, Elizabeth Pearson, Susan Harden, Fiona Hegi-Johnson, Nikki Plumridge, Tsien Fua, Kate Moodie, Andrew Fielding, Sarah Hegarty, Tomas Kron, and Nicholas Hardcastle. *A radiation therapy platform to enable upright cone beam computed tomography and future upright treatment on existing photon therapy machines.* *Med Phys.* 2025;52:1133–1145. <https://doi.org/10.1002/mp.17523>

**Moses & Sylvia Greenfield Award (awarded for an outstanding paper  
on imaging)**

Xiaoyu Duan, Hailiang Huang, Salman M. Arnab, Yves Chevalier, Luc Laperrière, Adrian Howansky and Wei Zhao. *A novel direct-indirect dual-layer flat-panel detector for contrast-enhanced breast imaging: Experimental assessment.* *Med Phys.* 2025;52:e18108. <https://doi.org/10.1002/mp.18108>

## Inside Scoop: What's Next from the President

### PRESIDENT'S REPORT

#### A Quick Look in the Rearview Mirror

It has been a remarkable year already — and it is just the halfway mark. Since January, AAPM has hosted a forward-looking Summit exploring where Medical Physics could and should be a decade from now, welcomed colleagues at the Spring Clinical Meeting, and deepened our collective expertise at the Summer School on Adaptive Radiotherapy. The Annual Meeting is fast approaching as I write this, and chapter meetings have been flourishing across the country. We are, by every measure, a thriving and purposeful organization — one that truly lives its mission: *Advancing medicine through excellence in the science, education, and practice of Medical Physics*. That makes my medical physicist's heart genuinely happy.

#### A Personal Note

I am often asked how I manage the dual life of clinical physicist and AAPM President. My answer, as I shared in the June Monthly Minute, is the same as it has always been: collaboration — and it is entirely intentional. The support of my colleagues and the AAPM executive team (ExCom) makes it possible to be fully present for patients and procedures when that is where I am needed, and fully present for AAPM when that is where I am needed. I have learned to focus on what I must do and what I want to do, rather than the infinite horizon of what I could possibly do.

One honest confession: I do fall behind on email. Please know that I genuinely enjoy hearing from members — it may simply take me a few days to find my way back to you.

As for whether I am enjoying this year — wholeheartedly, yes. The presidency has opened doors to connections I would not otherwise have made, to mentoring members I might never have met, and to helping shape a profession I have spent decades practicing. Medical Physics is ever-evolving, and so am I. To remain relevant, our field must be willing to transform — and I believe it is more than ready.

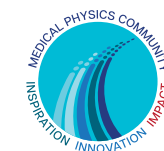
#### Connecting at the Annual Meeting

So much happens behind the scenes to make a meeting of this scale appear effortless. I want to take a moment to recognize those who make it possible:

**Mariana Gallo** and the talented AAPM HQ meetings staff; the Meeting Coordination Committee, chaired by **Robin Stern** and vice-chaired by **Vrinda Narayana**; and the Annual Meeting Subcommittee, so ably led by **Sam Brady** and **Lei Ren**. And of course, the many members who submitted and reviewed an extraordinary 2,345 proffered abstracts — a testament to the vitality of our community.



**Robin A. Miller, MS**  
Northwest Medical Physics Center



**2026** JULY 19–22  
VANCOUVER, BC  
**JOINT AAPM | COMP MEETING**

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PRESIDENT'S REPORT, Cont.

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This year's meeting theme — *Medical Physics Community: Inspiration, Innovation, Impact* — captures something essential about who we are. The Presidential Symposium is a Masterclass on Mentorship, a subject close to my heart. Mentorship need not be formal or complicated. It can be a spontaneous conversation that shifts someone's trajectory, or a relationship that deepens quietly over decades. What matters is that every one of us — student, early-career, seasoned clinician, or retired — has something meaningful to offer. Mentorship is one of the most accessible and enduring gifts our profession can give itself.

#### A Reminder: The Annual Business Meeting

Have you ever attended the AAPM Annual Business Meeting? If not, I encourage you to consider it. This is your opportunity as an AAPM member to engage directly with the organizational and business dimensions of your professional home — to ask questions, share your perspective, and hear from fellow members on proposed Bylaws changes. Registration is required and

complimentary, separate from Annual Meeting registration. [Visit this link to register](#). This year's Business Meeting takes place **July 9, 3:30–5:00 pm ET**. I hope to see you there.

#### What Does the AAPM President Actually Do?

The formal answer lives in the [AAPM Bylaws](#). The lived answer is something richer.

This year I have visited four chapters, and I have had the privilege of speaking at ESTRO, CRCPD, ABS, and various AAPM gatherings. But if I had to distill the deepest lesson of this presidential year into a single sentence, it would be this:

*Relationships are still how things get done.*

That truth has never felt more evident — or more worth protecting.

I will leave you with a Gene Roddenberry quote: "If man is to survive, he will have learned to take a delight in the essential differences between men and between cultures. He will learn that differences in ideas and attitudes are a delight, part of life's exciting variety, not something to fear." ■



#### AAPM needs YOU!

Volunteers are essential to furthering the AAPM mission of *advancing medicine through excellence in the science, education, and professional practice of medical physics*. Become a part of this dynamic community via the [AAPM Committee Classifieds](#). Exciting new opportunities are posted regularly; bookmark or check back often to explore the latest possibilities to get involved!

## Exploring AI at AAPM HQ

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### EXECUTIVE DIRECTOR'S REPORT

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Technology has transformed work throughout my entire career. My first job out of college involved taking registration forms off a fax machine, typing them into a database through a dumb terminal, then printing that day's entries on a dot matrix printer to proof my typing. My next job had me conducting policy research by navigating a paper index, pulling files, photocopying them, and shipping them out to the requesting member. Both of those jobs are long gone, automated by advancing technology.

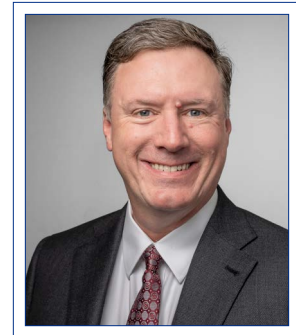
The same transition is happening now with the advent of large language model (LLM)-based technologies that are developing and spreading rapidly throughout organizations. It is still early, but we want to take advantage of these tools now to support our members and the mission of AAPM. I've been inspired by the [trailblazing work at the American Geophysical Union](#), which has used machine learning and LLMs to deliver highly tailored content and experiences for its members. As these capabilities become real, they will change not only how we get our work done but also open up new opportunities for supporting all of you and contributing to our mission.

#### Staff Training and Tools

We are investing in our staff by providing training, tools and guidelines for using this technology in our work. Our approach is to encourage experimentation and to share lessons, both successes and failures, across teams, all in pursuit of building capacity and experience with these tools as they improve and become embedded in most of the software we use every day.

After trying a few enterprise accounts, we have centralized on Anthropic's Claude as our main general-purpose LLM tool at HQ. Claude has proven the most effective on the kinds of tasks and workflows our staff handles, so we are concentrating our use there, and we benefit from an attractive nonprofit rate from Anthropic. We are also exploring [Claude Corps](#), a new Anthropic program that places AI-trained, early-career fellows inside nonprofits for a fully funded year to help them put these tools to work. We are looking at whether hosting a fellow could accelerate this effort at AAPM.

We have also invested in association-specific training, licensing access to Sidecar's AI Learning Hub, which provides on-demand lessons and examples along with the Association AI Professional (AAiP) certification. To date, six of our staff have earned the certification. Many of our members have worked with machine learning for decades, but today's LLMs are new territory for our team. This part of our investment serves two purposes at once. It builds their capabilities on behalf of AAPM, and it is an investment in them personally, in their future careers and their ability to adapt as the times change. Our intent is not to eliminate staff but to enable them to automate rote tasks, freeing them for higher-value work that advances our mission.



**C. David Gammel**  
Executive Director, AAPM HQ

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EXECUTIVE DIRECTOR'S REPORT, Cont.

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### AI in Our Systems

Beyond general-purpose generative AI tools, many of the software platforms we use today, or are preparing to launch, now incorporate AI-enhanced or AI-supported features.

Systems such as journal manuscript submission, meeting abstract submission, expense reimbursement for association-supported travel, and member service inquiries all have AI and LLM enhancements in development that you will see rolling out over the next year as they become available to us and are prepared for deployment. These additions should reduce the manual work required to interact with AAPM, saving you valuable time while also increasing accuracy and consistency. We will also benefit internally from enhanced reporting and analysis tools built on these technologies.

Our investment in training and developing staff will help us use these embedded features effectively, and to evaluate them accurately before we deploy them.

### Our Policies and Approach to Safety

We have developed, and will continue to evolve, our staff AI policy. As noted above, the policy encourages learning and experimentation, but it also lays out important guardrails to protect AAPM and our members:

- Humans must make all final decisions. AI can summarize and provide options and recommendations, but a person must make any decision, especially those that affect other people.
- Any content or analysis these tools generate must be reviewed by staff. If you generated it, you are responsible for its accuracy when it is used in our work or shared with staff or members.
- Staff must use only the official tools AAPM supports. These tools, which we pay for, include important protections for the data that may be entered into them.
- Even with the official tools, sensitive data such as confidential legal matters and members' personal financial information should not be entered without specific authorization and proper protections in place.

### The Path Ahead

We are taking an iterative, experimental approach to learning and deploying these tools, and I am excited

about their potential to improve the member experience and help us provide more targeted, useful services to each of you.

Last year I heard a quote that went something like this: "The AI you use today is the worst it will be in your lifetime." In other words, as the technology evolves, it will only become more capable and useful over time. Our members are seeing that in their clinical, research and education environments, and we are experiencing it in our work supporting you in those pursuits.

We are planning to launch AI pilots before year end that explore how we can provide chat-based LLM access to some of our most valuable content: the many Task Group (TG) and Medical Physics Practice Guideline (MPPG) reports published by AAPM. These technical documents are referenced around the world every day by medical physicists working in clinic, research and teaching. A chat interface should make them much more discoverable and provide useful summaries, validated through proper training and testing before any broad rollout. I also see real opportunity to enhance the workflow of our volunteers and authors, speeding development of new reports and journal submissions while maintaining scientific rigor and impact.

I look forward to seeing where we can go together with these new technologies and welcome hearing ideas and suggestions from you on where we can add the most value. Please send me a note at [dgammel@aapm.org](mailto:dgammel@aapm.org) or look for me at our upcoming Annual Meeting in Vancouver, BC. ■



*Gammel's collectible 1957 Smith Corona typewriter on his desk at AAPM HQ. He keeps this as a reminder of how far we have traveled with text-based technology.*

# Greetings from the AMSC!

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## ANNUAL MEETING SUBCOMMITTEE REPORT

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### Program Highlights

This year's Annual Meeting features more than **60 hours of cutting-edge scientific programming** and **124 hours of educational content**, including debates, Med Phys Slam, BEAM talks exploring the expanding frontiers of medical physics, professional development sessions, Task Group report summaries, and specialized content for imaging, therapy, and nuclear medicine clinical medical physicists. A special full-day program will highlight the growing role of medical physics leadership in clinical trials.

Attendees will also have multiple opportunities to engage with outstanding research through six dedicated poster viewing sessions featuring Blue Ribbon Poster winners, Expanding Horizons Travel Grant recipients, Best in Physics award winners, Best Professional and Education posters, and general poster discussions.

### Student and Trainee Program

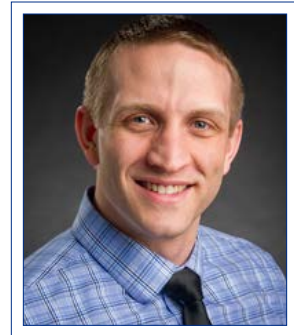
Activities for students and trainees begin with a **Student Night Out on Saturday, July 18, from 7:00–9:00 pm** at GRETA Bar YVR. This students-and-trainees-only event provides an opportunity to relax, network, and kick off the meeting week. Attendees will enjoy unlimited arcade games, photo booth opportunities, and a chance to win complimentary registration to the 2027 AAPM Annual Meeting. If you have not yet purchased a ticket, there is still time to add one through the registration portal.

Throughout the meeting, be sure to visit the Early Career & Mentor Lounge, located on the third floor (Room 301). In addition to its beautiful harbor views, the lounge will host activities designed to support students and early-career professionals, including new attendee orientation, speed mentoring, CV workshops, and much more.

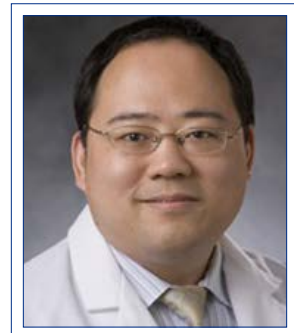
### Featured Speakers

Our first keynote presentation will be delivered by **Dr. Douglas Boreham** on **Sunday, July 19, at 10:30 am**. Dr. Boreham's presentation, *Non-Linear Biological Responses to Low Dose Ionizing Radiation: From Deep Space to Deep Earth*, will explore emerging perspectives on radiation biology across diverse environments.

Our second keynote speaker is **Dr. Simon Cherry**, Professor of Radiology and Biomedical Engineering at the University of California Davis and Professor of Total Body Imaging at King's College London. His presentation, *New Frontiers in PET: From Technological Innovation to Transformative Applications*, will take place on **Wednesday, July 22 at 9:00 am**.



**Samuel L. Brady, PhD**  
Cincinnati Children's Hospital  
Medical Center



**Lei Ren, PhD**  
University of Maryland

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We look forward to welcoming you to the 2026 AAPM | COMP Annual Meeting & Exhibition: *Inspiration, Innovation, Impact*, a joint meeting of the American Association of Physicists in Medicine and Canadian Organization of Medical Physicists, taking place in beautiful Vancouver.

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ANNUAL MEETING SUBCOMMITTEE REPORT, Cont.

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We also encourage attendees to participate in two distinguished lectures:

- The Carson-Zagzebski Ultrasound Distinguished Lectureship on **Tuesday, July 21, at 8:40 am**. **Dr. Michael Kolios**, Professor in the Department of Physics at Toronto Metropolitan University and Vice President of Research and Innovation at Sunnybrook Health Sciences Centre, will present *Ultrasound and Photoacoustic Imaging for Cancer Therapy Response: Linking Tissue Structure, Oxygenation, and Function*.
- The Anne and Donald Herbert Distinguished Lectureship in Modern Statistical Modeling will be presented on **Tuesday, July 21, at 1:00 pm** by **Dr. Shannon McWeeney**, Professor in the Division of Oncological Sciences, Chief Data Officer, and Director of Medical Bioinformatics at OHSU Knight Cancer Institute.

