

AAPM NEWSLETTER

September/October 2026 | Volume 51, No. 5



IN THIS ISSUE:

- ▶ President-Elect's Report
- ▶ JACMP Special Issue Call for Papers
- ▶ Report From the Mentorship Subcommittee
- ▶ 2026 William D. Coolidge Gold Medal Introduction
- ▶ 2026 William D. Coolidge Gold Medal Acceptance Speech
- ▶ ...and more!

RDCE

NEWLY ADDED MPCEC QUIZZES IN THE AAPM ONLINE LEARNING CENTER

Brachytherapy | [An assessment of skill erosion on high-dose rate brachytherapy treatment planning](#)

Professional | [MPLA Case 3: Don't criticize me in public!](#)

Professional | [AAPM MEDICAL PHYSICS PRACTICE GUIDELINE 10.b: Scope of practice for clinical medical physics](#)

General | [AAPM Task Group Report 336: Quality assurance for 3D printing in medical imaging and radiation therapy applications](#)

Computed Tomography | [Appropriate Dose CT Imaging: Optimizing Protocols and Workflows towards Diagnostic Quality](#)

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](#)

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 [Jackie Ogburn](#) to purchase a subscription



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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: November/December 2026
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Posted online: week of November 2, 2026

CORPORATE AFFILIATE ADVERTISING

[Advertising Rates & Deadlines](#)

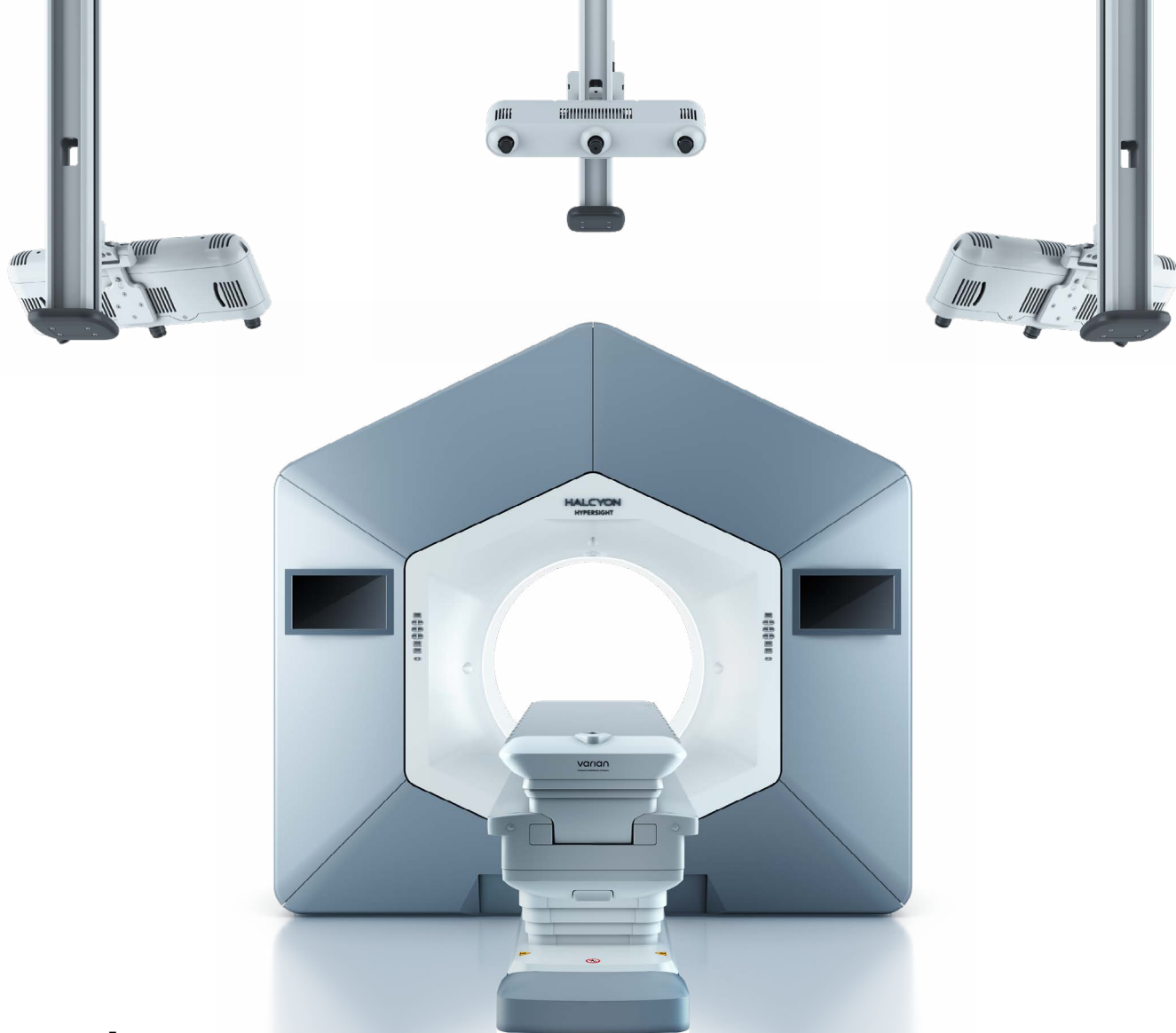
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EDITOR'S NOTE

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.



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SIEMENS
Healthineers

Season of Change