### Come Celebrate Together

Each evening will offer opportunities to connect with colleagues and celebrate our profession. The meeting will begin with the **Opening Reception on Sunday, July 19 from 7:00 to 10:00 pm** at the Vancouver Convention Centre. Join fellow attendees for a memorable Canadian-themed

celebration featuring cozy fireside refreshments, playful snowball activities, axe throwing, opportunities to take photos with a Canadian Mountie, live local music, and spectacular waterfront views of Vancouver.

On **Monday morning at 6:00 am**, lace up your running shoes for the **AAPM 5K**. Beginning at the convention center, participants can walk or run together toward the scenic surroundings of **Stanley Park**.

Later that evening, please join us for the **Awards and Honors Ceremony and Reception** beginning at **6:30 pm**, where we will recognize and celebrate this year's outstanding AAPM award recipients.

### We Look Forward to Seeing You in Vancouver

We are excited for what promises to be an engaging and enriching 2026 Annual Meeting. Together, we will continue advancing the field of medical physics, fostering collaboration across specialties, and inspiring innovation that improves patient care.

Thank you for your continued support of AAPM and COMP. We look forward to welcoming you to Vancouver this July. ■



# 2026 SUMMER SCHOOL

**ADAPTIVE RADIOTHERAPY: Transforming Technology, Modern Practice, and Clinical Impact**

**JUNE 16–20 | UNIVERSITY OF MICHIGAN**

# THANK YOU

for attending!



[AAPM.ME/2026SS](https://aapm.me/2026SS)

## Special Interest Feature: RPPWG

### RADIOPHARMACEUTICALS, THERANOSTICS, AND NUCLEAR MEDICINE AT AAPM 2026

Alejandro Bertolet, PhD, Massachusetts General Hospital

Jonathon Mueller, MS, Moffitt Cancer Center | Robert Hobbs, PhD, Johns Hopkins University



A. Bertolet, PhD



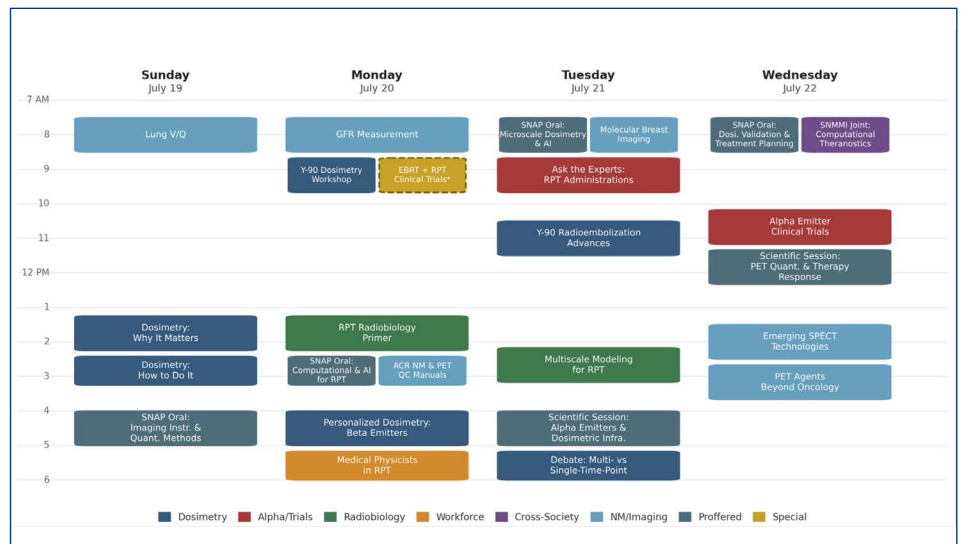
J. Mueller, MS



R. Hobbs, PhD

The Radiopharmaceuticals, Theranostics, and Nuclear Medicine track at the Joint AAPM | COMP Annual Meeting in Vancouver (July 19–22) features 20 sessions spanning therapy, imaging, and diagnostics. From dosimetry standards and alpha-emitting agents to new SPECT/PET technologies and emerging clinical applications, these sessions offer a comprehensive look at the state of the field — whether your focus is radiopharmaceutical therapy, nuclear medicine imaging, or the theranostic space that connects them.

The Radiopharmaceuticals, Theranostics, and Nuclear Medicine track at this year's Joint AAPM | COMP Annual Meeting in Vancouver (July 19-22) spans 20 sessions across the full breadth of the field (Figure 1). On the therapy side, the approval of Lu-177 PSMA-617 (Pluvicto) in 2022 and the growing pipeline of alpha-emitting agents have created an urgent need for dosimetry standards, radiobiological understanding, and trained personnel. On the imaging



**Figure 1.** Schedule at a glance for the Radiopharmaceuticals, Theranostics, and Nuclear Medicine track. Sessions are color-coded by theme: dosimetry (blue), alpha emitters and clinical trials (red), radiobiology and modeling (green), workforce development (orange), cross-society collaboration (purple), and nuclear medicine/imaging (light blue). The EBRT + RPT clinical trials session (gold, dashed border) is part of the Clinical Trials Specialty Program.

and diagnostics side, new SPECT and PET technologies, updated QC standards, and emerging clinical applications continue to expand the role of the medical physicist in nuclear medicine. Whether your work is in

radiopharmaceutical therapy, nuclear medicine imaging, or the theranostic space that connects them, these sessions offer a comprehensive view of the state of the art.

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RADIOPHARMACEUTICALS, THERANOSTICS, AND NUCLEAR MEDICINE AT AAPM 2026, Cont.

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### Dosimetry: From Principles to Practice

Dosimetry is the backbone of RPT, and TG-381 provides the framework the field has long needed. On Sunday afternoon, back-to-back sessions will lay the foundation. "Dosimetry in RPT: Why It Matters" will open with **Ying Xiao** presenting the historical and clinical rationale, followed by Yuni Dewaraja on TG-381's key principles and **Denis Bergeron** (NIST) on the metrology that underpins accurate dose measurement. The companion session, "Dosimetry in RPT: How to Do It," will turn to implementation. Carlos Uribe will walk through building a clinical dosimetry workflow, and **Caffi Meyer** will present TG-381 implementation examples from UCLA. This session will also include a recognition of the late **Michael Stabin**, whose foundational contributions shaped the dosimetry tools used by the community today.

The dosimetry thread will continue Monday with a workshop on Y-90 image-based dosimetry (David Brandon, **Wendy Siman**) and a session on personalized dosimetry in clinical trials for beta emitters. The latter is particularly timely: François Bénard will discuss clinical trial design for RPT, Jean Mathieu Beaugard will present data comparing personalized and fixed-activity Lu-177 PSMA-617 regimens, and **Stephen Graves** will cover dosimetry for Lu-177 dotatate. On Tuesday, new advances in Y-90 radioembolization will bring the conversation to the cutting edge, with Eric Wehrenberg-Klee on the evolving clinical paradigm, **Carlos Huesa-Berral** on predictive dosimetry challenges,

and **Emilie Roncali** on computational fluid dynamics for microsphere transport modeling.

The week's dosimetry arc will culminate Tuesday evening with a debate: should clinical RPT dosimetry rely on multiple imaging time points or can a single scan suffice? Yuni Dewaraja and **Robert Hobbs** will take opposing sides on a question that has real implications for clinical workflow, cost, and accuracy. This is one of the field's genuinely contested methodological questions, and the debate format should produce a pointed exchange.

### Alpha Emitters: The Next Frontier

Alpha-particle RPT has moved from preclinical promise to active clinical investigation, and this year's program devotes considerable attention to the topic. Wednesday's dedicated session on clinical trials with alpha emitters will gather speakers from both academic and industry programs. Lior Arazi (Ben-Gurion University) will present results from Alpha DaRT interstitial brachytherapy trials. **Eileen Sneed** (RayzeBio) will discuss alpha-particle therapy development for gastroenteropancreatic neuroendocrine tumors, and Jacob Hesterman (Ratio Therapeutics) will cover Ac-225 radiopharmaceutical programs. This session reflects the breadth of alpha-emitter programs now active across academia and industry.

Alpha emitters will also appear in Tuesday's "Ask the Experts" roundtable, where **Nichole Maughan** will provide an overview of alpha-emitter clinical trials alongside practical

guidance on RPT administrations from **Susan Richardson** and dosimetry perspectives from Caffi Meyer. For physicists looking to understand what alpha-emitter RPT will require of them, these two sessions together will offer both the clinical context and the practical details.

### Radiobiology and Computational Modeling

RPT radiobiology presents unique challenges: continuous, heterogeneous dose delivery at variable dose rates, with biological effects that depend on spatial scale. Monday afternoon, a primer session organized by **Gabriel Sawakuchi** will bring together Remco Bastiaannet on basic RPT radiobiology, **Youngho Seo** on clinical radiobiology, and Simone Krebs on the field's open challenges and opportunities.

Tuesday's session on simulation tools for multiscale modeling will take the next step, addressing the computational methods needed to connect macroscopic dose distributions to biological outcomes. **Victor Onecha** will discuss how Monte Carlo methods scale from clinical dosimetry to subcellular radiobiology. **Rodrigo Hernandez Millares** will introduce agent-based modeling of radiation response at the single-cell level, and Remco Bastiaannet will return to address the gap between microscopic energy deposition and measurable biological endpoints. Together, these two sessions will form a coherent arc from biological principles to the quantitative tools needed to apply them.

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RADIOPHARMACEUTICALS, THERANOSTICS, AND NUCLEAR MEDICINE AT AAPM 2026, Cont.

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### Workforce and Professional Development

The rapid growth of RPT has outpaced the supply of trained medical physicists. Monday evening, a session organized by **Irina Vergalaso** will address this directly. The first talk will examine individual career pathways into RPT for physicists coming from radiation oncology, diagnostic imaging, or nuclear medicine backgrounds. The second, from Samantha Dawes (ASTRO), will consider institutional models for building sustainable RPT programs, from single-specialty ownership to shared frameworks. For early-career physicists and department leaders, this session will offer practical guidance on a question that many institutions are actively working through.

### Cross-Society Collaboration and Computational Oncology

Wednesday morning will bring a joint session with the Society of Nuclear Medicine and Molecular Imaging (SNMMI) on computational methods in theranostics and nuclear oncology. **Stephen Graves** will discuss model-based corrections for image-based dosimetry accuracy. Babak Saboury will introduce the Nuclex framework for computational nuclear oncology. Carlos Uribe will examine why RPT clinical trials remain difficult and what questions they leave unanswered, and Arman Rahmim will present a vision for virtual theranostic trials as a new approach methodology. This cross-society session reflects the convergence of medical physics and nuclear medicine around shared computational challenges.

### Nuclear Medicine Physics and Imaging

Nuclear medicine imaging sessions are woven throughout the week. The track will open Sunday morning with multi-modality discussion of lung ventilation/perfusion imaging by **Jonathon Mueller, Wei Zhou,** and **Christopher Walker**. Monday morning, Nuclear Medicine Subcommittee leaders will deliver a session on glomerular filtration rate (GFR) measurement with radiopharmaceuticals, covering fundamentals (Mike Silosky), clinical implementation (**Jared Grice**), and gamma camera techniques (**Jun Zhang**). The ACR's new QC manuals for nuclear medicine and PET will receive dedicated coverage from **Shelli Kritzman** and **Matthew Palmer**, providing practical guidance for departments maintaining accreditation.

Tuesday will feature molecular breast imaging, including an overview of the current landscape of breast screening by **Bill Geiser, Carrie Hruska** discussing the Density Matters Trial, and **Benjamin Lopez** providing insight into clinical application of this capability. Wednesday afternoon will close the program with two imaging sessions that highlight where the field is headed: emerging full-ring SPECT technology (Courtney Henry, **Benjamin Auer, Carrie Hruska**) and PET agents beyond oncology, covering cardiac imaging (**Keisha McCall**) and neuroimaging (**Jeremiah Sanders**).

### Combining EBRT with RPT: A Special Clinical Trials Session

Beyond the RPT track itself, the meeting's Clinical Trials Specialty

Program will feature a session on combining external beam radiation therapy with RPT. EBRT delivers precise, high-dose radiation to bulky lesions, while RPT provides continuous low-dose-rate irradiation to disseminated disease through molecular targeting. The session will cover the radiobiological rationale for combining the two modalities, followed by early results from ongoing clinical trials combining EBRT with Y-90 radioembolization (**Stephen Graves**) and with radioiodine (**Robert Hobbs**). This session, organized by the AAPM Working Group on Clinical Trials, will highlight the growing role of medical physicists in designing combined-modality treatments that require quantitative dosimetry across both platforms.

### Looking Ahead

This year's program reflects a field in transition. RPT is growing rapidly as a clinical service, nuclear medicine imaging is expanding into new applications and new detector technologies, and theranostics is tying the two together. The 20 sessions spanning the track and the Clinical Trials Specialty Program capture this breadth, from foundational dosimetry to active clinical trials, from single-cell modeling to full-ring SPECT.

We encourage colleagues across all AAPM disciplines to explore the Radiopharmaceuticals, Theranostics, and Nuclear Medicine track. The physics questions are familiar (dose measurement, imaging quantification, treatment optimization), the clinical context is evolving fast, and the opportunities for medical physicists are substantial. ■

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# Your AAPM Bylaws. Brought Up to Date.

## GOVERNANCE COMMITTEE REPORT

Written on behalf of the AAPM Governance Committee

**This fall, members will vote on a significant update to AAPM's Bylaws. Here's what's changing — and what isn't.**

AAPM's Bylaws were written when the organization had roughly 200 members. Business was conducted by phone, paper mail, and in-person meetings. This fall, members will vote on a comprehensive rewrite — one that has been in development since 2024, reviewed by AAPM legal counsel, revised based on comments by the AAPM Board of Directors, and benchmarked against peer societies including ACR and ASTRO.

### Why Replace the Whole Document?

AAPM's current Bylaws have been amended over the years, but those amendments have left behind language that is in places ambiguous, outdated, or silent on matters that are now central to how the organization operates — virtual meetings, electronic voting, and Director accountability among them. Rather than continue adding to a patchwork document, the Governance Committee worked through 2025 to develop a clean replacement that is organized to be straightforward to navigate.

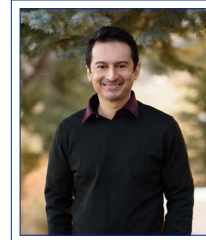
A significant driver of this update is legal compliance. AAPM is incorporated in the District of Columbia. DC's nonprofit corporation law was substantially revised in 2011, and organizations incorporated there were required to come into compliance. The new Bylaws reflect those requirements, including updated language on member rights, Board authority, officer duties, and registered agent provisions. Ensuring the Bylaws fully align with current DC law was a core objective of this effort.

A key structural change in the new document is that operational details that need to evolve as the profession changes — committee structures, nomination procedures, and non-voting membership criteria — move from the Bylaws into the Rules. Changes to the Rules are approved by the Board. The Bylaws themselves remain focused on what should require member approval: member rights, Board structure, and AAPM's democratic governance.

**The fundamentals haven't changed. What's changed is how clearly and efficiently they're written down.**

### What Hasn't Changed

Before describing what is new, it is worth being direct about what is not changing. Member voting rights, democratic governance, the basic officer structure, the regional chapter system, and the requirement that dues changes be approved by the membership are all unchanged. The proposal



**Imran Shah, MS**  
Colorado  
Associates in  
Medical Physics



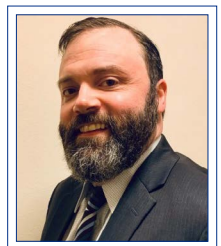
**Sonja Dieterich, PhD**  
UC Davis Medical  
Center



**Bruce Curran, MEng**  
VCU Health  
System



**Lisa Schober, CAE**  
AAPM, Director,  
Governance and  
Executive Office  
Manager



**Glen Hawkins**  
AAPM,  
Communications  
Manager

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## GOVERNANCE COMMITTEE REPORT, Cont.

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### What Stays the Same?

- Member voting rights
- Democratic governance
- Basic officer structure
- Regional chapter system
- Dues change approval by members
- Two-thirds vote required to amend Bylaws

### Why Update Now?

- DC nonprofit law has changed significantly since the current Bylaws were written
- Virtual meetings and electronic voting need to be explicitly addressed
- Director accountability provisions are missing from the current document

### How to Vote:

- Member ballot: September 2026
- Two-thirds majority required to pass

[Full materials](#)

[Submit comments](#)

itself requires a two-thirds member vote to take effect — that threshold is also unchanged.

In previous years, proposed Bylaws changes have not passed when members were concerned that fundamental governance rights were at stake. They are not at stake here. The changes described below are modernizations, not restructurings.

### The 10 Changes That Matter Most

#### 1. The document is updated to comply with DC nonprofit law.

AAPM is incorporated in the District of Columbia, and DC nonprofit law was substantially revised in 2011. The new document brings AAPM's Bylaws into full compliance, including specific legal references, tax-exempt status language, updated member and Board authority provisions, and registered agent requirements applicable to nonprofits incorporated there.

#### 2. The Board structure stays the same, but accountability provisions are added.

Directors are still elected by members or chosen by regional chapters. What's new is that the Bylaws now define how a Director can be removed — something the current document does not address. Members can remove an elected Director by a two-thirds vote. The Board can remove a Director for cause, with seven specific and serious grounds defined. Resignation procedures are also included.

#### 3. Operational details move to the Rules.

Committee compositions, nomination procedures, and non-voting membership criteria will sit in the Rules rather than the Bylaws. The Rules can be updated by the Board as the profession evolves — for example, if new clinical specialties emerge that warrant representation on committees. Member oversight is not reduced; the amendment process for the Rules remains clear and transparent.

#### 4. Secretary and Treasurer terms are standardized.

Both officers can now be elected for up to two consecutive three-year terms — six years total. The current Bylaws limited the Secretary to a single term, which made continuity in that role more difficult. This change gives both positions the same tenure potential.

#### 5. Members gain the right to call a special meeting.

If 25% of voting members sign a petition, they can call a special meeting of the membership between Annual Business Meetings. This right does not currently exist. It gives members a formal mechanism to raise urgent matters without waiting for the next annual meeting.

#### 6. The Board must meet at least twice a year.

The current Bylaws require one Board meeting annually. The new Bylaws set a minimum of two, providing more regular governance engagement and more opportunities to address organizational matters as they arise.

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GOVERNANCE COMMITTEE REPORT, Cont.

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**7. Virtual participation is explicitly authorized.**

The current Bylaws do not address virtual meetings. The new document explicitly allows members and Directors to participate by video conference or electronic teleconference. The Board may also act between meetings via unanimous written consent — a standard provision for modern nonprofits.

**8. The petition threshold for Bylaw amendments increases.**

The number of members required to petition for a Bylaw amendment rises from 5 to 25. As a percentage of AAPM's current membership of 10,000, however, 25 members is a meaningfully lower threshold than 5 members was when the Bylaws were originally written. The intent — that a small group of engaged members can initiate a formal process — is preserved.

**9. Councils and committees move to the Rules.**

The current Bylaws specify in detail the purpose and composition of each of AAPM's five Councils and eight other committees. All of those operational details move to the Rules. The Bylaws retain the governance framework; the specifics, which need to change as the organization's needs evolve, become easier to update.

**10. The Board of Directors election process gains flexibility.**

The new approach allows for up to four separate elections for at-large Board seats, each organized around a category the Nominating Committee — with Board approval — defines based on the organization's current needs, whether clinical specialty, practice setting, geographic representation, or otherwise. AAPM voting members retain the right to nominate additional nominees.

**How to Get Involved**

The proposal will be discussed at the virtual Annual Business Meeting on July 9, 2026, with online Q&A sessions in July and August. All voting members in good standing will receive a secret ballot in September 2026. All voting members in good standing will receive a secret ballot in September 2026. [Full materials](#) are available. Members wishing to submit formal comments may do so via [this form](#). ■



The AAPM Physics Plan Review Toolkit Specialty Meeting is a virtual, interactive experience designed to support high-quality physics plan review through practical learning, real-world scenarios, and peer collaboration. Stay tuned for details.



# PHYSICS PLAN REVIEW TOOLKIT

OCTOBER 29–30, 2026 | VIRTUAL

# AAPM BYLAWS MODERNIZATION PROPOSAL

What Every Member Needs to Know

## What's Happening?

The AAPM Board of Directors has approved a proposal to modernize AAPM's bylaws — the first comprehensive update since 1965, when the organization had approximately 200 members.

Today, AAPM has over 10,000 members. Our governing documents should reflect that.

As a Member, you have the opportunity to review, discuss, and vote.

## Why Now?

- DC nonprofit law requires updates
- Outdated language creates ambiguity
- Virtual meetings need formal authorization
- Governance should reflect AAPM in 2026

## Key Changes at a Glance

- **Board meets at least twice a year** (was once)
- **Virtual participation officially authorized** (already your reality)
- **Members can call special meetings** (new right: 25% can petition)
- **Members can remove Directors by vote** (new accountability measure)
- **Secretary may now serve up to two terms, bringing the Secretary in line with the Treasurer**
- **Operational details move to flexible RULES** (no bylaw vote needed for operations)
- **51 total documented changes** (most are housekeeping & legal compliance)

## What Stays the Same

- ✓ Your voting rights
- ✓ Board structure and size
- ✓ Basic officer structure
- ✓ Board structure, size, and chapter representation — unchanged
- ✓ Dues approval by member vote
- ✓ Democratic member governance

## Your Timeline

- **June 9: Materials Available**  
Review the [proposed bylaws, summary of changes, FAQ, and peer comparison](#).
- **July 9, 3:30–5 pm ET: Annual Business Meeting**  
Join the virtual discussion — share your perspective, ask questions, and submit formal comments. Register [here](#).
- **July – August: Member Q&A Sessions**  
Two virtual sessions for extended Q&A with the Governance Committee. Registration coming soon!
- **By September 9: Your Ballot Arrives**  
All Voting Members in good standing receive a secret ballot — 15–30 days to vote
- **Fall 2026: Results Announced**  
Two-thirds of ballots received required for adoption



### Read More

Full summary, FAQ, and peer comparison available [here](#).



### Have a Question?

Review the FAQ, attend the Town Hall, or the July or August Q & A Sessions



### Submit Your View

Click [here](#) to formally state your support or opposition before the vote

## A Day in the Life of an ACR Councilor

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### REPORT FROM THE 2026 ACR ANNUAL MEETING

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For the past few years, I have had the privilege of representing AAPM at the ACR Council, which meets at the American College of Radiology Annual Meeting each year. The 2026 ACR Annual Meeting was held on May 2–6, 2026, in Washington, DC. This is a very different kind of meeting from the scientific and educational meetings familiar to most AAPM members, but it includes several activities that are very important to AAPM and the field of medical physics. In this article I hope to “pull back the curtain” and share the role AAPM plays in these events.

The main purpose of the ACR Annual Meeting is the meeting of the ACR Council. The Council is made up of several hundred Councilors and functions in many ways like the US Congress. Each state ACR chapter appoints a delegation of Councilors selected by a process defined by the chapter. In addition, there are Councilors representing organizations such as the US military branches and radiological specialty societies, including AAPM and other societies such as the Society of Interventional Radiology. Sections within ACR such as the Resident and Fellows Section and the Young Professionals Section also have Councilors. All Councilors must be ACR members. Unlike AAPM, where all members vote in elections, only ACR Councilors may vote for ACR’s executive officers, Board of Chancellors, Council Steering Committee, and College Nominating Committee. These elections are held at the annual meeting, and the slate of candidates is prepared by the ACR’s College Nominating Committee.

In addition to elections, the Council debates and votes on resolutions. Many resolutions create or revise ACR policies, which guide ACR’s staff and volunteer commissions in the work they do throughout the year. For example, if ACR Council enacts a resolution to support or oppose a certain government or regulatory policy position, then ACR’s government relations staff will mobilize in accordance with that resolution any time a state or federal body proposes a relevant law, rule, or policy. Other resolutions are used to direct ACR’s other activities. Each of ACR’s accreditation programs, for example, was created when a resolution of Council authorized an ACR Commission to develop a program. Many resolutions initiate a one-year task force to explore an issue and make a recommendation for action by the Council at the following annual meeting.

Councilors have privileges to introduce resolutions, propose amendments, and testify for or against items under consideration. The formal proceedings are spread across two days. On the first day, Council conducts open hearings on all proposed resolutions, which must be submitted in advance of the meeting (although there are special provisions for emergency items). The resolutions are each assigned to one of four reference committees. During the open



**David W. Jordan, PhD**  
University Hospitals Cleveland Medical  
Center

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To a first-time attendee, these matters may appear to be simple wordsmithing, but the impact of Council policy is far-reaching, as it forms the basis for ACR Practice Parameters and Technical Standards, accreditation program requirements, and ACR advocacy activities in government, regulatory, and health economics and policy domains.

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REPORT FROM THE 2026 ACR ANNUAL MEETING, Cont.

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hearings, attendees provide testimony in favor of or against each resolution, including proposed amendments. The purpose of these hearings is for the reference committee members to try to understand “the will of the Council” — that is, how the Council is most likely to vote on the item in question. At the end of the hearings, the reference committees enter private, closed sessions and prepare a report in which they recommend each resolution to be adopted, not adopted, or adopted with amendments. These reports are posted on a meeting website and app for Councilors to review that evening.

On the second day, the recommendations of each reference committee are presented to Council as a consent calendar. Council may vote to adopt all the reference committee recommendations with a single vote, or Councilors may request to debate and vote on certain resolutions individually. A typical meeting will have about 40 resolutions on the agenda, with perhaps two or three debated and voted individually in this session, usually on controversial or contentious issues. At the 2025 meeting, a proposed resolution would have restricted leadership positions in ACR to physicians, barring medical physicists who have traditionally served in many of these positions. Fortunately, this resolution was not enacted, and testimony during the hearings revealed that this was an oversight rather than a deliberate intention of the resolution’s sponsors, who primarily sought to contain the roles and influence of physician assistants and nurse practitioners within ACR. Another resolution about lead protective apparel that used language recently proposed in the American Medical Association House of Delegates and several cardiology societies contained statements that were concerning to medical physicists, and through the testimony of multiple medical physicists, this resolution did not move forward with the problematic language included. There were a few policy resolutions introduced at the 2026 annual meeting that would have adversely impacted medical physicists due to broad language regarding “non-physicians” which were not approved by Council, partially through the efforts of vigilant medical physicist Councilors.

To a first-time attendee, these matters may appear to be simple wordsmithing, but the impact of Council policy is far-reaching, as it forms the basis for ACR Practice Parameters and Technical Standards, accreditation

program requirements, and ACR advocacy activities in government, regulatory, and health economics and policy domains.

The Medical Physics Caucus is a meeting held at the beginning of the ACR annual meeting for discussion of meeting items of interest to medical physics; all are welcome to attend, and the caucus may formally designate Councilors to express a position of the Caucus at Council meetings. This carries greater weight than testimony of an individual Councilor, so the caucus provides an important voice for the medical physics profession in Council deliberations.

Fortunately, medical physics has had strong representation in ACR Council and other key ACR leadership roles in recent years. I have enjoyed getting to know and work closely with the medical physicists who actively participate in ACR, including the annual meetings. **Max Amurao, PhD** is the current chair of the ACR Commission on Medical Physics and a member of the ACR Board of Chancellors, and **Heidi Edmonson, PhD** serves on the Council Steering Committee. Many medical physicists are active in their state chapters and regularly attend, including **Bob Pizzutiello, MS** (New York), **Dan Long, PhD** (New York), **Ralph Lieto, MS** (Michigan), **Heidi Edmonson, PhD** (Minnesota), current AAPM Board Chair **Mahadevappa Mahesh, PhD** (Maryland), and **Tim Blackburn, PhD** (Texas), just to name a few — and several have served, or currently serve, as presidents of their state ACR chapters. Other “regulars” at the caucus who are active in ACR roles include **Bill Sensakovic, PhD**, **Mary Ann Keenan, DMP**, and **Tariq Mian, PhD**. I am especially grateful to our incoming AAPM Councilor, **Ashley Rubinstein, PhD**, and Alternate Councilor, **Colin Schaeffer, PhD**, who will step into the critical role of representing AAPM at the 2027 ACR Annual Meeting. ACR’s Senior Advisor for Medical Physics, **Dustin Gress, MS** and his colleague Wil Creech do an outstanding job of coordinating all things medical physics-related at the annual meeting, including the caucus meeting, a happy hour and mixer for medical physicist attendees, and ACR’s graduate student travel award and Morin Fellowship, which provide financial support to medical physics graduate students and residents to attend the annual meeting and learn about the workings of ACR, the Council, the caucus, and the Commission on Medical Physics.

REPORT FROM THE 2026 ACR ANNUAL MEETING, Cont.

ACR's Hill Day is held the day after the meeting adjourns. Attendees team up with their state chapter colleagues to visit their Senators and Representatives on Capitol Hill, meeting with staffers — and sometimes the lawmakers themselves — to educate them about issues of interest or concern to ACR. There is an excellent orientation and training for attendees and a well-organized information packet that includes instructions and talking points for participants as well as leave-behind information for staffers. This year ACR members took to the Hill in white coats to publicize the roles of radiologists, radiation oncologists, and medical physicists as healthcare providers and to educate Congressional staffers about key economic issues – the ROOT Act, the No Surprises Act Enforcement Act, and the perennial need for Medicare reform to make inflationary adjustments to the Medicare Physician Fee Schedule. First-timers have nothing to fear; every state delegation has experienced “radvocates” to help show them the ropes.

The annual meeting features a number of other important business, educational, and ceremonial activities, including an address by the president, the Moreton Lecture (a keynote address by a prominent speaker on a current

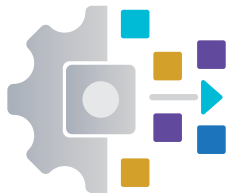
topic of interest), reports from the ACR CEO, Board Chair, and Treasurer, the business meeting of the ACR Association, the ACR Convocation (at which the ACR's Gold Medals, Fellowships, and Honorary Fellowships are conferred), presentation of ACR awards, a professional economics forum, open mic discussions (this year hosted by the Commission on Human Resources and focused on workforce issues), and a proffered poster session and a few educational sessions. We should be especially proud of the strong representation of medical physicists among the new class of ACR Fellows inducted each year.

Representing AAPM on the ACR Council has been a uniquely educational and rewarding experience. I have been fascinated to learn more about the operations, activities, and governance of ACR and I hope this brief overview helps readers to understand how AAPM and ACR work together to ensure a strong voice for medical physics in the professional world of “capital-R Radiology” — diagnostic radiology, interventional radiology, radiation oncology, nuclear medicine, and medical physics, collectively. ■

MARK YOUR CALENDAR

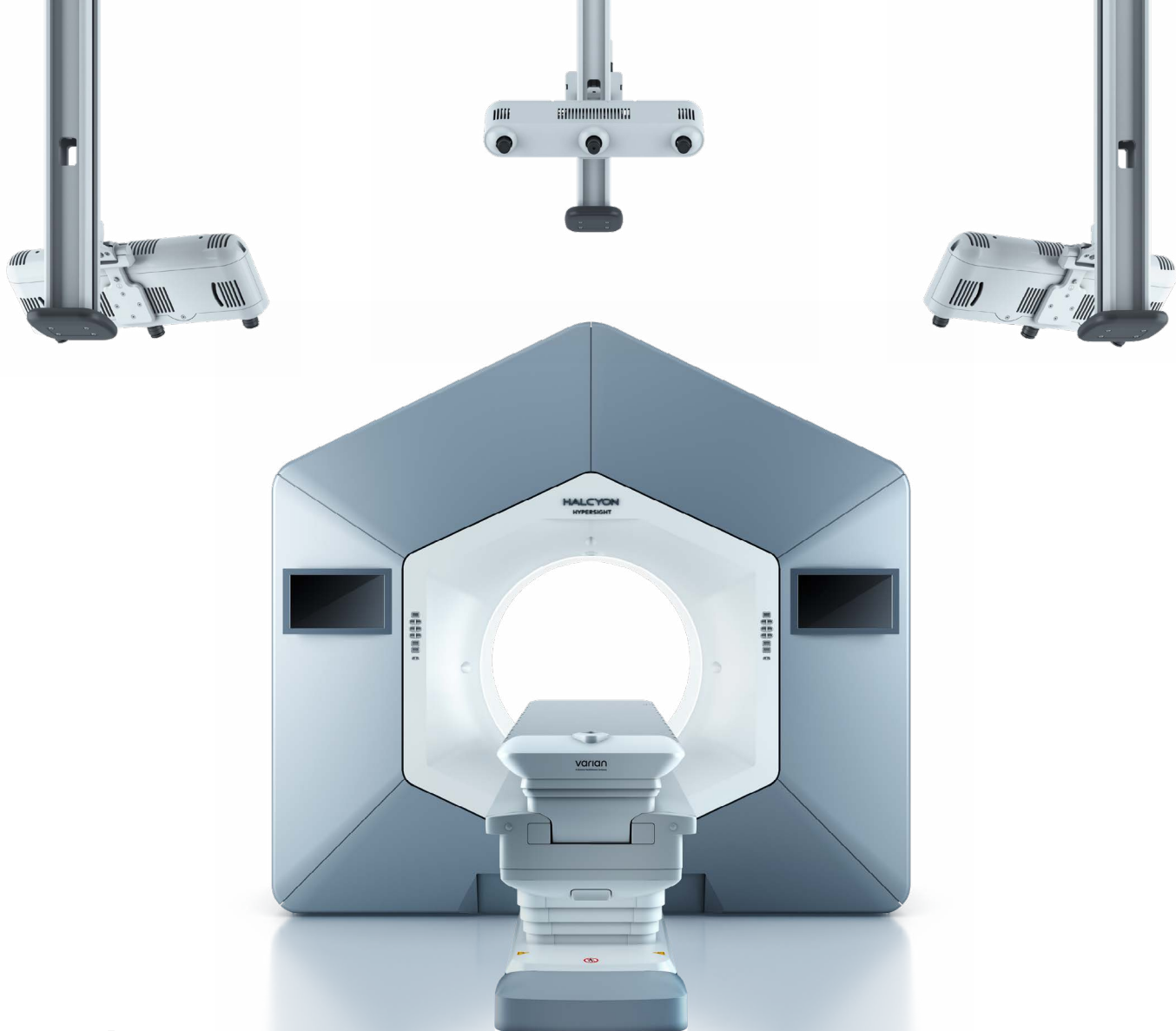
with these important dates!

**AAPM 2027**  
69<sup>TH</sup> ANNUAL MEETING & EXHIBITION  
JULY 25–28 | COLUMBUS, OH



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|   |                                    |
|---|------------------------------------|
| RFP Opens   | Tuesday, <b>September 1</b> , 2026 |
| RFP Closes  | Thursday, <b>October 8</b> , 2026  |
| Abstract Submission Site Opens for Proffered Abstract Submissions | Tuesday, <b>November 10</b> , 2026 |
| Deadline for Proffered Abstract Submissions                       | Tuesday, <b>January 26</b> , 2027  |
| Authors Notified of Presentation Disposition                      | Thursday, <b>April 22</b> , 2027   |
| Authors Notified of Presentation Disposition                      | Tuesday, <b>May 11</b> , 2027      |



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# AAPM and CRCPD Partner on Regulation in Action Training for State Regulators

## GOVERNMENT AND REGULATORY AFFAIRS COMMITTEE REPORT

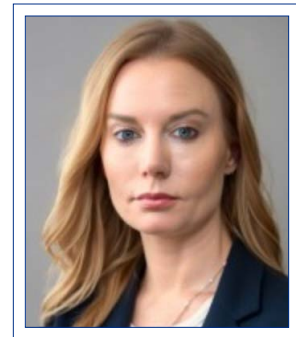
Written on behalf of GRAC Conference of Radiation Control Program Directors Subcommittee

**G**RAC's Conference of Radiation Control Program Directors (CRCPD) Subcommittee held a hands-on training for state and local radiation regulators during the CRCPD Annual Meeting at the RUSH MD Anderson Cancer Center at Rush Lisle. The workshop, titled *Regulation in Action - A Hands-on X-ray Training Workshop for State Regulators*, gave regulators a practical look at clinical equipment, quality assurance processes, and the day-to-day work of medical physicists across imaging and radiation therapy settings.



Robert Staton, PhD, DABR and Michael Klem, MSMP lead participants through a hands-on equipment demonstration during Regulation in Action - A Hands-on X-ray Training Workshop for State Regulators at the RUSH MD Anderson Cancer Center at Rush Lisle.

The event continued a long-standing area of collaboration between AAPM and CRCPD: helping radiation control program staff better understand the clinical environments, technologies, and professional roles they regulate. CRCPD described the training as supporting technical expertise, consistency in radiation protection practices, and professional development for its members. For AAPM, this type of training is also an important form of advocacy. It builds



**Lauren DePutter**  
Director of Government Affairs and  
External Relations, AAPM HQ

Regulatory relationships built in a clinical setting carry weight when it matters. AAPM's partnership with CRCPD is built on exactly this kind of direct, practical engagement, connecting regulators with the equipment, workflows, and expertise they oversee.



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GOVERNMENT AND REGULATORY AFFAIRS COMMITTEE REPORT, Cont.

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relationships before a specific legislative or regulatory issue arises, helps regulators understand the value medical physicists bring to patient and worker safety, and creates a foundation for more practical, technically informed regulation.

A key part of the training's success was the local coordination and support provided by **Nicole Murphy, MS, DABR**, a medical physicist, Assistant Professor, and Radiation Safety Committee Chair at RUSH. Nicole Murphy facilitated use of the Rush Lisle facility, giving regulators direct access to modern clinical equipment, medical physicists, and real-world quality and safety workflows.

The program was designed to give inspectors and radiation control program staff practical exposure to equipment and processes they may encounter in the field. Participants rotated through small-group stations covering radiation therapy, radiography, mammography, CT, quality assurance, shielding, and related safety considerations. The format allowed regulators to ask detailed questions, compare state approaches, and connect regulatory requirements to real clinical practice.

**Robert Staton, PhD, DABR**, Chair of GRAC's CRCPD Subcommittee (CRCPDS) and lead organizer of the event, described the training as a full day of hands-on training where attendees observed equipment used in radiation therapy, radiography, mammography, and CT. He noted that the training provided a useful opportunity for regulators to see how quality assurance testing is performed by clinical medical physicists and to ask questions throughout the process. He also emphasized that the training helped establish connections with regulators from across the country and could serve as a model for similar state-level efforts.

In the digital radiography lab, **Jessica Clements, MS, DABR**, and Nicole Murphy reviewed room layout, shielding, signage, equipment operation, automatic exposure control versus manual technique selection, and the structure of the Rush quality control and quality assurance program. They demonstrated imaging with a vendor-neutral quality assurance phantom and walked participants through phantom scoring and interpretation. A key focus was helping regulators connect technical concepts to clinical workflows, including how Exposure

Index and Deviation Index are used in practice to monitor image quality and dose. The session also created space for direct discussion about state regulatory approaches and future collaboration.

The hands-on format was especially valuable because participants came from a wide range of backgrounds. **Kevin Little, PhD, DABR**, a medical imaging physicist at The Ohio State University and CRCPDS Vice Chair, led a CT quality assurance station and discussed the phantoms used by physicists and technologists. He described the meeting as a valuable opportunity for medical physicists to interact and learn with state and local regulators, noting regulators' shared commitment to patient safety and the importance of AAPM's relationship with CRCPD.

**Courtney Morrison, MS, DABR**, led a mammography station focused on areas where regulations and guidance can be less straightforward, including radiologist workstations, biopsy units, and contrast-enhanced mammography. Her session included discussion of manufacturer quality control, the ACR quality control manual, differences in state approaches, and emerging technologies that some inspectors may not yet have encountered in practice. The informal format also allowed participants to discuss common areas of frustration and practical implementation challenges from both the regulator and medical physicist perspectives.

Robert Staton, CRCPDS member **Shannon Durfee, MS, DABR**, and **Michael Klem, MSMP**, Instructor in the Department of Radiation Oncology at Rush Medical College, led the therapy physics, linear accelerator quality assurance, and shielding station. Durfee noted that direct access to equipment and subject matter experts can help regulators inspect more confidently, particularly when participants bring different levels of experience and technical background. Several regulators noted that the session was among the most useful professional development they had attended, and the event generated new connections between AAPM members and CRCPD participants that are expected to continue beyond the training itself.

This relationship-building is central to AAPM's state advocacy work. Many regulatory decisions affecting medical physics are made at the state level, often by

GOVERNMENT AND REGULATORY AFFAIRS COMMITTEE REPORT, Cont.

agencies that must oversee a broad range of radiation uses with limited access to specialized clinical expertise. By bringing regulators into clinical environments and connecting them directly with medical physicists, AAPM can help ensure that regulatory decisions are informed by how radiation safety, equipment performance, quality assurance, and patient care actually function in practice.

The training provides a practical model for future engagement between AAPM members and state radiation control programs. Trainings like this strengthen trust, improve mutual understanding, and help position medical physicists as technical resources for regulators. That work is not separate from advocacy; it is one of the most effective ways AAPM can support consistent, workable, and technically sound regulation. ■



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## ACR Accreditation & More: Info for Medical Physicists

### UPDATES FROM ACR HQ

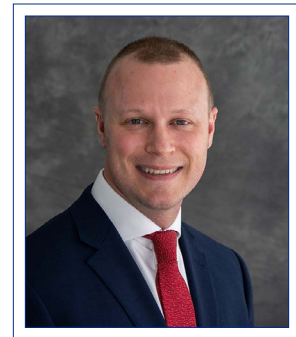
#### Congratulations to Emily Koons and Humberto Monsivais!

**Emily Koons, PhD** at Oregon Health and Science University and **Humberto Monsivais, PhD** at UT MD Anderson were selected to be Morin Fellows. Drs. Koons and Monsivais will serve a year on ACR's Commission on Medical Physics, visit ACR's DC office to meet with program and staff leadership, and attend the 2027 ACR Annual Meeting in DC to network with active ACR physician and physics members and observe the business of the College.



#### Backlog of CT Phantom Orders

ACR is aware that Mirion / Sun Nuclear has an extensive backlog of ACR CT Phantom orders. At the time I am submitting this column, ACR has not yet posted formal guidance, and we are scheduling a call with Mirion to discuss how to ensure swift resolution of the backlog and long-term inventory stability. Please check the [ACR's CT Accreditation page \(scroll down to Accreditation Announcements\)](#) for more information—or email me if you don't find it there. In the near term, ACR will be recommending that medical physicists use a manufacturer's phantom for some annual surveys if it allows provision of accreditation submission imaging using the ACR CT Phantom at/for another clinic/site. ACR knows this is not an ideal scenario and we appreciate your patience.



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

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. This page has forms and quick links for all ACR accreditation programs.

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UPDATES FROM ACR HQ , Cont.

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### Additional Phantom Manufacturer Now Available for NM and PET

The ACR NM and PET Accreditation Program is excited to announce that several Diagnostics NM/PET phantoms are now recognized as ACR approved. View the full list of ACR-approved phantoms available through Diagnostics, please visit: <https://shop.diagnostics.com/>.

The following ACR NM and PET weblinks have been updated:

- [Testing Overview: Nuclear Medicine and PET](#)
- [Phantom Testing: Nuclear Medicine](#)
- [Phantom Testing: PET](#)

The Phantom Testing: PET article now includes pictorial phantom images to better assist sites, as well.

### NM and PET Program Requirements updates

Several minor changes will be published for NM and PET soon, if not by the time this column publishes:

#### PETAP

- The 1 cm requirement will be removed. The PET Phantom requirements will indicate that single slice images between 3–10 mm are acceptable.
- The ROI screenshot requirement will be removed. The PET Phantom requirements will indicate that submitting the ROI screenshot is recommended but not required.
- A  $\pm 30$  minute grace period will be added to the PET Phantom Requirements.

#### NMAP

- Language for summed slice requirements will be updated to recommend a composite image of 3-6 cm thick through the rod section; 2-3 cm thick for the small phantom.
- Units performing only cardiac imaging will no longer be required to apply attenuation correction regardless of the acquisition orbit indicated on the data form.

These changes are not in effect until they are published. Sincere thanks to the dedicated ACR member-volunteer medical physicists who provide their time and expertise in thoughtful discussions to oversee and curate ACR's accreditation programs.

### Blue Ribbon Panel on Fluoroscopy Safety

The ACR convened a Blue Ribbon Panel on Fluoroscopy Safety (BRP-FS), including 32 organizations and 40 Panelists and authors. From the abstract: "There are many challenges associated with the safe use of fluoroscopy. These challenges include but are not limited to highly variable regulatory requirements, scope of practice concerns, inconsistent education and training, and lack of staff empowerment. Challenges are further compounded by the increasing use of fluoroscopy across a wide range of medical specialties. To facilitate consensus on how to address the issues, the ACR convened the multidisciplinary Blue Ribbon Panel on Fluoroscopy Safety (BRP-FS), with 32 organizations represented. The goal of the BRP-FS is to establish multi- and interspecialty consensus standards for the safe use of fluoroscopy in health care, including minimum and uniform standards for the education and training of fluoroscopy users that apply across geographic and professional boundaries, for the benefit of all patients and health care providers."

You can [read the open access paper here](#). Most of what the BRP-FS discusses and recommends in the paper is not novel and was not intended to be. The project was initiated because the time was right for fluoroscopy stakeholders across specialties and professions to collectively agree that these ideas and principles are indeed good and worthy of pursuit. We hope the structural blueprint provided by the BRP-FS advances patient and personnel safety and satisfaction, motivates standardization, and inspires innovation. ■

# Honoring Colleagues, Funding the Future

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## DEVELOPMENT COMMITTEE REPORT

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*Written on behalf of the Development Committee*

The medical physics community has felt an increasing weight of loss in recent years, saying goodbye to mentors, collaborators, teachers, and friends - many of whom shaped the field as we know it today. In addition to reminiscing fondly about the actual person, their scientific contributions, and their AAPM service, members are sometimes motivated to do more - to do something lasting, something concrete - in remembrance. Establishing a memorial fund within the AAPM Education and Research (E&R) Fund provides an opportunity for a member's work and influence to continue through the careers of future medical physicists.

### What Is a Named Memorial Fund?

A named memorial fund is a restricted fund within our E&R Fund bearing the name of one or more deceased AAPM members. It provides a dedicated channel by which to honor a loved one by supporting the educational and research mission that defined so much of their professional lives, and is governed by [AP-99 Memorial Funds for the E&R Fund](#).

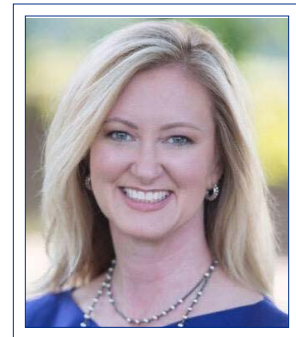
### Why Establish or Contribute to a Memorial Fund?

For many members, a memorial fund is a reminder of those who opened doors and made medical physics what it is today - and often what it is to them. Contributing to an existing memorial fund or toward instituting a new one is a tangible way to:

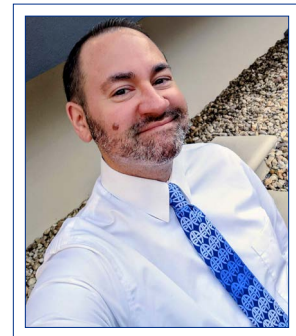
- Recognize an invaluable colleague, mentor, or friend whose impact shaped you and your career
- Channel grief into something generative - investments in students, scholarships, and research
- Strengthen the broader AAPM community by funding the work the honoree cared about most
- Create a permanent legacy that endures beyond any single lifetime

### Which Named Memorial Funds Currently Exist?

- **Dr. Philip Heintz** founded his own radiation therapy software company and was a dedicated educator who taught medical physicists, medical residents, and allied health personnel. He established a Master of Science program in Medical Physics at the University of New Mexico, and helped develop and grow graduate and residency training programs in diagnostic radiology. Dr. Heintz passed away in 2018, and this [memorial fund](#) was established in 2018.



**Michelle Wells, MS**  
Piedmont Healthcare



**Justin Stewart**  
Director, Programs, AAPM HQ

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For more information about the AAPM Education & Research (E&R) Fund and to donate, visit <https://www.aapm.org/education/edfundintro.asp>.

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DEVELOPMENT COMMITTEE REPORT , Cont.

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- **Dr. Jack S. Krohmer** was a pioneer of medical physics and AAPM charter member who served as AAPM President in 1974 and served on the ABR Board of Trustees from 1972 to 1993. He advanced the field through educational initiatives — including graduate medical physics programs and training programs for residents, radiographers, and radiation therapists — and earned top honors including the AAPM William D. Coolidge Award (1985), the RSNA Gold Medal (1992), and the ACR Gold Medal (1994). Dr. Krohmer passed away in 2001, and this [memorial fund](#) was established in 2001.
- **Dr. Lech Papiez** was a brilliant mathematician who devoted his career to cancer research at the Indiana University School of Medicine's Department of Radiation Oncology. As a prominent researcher, professor, patent holder, and prolific author, he was instrumental in designing a highly effective radiation treatment for early-stage lung cancer that has saved countless lives. Dr. Papiez passed away in 2016, and this [memorial fund](#) was established in 2017.

A named [memorial fund](#) was recently established for **Dr. George W. Sherouse**, who passed away in 2022. He developed and freely shared GRATIS, the first graphical 3D treatment planning system; pioneered virtual simulation that helped establish today's standards of care; and founded one of the first community-based residency programs. A gifted mentor and incisive thinker known for playful metaphors (including his celebrated platypus analogy for medical physicists' unique skillset), he devoted decades to AAPM service while championing ethics, professionalism, and fearless, curious innovation.

### Visit the Donors Lounge in Vancouver

To learn more about the E&R Fund, brainstorm ideas for honoring a colleague, or to see the impact your generosity is making, please stop by the Donors Lounge at AAPM2026 in Vancouver. Development Committee members and HQ staff will be there to answer questions and facilitate donations. Members are encouraged, with gratitude, to donate year-round; [visit the AAPM website](#) to do so online or for information on how to do so with a check. ■

## Our Condolences

[Paul N. Goodwin, PhD](#) • [Joel E. Gray, PhD](#) • [Phillip F. Judy, PhD](#) • [Michael J. Parrott, 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: [2026.aapm@aapm.org](mailto:2026.aapm@aapm.org)  
(Please include supporting information so that we can take appropriate steps.)

## Call for Submissions: JACMP Special Issue on MR-Linac 2026

### JOURNAL OF APPLIED CLINICAL MEDICAL PHYSICS UPDATE

#### Advancing the Frontiers of MR-Guided Radiotherapy

The *Journal of Applied Clinical Medical Physics* (JACMP) is thrilled to announce a new Special Issue: "[MR-Linac 2026: Consortium Highlights and Beyond.](#)" As the field of MR-guided radiotherapy continues to grow, this collection aims to capture the practical innovations, technological breakthroughs, and collaborative strategies that are defining modern clinical practice. This special issue is open to any researchers who would like to share their MR-guided radiotherapy research with a broad audience of clinical medical physicists. We are specifically inviting presenters and speakers from the 2026 MR-Linac Consortium meeting to translate their work into full, peer-reviewed manuscripts. This premier event provides a dynamic platform for global MR-Linac users to exchange clinical best practices and evaluate evidence-based treatment outcomes across diverse disease sites. Furthermore, the meeting highlights cutting-edge developments within the MR-Linac ecosystem, including advanced MR sequencing, workflow optimizations, and pioneering treatment techniques for emerging anatomical sites. By expanding meeting presentations into formal publications, you contribute to a lasting body of knowledge that will help the global community advance the safety, precision, and efficiency of MR-guided patient care.

#### Key Areas of Focus

We are seeking submissions that address the complexities of clinical integration and the future of adaptive environments. Topics of interest include, but are not limited to:

- **Workflow & Operations:** Strategies for high-throughput delivery, innovative staffing models, and productivity metrics.
- **Technical Advancements:** AI-driven auto-segmentation, automated planning, and advanced MR-based dosimetry.
- **Comprehensive Motion Management:** Strategies for respiratory and non-respiratory movement across anatomical sites to optimize clinical efficiency.
- **Quality & Safety:** Commissioning and QA for adaptive platforms and the implementation of clinical practice guidelines.
- **Clinical Integration:** Utilizing functional imaging, multi-parametric MRI, and hybrid modalities to support adaptive decision-making.



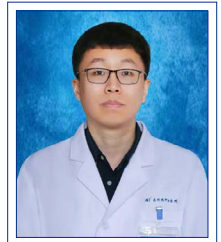
**Jinzhong Yang, PhD**  
UT MD Anderson  
Cancer Center



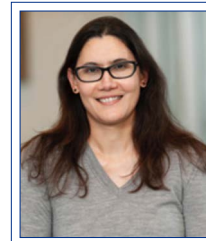
**Guillaume Landry, PhD**  
Medical Center of  
the University of  
Munich



**Mu-Han Lin, PhD**  
UT Southwestern  
Medical Center



**Prof. Kuo Men**  
Peking Union Medical  
College, China



**Neelam Tyagi, PhD**  
Memorial Sloan-  
Kettering Cancer  
Center



**Yi Rong, PhD**  
Mayo Clinic

### Submission Information

JACMP welcomes a variety of formats, including **Original Research, Technical Notes, Case Reports, Review Articles, and Dataset/Software papers.**

- **Submission Period:** April 15, 2026 – December 31, 2026.
- **How to Submit:** During the submission process, please select “**MR-Linac 2026: Consortium Highlights and Beyond**” when asked if your paper is for a special issue.
- **For Consortium Speakers:** If you are an abstract presenter or invited speaker, please indicate this in the “Manuscript Comments” section during submission (do not include names/affiliations in this comment).

### Why Publish?

Accepted articles will be published online as **Open Access** immediately upon acceptance, ensuring your findings reach your colleagues without delay. Once the submission period closes, all papers will be curated into a virtual special issue, serving as a comprehensive reference for the field. *Note: Standard JACMP publication charges apply. All manuscripts will undergo the journal's rigorous standard peer-review process.*

Help us bridge the gap between innovation and clinical practice. We look forward to your contributions! ■

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# Reflections on Global Training, Mentorship, and Leadership in Medical Physics with Dr. Stephen Avery: Walking in Their Shoes

## GLOBAL CLINICAL EDUCATION AND TRAINING COMMITTEE REPORT

Written on behalf of the Leadership Skills for Global Development Subcommittee (GLEADSC)

The Leadership Skills for Global Development Subcommittee (GLEADSC), part of the Global Clinical Education and Training Committee (GCETC) within AAPM's International Council, promotes leadership development in medical physics through in-person and virtual training on soft skills, communication, and cultural sensitivity. By partnering with national and regional professional organizations and engaging experienced trainers and leaders worldwide, GLEADSC seeks to foster a more connected and effective global medical physics community. This interview is part of the GLEADSC newsletter series highlighting the insights, experiences and perspectives of leaders in AAPM engaged in global medical physics education, mentorship, and collaboration.

Mentorship, training, and leadership are often discussed in terms of technical expertise, curriculum, and formal programs. But in global medical physics, those elements are only part of the story. In this conversation, Dr. Stephen Avery reflects on the experiences that shaped his approach to training, the lessons he has learned through international collaboration, and the non-technical skills that matter most when building sustainable partnerships across countries and cultures. His perspective underscores that the most effective training begins not with answers, but with listening.

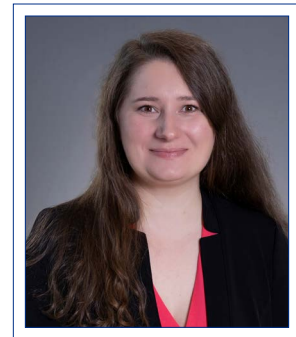


**Brief Biography: Stephen Avery, PhD, FAAPM,** is Professor of Radiation Oncology at the University of Pennsylvania and Director of Global Radiation Physics. An ABR-certified medical physicist, his work spans proton therapy, treatment planning, quality assurance, and the implementation of new treatment technologies. He has also played an important role in medical physics education and professional service. Dr. Avery is particularly recognized for his global involvement in radiation oncology and medical

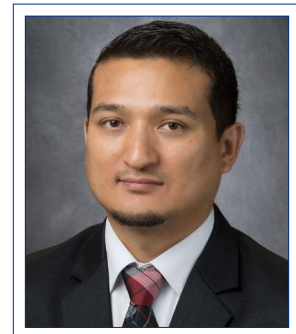
physics, with efforts focused on building sustainable education, training, quality assurance, and research collaborations in low-resource settings, including Bangladesh, Ghana, and Tanzania. Through leadership roles in initiatives such as AMPERE and the Global Health Catalyst Summit, he has helped advance international partnerships aimed at strengthening cancer care capacity worldwide.

**Interviewer: Why did you become a trainer? What was the passion for that?**

**Stephen Avery:** I do not think I became a trainer because I set out to be one. It grew naturally from my own experience as a student and early-



**Denisa Goia, MsMP**  
West Virginia University GLEADSC



**Surendra Prajapati, PhD**  
UT MD Anderson Cancer Center

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GLOBAL CLINICAL EDUCATION AND TRAINING COMMITTEE REPORT , Cont.

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career physicist. There were times when I did not have the mentorship or guidance I needed, and that taught me how important it is to have someone who can help you navigate your path. Over time, I found myself wanting to share what I had learned with others who were facing the same kinds of questions and challenges. For me, training and mentorship came from wanting to help others avoid unnecessary struggles and move forward with more confidence. In many ways, it was less a formal decision than a natural extension of my own experiences.

***Where have you provided training and how long have you been doing so?***

**Stephen Avery:** My training experience has taken several forms. In the United States, I served as director of the medical physics graduate program at the University of Pennsylvania for about eight years over two different terms, which gave me a formal role in graduate education and trainee development. Internationally, my work has included collaborations and training activities in countries such as Tanzania, Ghana, and Bangladesh, along with broader engagement through global health initiatives and partnerships. This work has ranged from formal educational roles to collaborative training, advising, and long-term program development.

***What do you remember the most from these trainings?***

**Stephen Avery:** What stands out most is how important it is to understand the local environment before trying to teach or build anything. One of the experiences that stayed with me the most was in Tanzania, when I spent time in the clinic and worked alongside local staff to understand what it was actually like to deliver cancer care there. That experience changed my perspective. Since then, I have felt strongly that before we train, advise, or propose solutions, we need to understand what life and practice look like for the people already doing the work. You really have to walk in their shoes first.

***What challenges did you face during the training period?***

**Stephen Avery:** One of the biggest challenges is learning to slow down and listen. It can be tempting to arrive with a fixed idea of what should be done, especially if you come from a system that is well established and highly structured. But training does not work well when it is approached as one-size-fits-all. You have to understand the culture,

the educational structure, the clinical workflow, and the broader realities of daily life in that country. Language can also be a major challenge. In some settings, even when participants speak some English, meaning can still be lost, and that can affect both teaching and clinical communication. Cultural understanding is not secondary to the work; it is part of what makes the work effective.

***Were there any conflicts? If yes, how did you manage it?***

**Stephen Avery:** One of the most common sources of difficulty is not necessarily conflict in a personal sense, but misunderstanding protocol, hierarchy, or local systems of authority. In some countries, if you do not go through the proper channels or acknowledge the correct leadership structure, even a well-intentioned project may not move forward effectively. I learned that it is essential to identify the right people, understand the chain of communication, and work through trusted local partners and institutions. That helps build legitimacy, trust, and long-term success. Another challenge can be language barriers, which is why interpreters or training in the local language can make a major difference. Following the proper process is not just administrative, it is often what allows the work to be recognized and integrated into the local system.

***Do you keep in touch with those centers where you provided the training?***

**Stephen Avery:** Yes, very much so. In fact, I think sustained contact is one of the most important parts of meaningful global work. Some of the people I first connected with years ago are still collaborators today. Early conversations and pilot projects grew into long-term professional relationships and larger programs. That kind of continuity matters because it turns a short training effort into a real partnership built around shared goals and ongoing trust. For me, this work is not about one-time visits, but about building relationships that last.

***How can the training experience be improved? What worked and what did not work?***

**Stephen Avery:** What works best is respecting and building on the framework that already exists in a country rather than trying to replace it with your own model. Successful training depends on patience, proper communication, following protocol, and understanding the local landscape before proposing change. What does not work well

GLOBAL CLINICAL EDUCATION AND TRAINING COMMITTEE REPORT , Cont.

is rushing, assuming that your own system should be transplanted directly, or failing to involve the right people from the start. If I could improve anything from earlier experiences, I would say I learned to be more patient, to listen more carefully, and to let the process develop at the pace needed for trust and alignment.

**What non-technical skills do new trainers need to learn and master?**

**Stephen Avery:** I think new trainers need to develop strong listening skills, cultural awareness, patience, humility, and the ability to build trust. Leadership in this context is not about imposing your vision or making the work about yourself. It is about understanding where other people want to go and helping them move in that direction. Not everyone aspires to the same professional path or role. Some may aim for positions such as department chair, dean, or prominent researcher, while others may find their greatest fulfillment in becoming outstanding clinicians or dedicated educators. A good trainer and leader recognizes that and helps people grow according to their

own goals. Communication, relationship-building, and self-awareness are just as important as technical knowledge.

**What advice do you have for upcoming international trainers?**

**Stephen Avery:** Start by defining what you care about and what kind of contribution you want to make. It does not have to be a large program at first. It may be teaching a course, helping with a workshop, or contributing to one project. From there, be persistent, seek out opportunities, and stay open to learning from experience. Try to understand the local setting before acting, work through trusted channels, and focus on partnership rather than ownership. Most importantly, remember that this work is about people. If you approach it with respect, patience, and a genuine desire to work with others rather than simply do something to them, you are much more likely to make a meaningful and lasting contribution. The most effective international training begins with listening, continues through trust, and succeeds through partnership. ■

**MARK YOUR CALENDAR**

with these important dates!



**2027 AAPM SPRING CLINICAL MEETING**  
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| <b>Abstract Submission Site</b> Opens for Proffered Abstract Submissions | Wednesday, <b>August 5</b> , 2026     |
| Deadline for <b>Proffered Abstract Submissions</b>                       | Wednesday, <b>September 16</b> , 2026 |
| <b>Authors Notified</b> of Presentation Disposition                      | Wednesday, <b>November 4</b> , 2026   |
| <b>Online Meeting Program</b> Goes Live                                  | Wednesday, <b>December 2</b> , 2026   |



**IN FEBRUARY 2026, AAPM CONVENED LEADERS ACROSS MEDICINE, SCIENCE, INDUSTRY, AND POLICY TO DETERMINE HOW MEDICAL PHYSICISTS CAN MOST EFFECTIVELY ADVANCE HUMAN HEALTH OVER THE NEXT DECADE.**

Discussions coalesced around crucial questions:

**What role(s) will medical physicists play in a rapidly evolving landscape? How will they best ensure that advancing technologies translate into safe, effective, and measurable patient care?**

### Why it Matters

Healthcare is being transformed by artificial intelligence, precision therapies, and complex data ecosystems — and a central challenge runs through all of it: how to safely measure, validate, and implement innovation at scale. Medical physicists are uniquely positioned at this intersection. Our expertise in measurement, modeling, and quality assurance makes the field a critical bridge between scientific discovery and clinical impact.

### Moving Forward

AAPM is advancing these priorities through partnerships, standards development, and strategic initiatives spanning science, education, and clinical practice. The future of healthcare will depend on the responsible deployment of innovation — and medical physics is central to that mission.

### Identified Key Priorities

#### Precision Therapies

Advance quantitative standards and dosimetry to enable safe, personalized treatments linked to outcomes.

#### AI in Clinical Practice

Establish frameworks for evaluation, monitoring, and safe deployment of AI across real-world healthcare settings.

#### Regulatory Innovation

Modernize regulatory pathways using real-world data, simulation, and scalable evaluation methods.

#### Expanding Impact

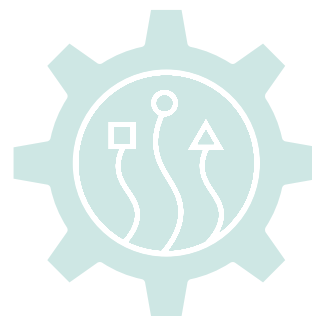
Extend physics expertise into emerging areas such as pathology, surgery, and integrated health data systems.

#### Workforce of the Future

Build a dynamic, adaptable workforce through modernized education, cross-disciplinary training, and stronger research infrastructure.

#### Trust and Professional Leadership

Strengthen trust through transparency, patient-centered care, and clear scientific leadership in medicine.



# Building the Future of Medical Physics Education: Inaugural Report of the New Curriculum Committee

## NEW CURRICULUM COMMITTEE REPORT

*Written on behalf of the New Curriculum Committee*

AAPM has long held a central role in shaping the educational foundation of our profession. Through its guidance on curricular standards, continuing education, and professional development, AAPM ensures that medical physicists are equipped to meet the evolving demands of clinical practice, research, and innovation. In 2025, recognizing both the pace of change in our field and the need for a more agile approach to educational development, the AAPM Education Council established the **New Curriculum Committee (NCC)**.

This article introduces the NCC, outlines its purpose and structure, and describes a new, standardized process for the development of forward-looking curriculum recommendations designed to meet emerging needs in medical physics.

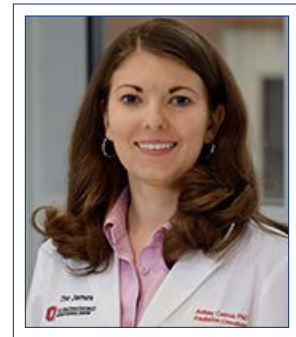
### Why a New Curriculum Committee?

AAPM's role in education, as defined in its memorandum of understanding with educational stakeholders, includes two central responsibilities:

- Defining educational content for graduate and residency programs, including recommendations for individuals entering the field from other professions
- Providing continuing education opportunities to support Maintenance of Certification (MOC)

Historically, the AAPM has fulfilled its responsibility for defining educational content through comprehensive reports and periodic updates. These reports have informed both program accreditation standards and board certification content. However, the traditional approach has had limitations. Educational reports have often been infrequent, resulting in long intervals between updates. Program curriculum reports are extensive in scope, requiring substantial time for development and review. These reports have also been targeted to specific learner groups, such as graduate students or residents.

As a result, recommendations may lag behind in rapidly advancing areas such as artificial intelligence, data science, and emerging therapeutic techniques. This gap can leave new trainees underprepared for the technologies and methodologies that are already influencing modern practice. To address this challenge, the Education Council has formalized a proactive and standardized process for developing targeted curriculum recommendations in emerging areas. The NCC was created to facilitate this effort.



**Ashley Cetnar, PhD**  
Ohio State University

The New Curriculum Committee operates under the Education Council and serves as the coordinating body for all new curriculum initiatives. Its primary responsibilities include:

- Reviewing and prioritizing proposals for new curriculum topics
- Evaluating and approving membership for topic-specific task groups
- Assessing draft curriculum recommendations
- Facilitating dissemination of finalized educational resources

## NEW CURRICULUM COMMITTEE REPORT, Cont.

### Organizational Structure of the NCC

The New Curriculum Committee operates under the Education Council and serves as the coordinating body for all new curriculum initiatives. Its primary responsibilities include:

- Reviewing and prioritizing proposals for new curriculum topics
- Evaluating and approving membership for topic-specific task groups
- Assessing draft curriculum recommendations
- Facilitating dissemination of finalized educational resources

Each approved topic is assigned to a Task Group (TG), which is responsible for developing the curriculum report. Task group membership is intended to be interdisciplinary and to include content-matter experts, those with training in curriculum design and educators. In addition, open recruitment for each new group is conducted through a call to members. This structure promotes both technical depth and educational rigor, enabling the development of practical, high-quality recommendations.

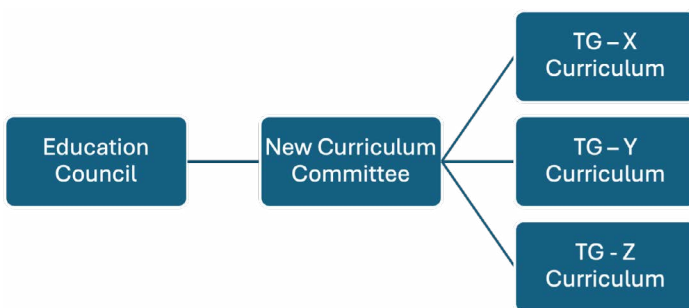


Figure 1: Organizational Structure for the New Curriculum Committee.

### A New, Streamlined Process

The NCC introduces a structured and efficient workflow to ensure timely development and dissemination of curriculum guidance.

#### 1. Proposal Submission and Review

Proposals for new curriculum topics will be solicited quarterly from AAPM council leadership and annually from the full membership.

Each proposal must include:

- Topic
- Proposed audience(s)/program(s):
- Rationale for inclusion:
- Summary of current curriculum recommendations related to this topic in medical physics:
- Proposed methods for curriculum development:
- Project Timeline:
- Related topical groups within AAPM:
- Three proposed content-matter experts:
- Recruitment strategy for members:

Submissions are evaluated based on organizational priorities, relevance to emerging trends, and potential impact. Proposals may be accepted, queued for future consideration, or declined.

#### 2. Curriculum Development

Once approved, a task group is formed and charged with developing a draft report within approximately six months of roster establishment. This accelerated timeline reflects the NCC's commitment to delivering timely, relevant guidance.

Task groups collaborate to:

- Define learning objectives
- Develop structured content recommendations
- Identify teaching and assessment strategies
- Propose integration pathways with existing curricula

#### 3. Review and Community Input

Draft recommendations undergo internal review by the NCC, subsequent review by the Education Council, followed by a public comment period for AAPM membership. Feedback from educators, trainees, and practitioners is actively encouraged and carefully considered. After revisions, reports undergo final AAPM organizational review, external peer review, and then reports are published in open-access format in a journal. This process ensures that recommendations reflect both expert consensus and community needs.

### Standardized Report Format

A central innovation of the NCC is the adoption of a standardized curriculum report framework, designed to improve clarity, usability, and reproducibility.

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NEW CURRICULUM COMMITTEE REPORT, Cont.

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Each report will include:

**1. Introduction**

This will include the rationale for inclusion of this new medical physics topic for learners. It will provide contextual relevance of current AAPM recommendations for the topic and a review of existing recommendations in the literature.

**2. Audience**

The initial proposal will clearly define which potential learners will be considered in the scope for the new content. This list could include, but not be limited to graduate students, residents, educators, medical physicists for professional development, physicians, administrators, and the public.

**3. Goal and Scope**

This section will define the goal and scope of the topic and the specific learning objectives for each of the relevant learner types. Instead of brief phrases related to content areas, specific learning objectives will be defined to convey the depth and breadth of content that is recommended in a logical sequence.

**4. Implementation Options**

This section will include sample curricula with recommendations for curated resources and strategies for assessment and harmonization and integration within current educational frameworks.

**5. Next Steps**

This section will provide specific recommendations from early adopters, offering practical insight for best practices and effectiveness.

Rather than broad content outlines, these reports emphasize actionable learning objectives and practical implementation guidance, enabling educators to adapt recommendations directly into their programs.

**Current Initiatives**

To address immediate needs in rapidly evolving areas, the NCC has launched its first two task groups: Artificial Intelligence (AI) in Medical Physics and Information Technology (IT) in Medical Physics. These topics reflect the growing importance of data-driven methodologies and digital infrastructure in clinical and research environments. In addition, a proposal for Radiopharmaceutical Therapy

is currently under review, highlighting continued expansion into emerging therapeutic domains.

**Looking Ahead: A Collaborative Future**

The establishment of the NCC represents a significant step forward in aligning medical physics education with the pace of innovation in our field. By shifting from periodic, large-scale updates to a continuous, targeted, and community-driven model, the NCC aims to reduce the time between innovation and educational adoption, provide flexible, modular curriculum resources, support educators in integrating new content efficiently, and prepare trainees for future clinical and research demands.

Importantly, the success of this initiative depends on active engagement from the AAPM community. Council leadership communication has been formalized to promote collaboration throughout the organization through the recent board approval of the Inter-Council Committee (ICC). By communicating about the needs of the field proactively across the groups, we look to also harmonize educational recommendations with new science and professional guidelines as they are discussed and developed. Members are encouraged to submit proposals for new curriculum topics, participate in task groups, provide feedback during public review periods, and adopt and evaluate curriculum recommendations in their programs.

**Conclusion**

The New Curriculum Committee marks the beginning of a transformative approach to education within AAPM. By embracing agility, standardization, and collaboration, the NCC is positioned to ensure that medical physics education remains forward-looking, rigorous, and responsive to the needs of both learners and the profession. ■

# 2026 CALL FOR GRAND CHALLENGE PROPOSALS

AAPM Working Group on  
Grand Challenges

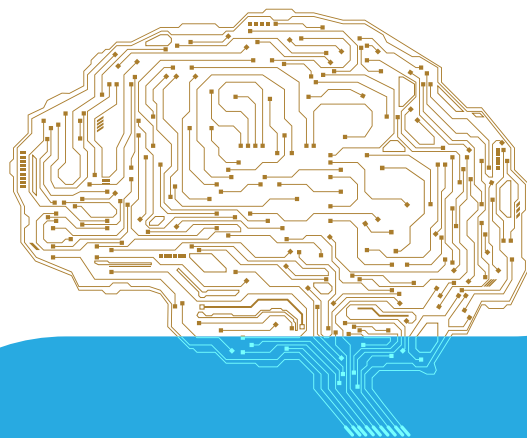


## Do you know an important, unsolved medical physics scientific issue?

Let AAPM's Working Group on Grand Challenges (WGGC) help you organize a Grand Challenge, an engaging way to address scientific dilemmas while connecting with the AAPM membership and the broader medical physics research community!

WGGC is dedicated to promoting Grand Challenges focused on enhancing medical imaging in diagnostic and therapeutic applications. We're currently welcoming proposals from groups interested in hosting a Challenge ahead of the 2027 Annual Meeting. Selected proposals will receive sponsorship, including some financial support, and guidance from WGGC to facilitate successful execution.

**Don't miss this opportunity to make an impact! Learn more and download the proposal application form [HERE](#).**



Please e-mail proposals to Emily Townley ([emily@aapm.org](mailto:emily@aapm.org)) by 5:00 PM EDT on Friday, July 10, 2026.

# Advancing Leadership in Medical Physics: Updates from the Medical Physics Leadership Academy (MPLA)

## MEDICAL PHYSICS LEADERSHIP ACADEMY REPORT

*Written on behalf of the Medical Physics Leadership Academy Committee*

Leadership is increasingly recognized as an essential competency for medical physicists navigating complex clinical, academic, and organizational environments. While technical expertise remains foundational, the ability to lead teams, manage conflict, communicate effectively, and adapt to change has become equally critical. The Medical Physics Leadership Academy (MPLA) was established to address this need. In 2025–2026, the program has entered a new phase of evolution designed to increase impact and accessibility across the profession, as described below.

### MPLA Background

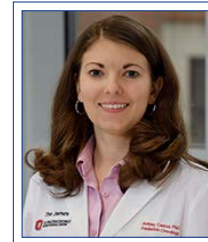
The MPLA began as a grassroots initiative around 2014, driven by recognition within the AAPM community that leadership training for medical physicists was fragmented and largely informal. Although the AAPM Professional Council offered sessions touching on leadership topics, there was no cohesive curriculum or structured program dedicated to developing leadership competencies across career stages.

A major milestone occurred in 2016, when the AAPM Summer School was devoted entirely to leadership development in medical physics. This pivotal event served as a catalyst for formalizing MPLA and establishing a structured educational pathway. To better understand the leadership needs within the profession, AAPM engaged Impact International, an external consulting firm, to conduct a comprehensive assessment. A set of 50 Emotional Competency Inventory (ECI 360) evaluations was collected from AAPM members. These evaluations were supplemented by Summer School feedback and a broader leadership needs analysis to inform the development of the MPLA curriculum. These findings highlighted a consistent theme: while medical physicists excel in analytical and technical domains, there is a recognized opportunity to strengthen interpersonal, self-awareness, and adaptive leadership skills.

The MPLA curriculum was built directly in response to these findings, focusing on practical, experience-driven learning to address real-world leadership challenges. The success and sustainability of this initiative owe much to the leadership and vision of early champions, including **Jennifer Johnson**, whose stewardship helped establish MPLA as an impactful resource within AAPM.

### 2025 Reorganization: Positioning MPLA for the Future

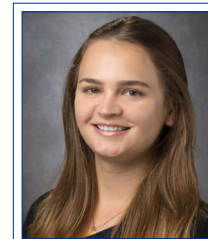
After nearly a decade of growth, MPLA underwent a comprehensive review in 2025 to evaluate its effectiveness and identify opportunities for improvement. This reflective pause led to a strategic reorganization aimed at aligning MPLA's structure with the evolving needs of the medical physics community.



**Ashley Cetnar,**  
PhD  
Ohio State  
University



**Cassandra  
Stambaugh,**  
PhD  
Tufts Medical  
Center



**Sam Simiele,**  
PhD  
Houston Methodist  
Hospital



**Dongxu Wang,**  
PhD  
Memorial Sloan  
Kettering Cancer  
Center

MEDICAL PHYSICS LEADERSHIP ACADEMY REPORT, Cont.

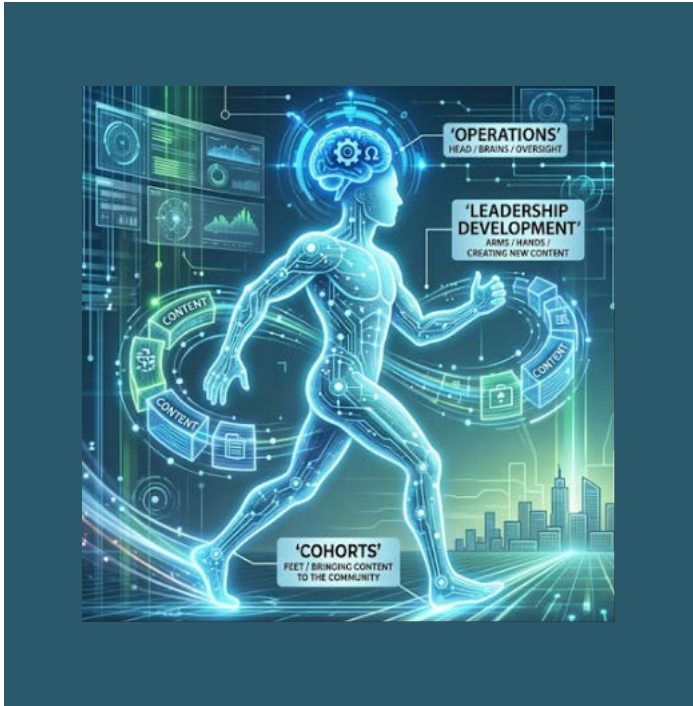


Figure 1: Vision for the next chapter of the MPLA with focused efforts on 1.) operational continuity 2.) strategic resource development 3.) strengthening cohorts to build community. (Image generated by Gemini)

The reorganization focuses on three primary objectives:

- 1. Operational Continuity**  
 Establishing a sustainable infrastructure to ensure consistent delivery of MPLA programming.
- 2. Leadership Resource Development**  
 Strategically expanding and updating educational materials to remain relevant in a rapidly changing healthcare and technology landscape.
- 3. Cohort-Based Engagement and Community Building**  
 Enhancing opportunities for peer connection, mentorship, and shared learning experiences while learning leadership principles and skills.

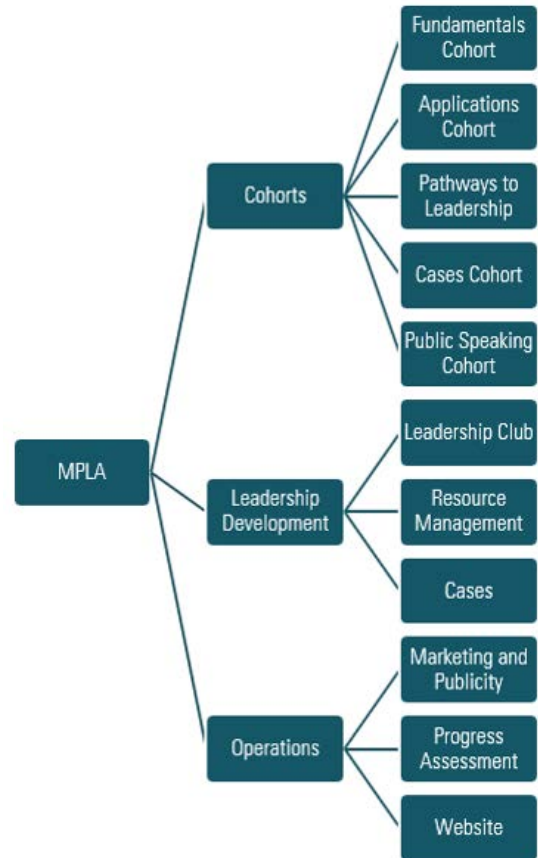


Figure 2: Organizational chart for next chapter of the MPLA

To support these goals, MPLA has restructured existing committees and introduced new organizational areas. This refreshed framework aims to improve coordination, enable scalability, and create a more seamless experience for participants.

**Core Programming and Opportunities for Members**

MPLA offers multiple avenues for engagement, allowing members to tailor their participation based on time commitment, career stage, and specific leadership interests.

**Cohort Programs**

The cohort-based model remains a cornerstone of MPLA's educational strategy. These programs combine structured learning with peer discussion, facilitated by experienced mentors.

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MEDICAL PHYSICS LEADERSHIP ACADEMY REPORT, Cont.

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### Fundamentals Cohort

The **Fundamentals Cohort** is a 12-month program designed to introduce participants to core leadership principles, particularly those identified as high-priority areas in the ECI assessment. Participants progress through a structured curriculum with a consistent group, fostering both accountability and professional networking. This program will now be offered in the fall of odd-numbered years with the next cycle starting in the Fall of 2027.

### Advanced Cohorts

After completing the Fundamentals year, participants can continue their development through advanced cohort offerings. Current programs include:

- **Pathways to Leadership in AAPM** — Focused on leadership knowledge of roles and opportunities to be successful within the organization
- **Cases Cohorts** — Discussion-based exploration of real-world leadership scenarios based on peer-reviewed published case studies focused on medical physics scenarios
- **Applications Cohort** — A new offering launching in **Fall 2026**, emphasizing practical application of leadership concepts in daily practice that builds from the knowledge gained during the Fundamentals year.

### Leadership Club

For members seeking more flexible engagement, **Leadership Club** provides a low-commitment, high-value learning option. The format is similar to a cohort experience in that participants have the opportunity to discuss leadership concepts with others.

- Monthly sessions (third Monday of each month at 1:00 pm ET)
- Relaunch scheduled for **September 2026** on the topic of **Time Management**
- Participants register for individual sessions based on interest

Each session includes pre-reading materials followed by facilitated small-group discussions. This format allows members to explore leadership topics without committing to a year-long program while still benefiting from interactive learning.

### Case-Based Learning and Continuing Education Credits

MPLA has developed a growing library of leadership **case studies** that illustrate key principles through narrative scenarios relevant to medical physics practice.

These cases are integrated into AAPM's Online Learning Services and offer:

- Practical examples of leadership challenges
- Opportunities for self-reflection and discussion
- CAMPEP-approved continuing education credits through associated quizzes

Case-based learning provides a valuable bridge between theory and real-world application, enabling physicists to contextualize leadership concepts within their professional environments.

### Looking Ahead: Goals for the Future

As MPLA enters its next phase, several strategic priorities will guide its development:

- **Enhanced Accessibility and User Experience** — Advances in digital platforms will be leveraged to streamline access to MPLA resources, making it easier for members to engage with content and track their progress.
- **Improved Communication** — Clear, consistent communication will help members understand available opportunities and identify pathways aligned with their career goals.
- **Updated and Expanded Curriculum** — We look to refresh the curriculum for the current programs and expand to additional topics for medical physicists including specific resources for Managerial and Executive Skills, Public Speaking, and more.
- **Strengthened Community Connections** — MPLA aims to foster deeper connections among medical physicists, creating a supportive network for sharing experiences, challenges, and best practices in leadership.

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MEDICAL PHYSICS LEADERSHIP ACADEMY REPORT, Cont.

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### Volunteer and Facilitation Opportunities

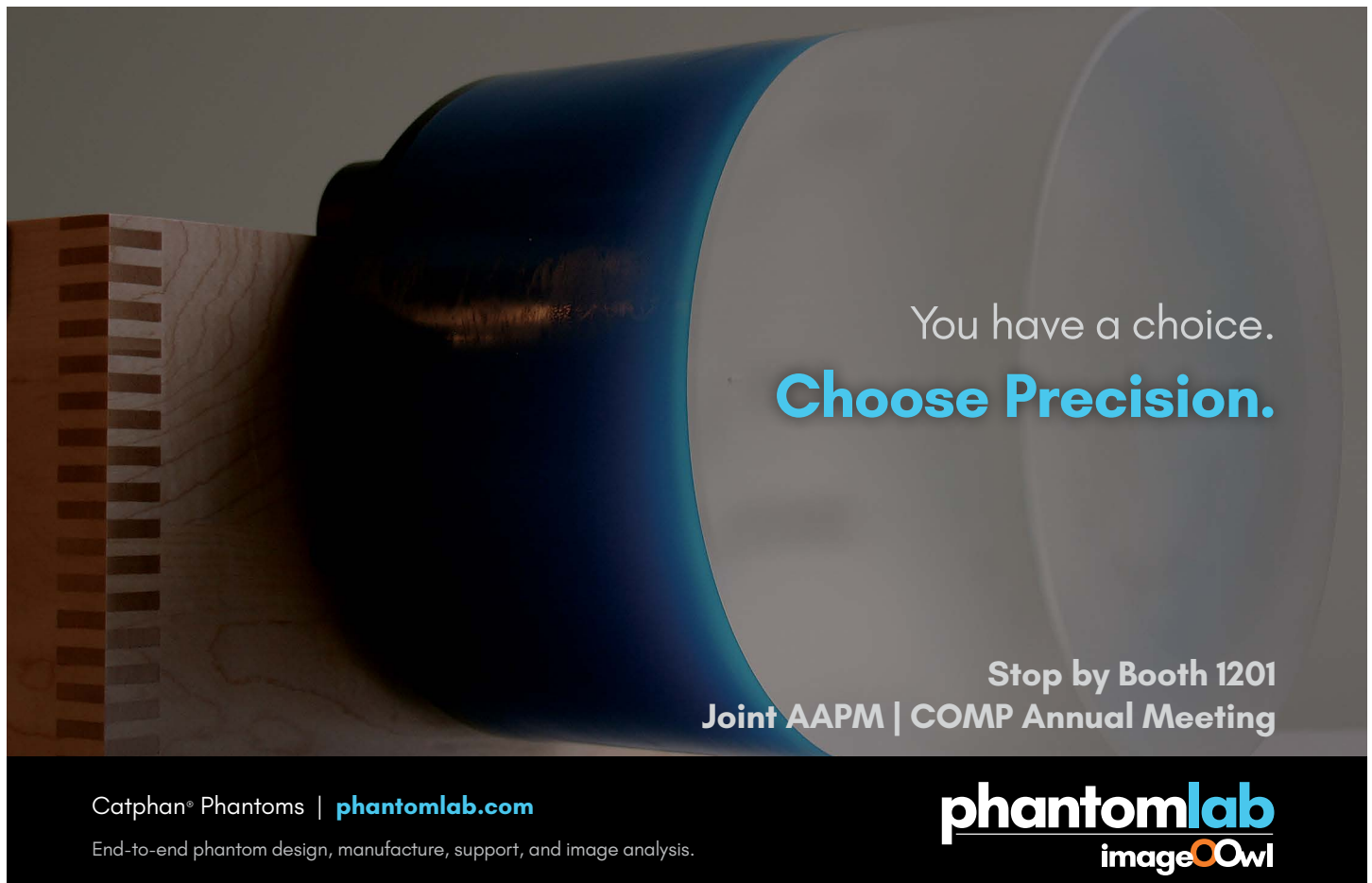
MPLA's continued success depends on active community participation. AAPM members are encouraged to contribute in several ways:

- Committee Involvement: Open positions are posted through [AAPM Committee Classifieds](#)
- Cohort Facilitators: Experienced members can serve as facilitators, guiding discussions and mentoring participants
- Content Development: Opportunities exist to contribute cases and educational materials

Volunteering not only supports the MPLA mission but also provides a meaningful leadership development experience for those involved.

### Conclusion

From its grassroots beginnings to its current, more structured form, the Medical Physics Leadership Academy has evolved into a vital resource for professional development within AAPM. The recent reorganization positions MPLA to expand its reach, enhance its programming, and better serve the needs of a diverse and growing membership. All AAPM members, whether early-career physicists or seasoned leaders, are encouraged to explore MPLA offerings, participate in Cohorts or Leadership Club, and consider contributing as volunteers or facilitators. Through collective engagement, the medical physics community can continue to strengthen its leadership capacity and shape the future of the profession. ■



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# Medical Physicist Certification by the ABR: Program Evolution and the Role of the ABMS

## ABR UPDATE

The March 2020 issue of *The Beam* (ABR Newsletter) included an article written by Don Frey, PhD, Associate Executive Director for Medical Physics at the time, in which he outlined the history of the development of certification boards, including the ABR, and how medical physicists came to be certified by the ABR.

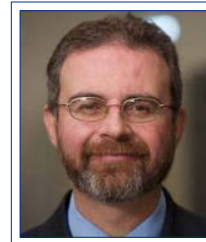
The following article includes a summary of Dr. Frey's article.

The mission of the American Board of Medical Specialties (ABMS) is to 'improve health care through high standards for physician board certification' with an aspirational vision of 'excellent care for every patient from every board-certified physician'. Since its formation, the ABMS has been setting standards for board certification that are designed to protect the public while being meaningful to medical specialists, enabling them to demonstrate their competence and professionalism.

The ABMS was formed in 1933, with three inaugural member boards: the American Board of Ophthalmology, the American Board of Obstetrics and Gynecology, and the American Board of Otolaryngology - Head and Neck Surgery. The motivation for developing the ABMS was to support professional development of physicians by setting consistent standards indicating competence that could be applied irrespective of a physician's specialty practice. The ABMS also became a repository of board certification status to which the public could refer when selecting a provider.

During the 1932 annual meeting of the American College of Radiology (ACR), the president of the ACR, Arthur Christie, MD, stated the desirability of creating an organization that could evaluate the competence of physicians who were employing x ray-based technologies in their practices. Over the next two years, the ACR collaborated with the three other major national radiology societies at the time – the American Roentgen Ray Society (ARRS), the Radiological Society of North America (RSNA), and the American Radium Society (ARS) – to lay the groundwork for an organization charged with setting standards and creating certifying exams for radiologists. The aim was to protect patients by ensuring radiologists had met rigorous education and training standards. This led to the founding of the ABR in January 1934, with Henry Pancoast, MD being the first physician certified by the ABR. Dr. Pancoast subsequently served as the first president of the ABR.

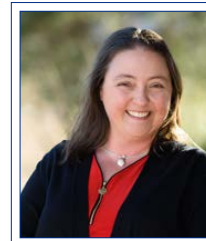
There are currently 24 member boards of the ABMS. The ABR is one of only two member boards that certify non-physician professionals. The other is the American Board of Medical Genetics and Genomics. All member boards are required to design their certification programs in accordance with the ABMS standards, and to respond accordingly when the ABMS adjusts their standards or introduces new ones.



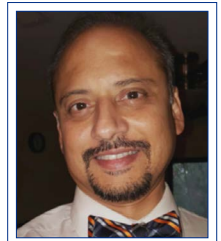
**Matthew Podgorsak, PhD**  
Roswell Park  
Cancer Institute



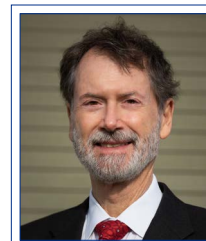
**Katja Langen, PhD**  
Emory University



**Jennifer Stickel, PhD**  
Colorado  
Associates in  
Medical Physics



**Sameer Tipnis, PhD**  
Medical University  
of South Carolina



**Geoffrey Ibbott, PhD**  
American Board of  
Radiology

The ABR first certified medical physicists in 1947. Until 1997, medical physicists could be examined in two, or all three, medical physics specialties at one sitting. Since 1997, candidates may seek certification in only one specialty at a time.

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ABR UPDATE, Cont.

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The need to certify medical physicists was identified in the early 1920s, a time when there was no formal education for medical physicists and most were trained on the job in radiation therapy facilities where they performed calibrations of radiation therapy equipment for both teletherapy and brachytherapy applications. The American Association of Physicists in Medicine did not yet exist at this time, so the RSNA undertook the initiative to certify medical physicists.

By the late 1930s, there was a movement among radiologists and medical physicists that the ABR should take over certification of medical physicists given the close working relationship of medical physicists with radiologists and therapeutic radiologists (known today as radiation oncologists), for whom ABR certification programs already existed. Negotiations to implement this transition were delayed by World War II, however, in 1947 the RSNA officially transferred certification authority of medical physicists to the ABR.

The first group of medical physicists was certified by the ABR on November 24, 1947, and included Paul Abersold, Karl Morgan, Marvin Williams, and Edith Quimby, among others. The first formal certification exams for medical physicists were administered in 1949. To date, there are well over 10,000 medical physicists who have been certified by the ABR or are currently in the certification process.

Beginning in 1947 and continuing through 1970, most medical physicists received a 'radiological physics' certificate. This certification was meant to indicate competence in a broad scope of practice in diagnostic imaging physics and radiation therapy physics. Not long after the broader application of radioactive material for therapeutic and diagnostic intent started in the late 1940s and early 1950s, the need for a more focused evaluation of a medical physicist's competence within this practice

was identified. In 1954, board certifications for medical physicists practicing with radioactive material began indicating 'nuclear medical physics' specialization, with most still holding the 'radiological physics' certificate.

In the mid-1970s, there was tremendous refinement in diagnostic imaging and radiation therapy technologies, and the need for medical physicist certifications specific to these individual practice profiles became clear. Certifications in diagnostic medical physics, therapeutic medical physics and nuclear medical physics were subsequently offered and in 1997 the radiological physics certificate was discontinued. These three certificates continue to be offered to medical physicists today.

Over the past century, medical physicists have shared a long-standing working collaboration with our radiologist and radiation oncologist colleagues. Our professions have benefitted from synergies that have occurred through combined ingenuity and talent, and this will continue. Being certified by a board that also certifies our clinical colleagues with whom we share responsibility for patient care is intuitive and provides additional safeguards for patients.

It is important to recognize that the ABR's initial and continuing certification programs must comply with all pertinent ABMS standards and guidelines. The ABR's leadership (Board of Governors, Board of Trustees, and executive staff) thoughtfully considers how to incorporate ABMS requirements into our certification program to minimize associated burdens on our candidates and diplomates. In this way, the ABR will continue to support safe and effective patient care within the radiologic fields by fulfilling its mission: 'certifying that its diplomates demonstrate the requisite knowledge, skill, and understanding of their disciplines to the benefit of patients'. ■

# Northern California Chapter Hosts 2026 Young Investigators' Symposium

## AAPM NORTHERN CALIFORNIA CHAPTER UPDATE

On May 22, 2026, the AAPM Northern California Chapter hosted the 2026 Young Investigators' Symposium at the Clark Center at Stanford University. The event brought together trainees and early-career researchers from across the region for a day focused on scientific exchange, professional development, and community-building. With strong participation from Stanford University, UC Berkeley, UCSF, and UC Davis, the symposium highlighted both the depth of talent in Northern California and the wide range of research directions shaping the future of medical physics and radiation oncology.

The symposium opened with a keynote by Billy Loo, MD, PhD, FASTRO, FACR, titled "Precision Targeted Cancer Radiotherapy — The Next Horizon." Dr. Loo reviewed the evolution of radiation therapy and discussed emerging platforms, including ultra-compact proton therapy systems that could broaden access by reducing infrastructure requirements. He also addressed FLASH radiotherapy, outlining key translational questions while emphasizing the importance of rigorous validation and cross-disciplinary collaboration. Dr. Loo closed by encouraging trainees to adopt a "horizon mindset," looking beyond current practice to help drive the next generation of innovation in radiation oncology.

Following the keynote, 20 young investigators from across Northern California presented work in four competition categories: **Students, Postdoctoral Fellows, Residents, and MedPhys SLAM**. Talks spanned a wide range of topics, including magnetic particle imaging, PET instrumentation and phantom design, MRI-AR guidance, HDR brachytherapy, motion management, FLASH radiotherapy, proton therapy, AI applications in radiation oncology, radiobiology, and radiopharmaceutical research. To support fair and broad evaluation, the Chapter invited five judges with perspectives from industry and non-academic clinical centers. The top three talks in each category were recognized with certificates and cash prizes. **First-place winners** were **Jisu Park (UC Berkeley)** in the Student category, **Banita Verma (Stanford)** for Postdocs, **Robin Peter (UCSF)** for Residents, and **Nikita Katila (Stanford)** for MedPhys SLAM.

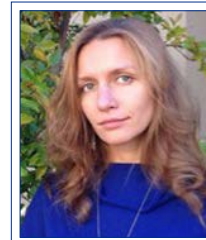
After the awards ceremony, attendees were invited to participate in a clinical tour of the Stanford Department of Radiation Oncology. The tour offered a valuable opportunity to see a range of advanced technologies and to discuss how they are integrated into clinical workflows. Highlights included a visit to the **Mevion S250 FIT**, an ultra-compact upright proton therapy system; the **ViewRay MRIdian MR-Linac**, which enables MR-guided radiotherapy with the potential for improved visualization, gating, and adaptive treatment strategies; and the **ReflEXion BgRT system**, designed to integrate biology-guided radiotherapy concepts into treatment delivery.



**Yu Gao, PhD**  
Stanford University



**Amy Yu, PhD**  
Stanford University



**Olga Stafford, PhD**  
ABSMC  
Sutter Health



**Dante Capaldi, PhD**  
University of California,  
San Francisco



**Lawrie Skinner, PhD**  
Stanford University

The AAPM Northern California Chapter hosted the 2026 Young Investigators' Symposium at Stanford, featuring a keynote by Billy Loo on next-generation precision radiotherapy and presentations from 20 trainees across four competition categories. The day concluded with awards for top talks and a clinical tour showcasing Stanford's advanced proton, MR-guided, and biology-guided radiotherapy systems.

AAPM NORTHERN CALIFORNIA CHAPTER UPDATE, Cont.

The Young Investigators' Symposium remains a cornerstone event for the Chapter, an opportunity to spotlight emerging leaders, encourage collaboration across the region, and strengthen the pipeline of talent driving the

future of medical physics. We look forward to welcoming even more participants and continuing the tradition at next year's symposium. ■



Graduate Student Awardees: 1<sup>st</sup> Place - Jisu Park, 2<sup>nd</sup> Place - Justin Garlepp, and 3<sup>rd</sup> Place - Yuxuan Wu



Post-Doctoral Awardees: 1<sup>st</sup> Place - Banita Verma, 2<sup>nd</sup> Place- Rodrigo Hernandez Millares, and 3<sup>rd</sup> Place- Hoda S. Hashemi



Medical Physics Residents Awardees: 1<sup>st</sup> Place - Robin Peter, 2<sup>nd</sup> Place - Zhuoran Jiang, and 3<sup>rd</sup> Place - Di Xu



SLAM Awardees: 1<sup>st</sup> Place - Nikita Katila, 2<sup>nd</sup> Place - Vivek Jaysukhlal Maradia, and 3<sup>rd</sup> Place - Alan Li



Left: Dr. Billy Loo presenting on "Precision targeted cancer radiotherapy – the next horizon"



Right: Attendees visiting the Mevion S250 FIT system



[aapm.me/annual](http://aapm.me/annual)

**2026** JULY 19–22  
VANCOUVER, BC

# JOINT AAPM | COMP MEETING

Mentoring Up, Down, and Across:  
Building a Mentorship Mindset

## New Professional Symposium

**Tuesday, July 21, 2026**  
**5:10 PM–6:00 PM**

**Vancouver, Convention Center, Room 301**

As a new member of AAPM, it is easy to feel overwhelmed by the size and complexity of the association and to be unaware of the benefits and opportunities available to members. At this year's AAPM Annual Meeting in Vancouver, BC, we will host a New Professional Symposium where you can learn more about the organization, member resources, opportunities to get involved, and about topics of particular interest to new professionals. We encourage you to take advantage of this great opportunity to learn valuable information and to grow your professional network.

**Registered attendees will receive a raffle ticket. Enter to win a complimentary registration for the 2027 Annual Meeting & Exhibition in Columbus, OH!**

In addition, all new members who register for the Symposium will receive a drink ticket, good for one complimentary soda or beer served after the Professional Symposium during the social with committee chairs from five AAPM Councils: Science, Education, Professional, Administrative, and International.



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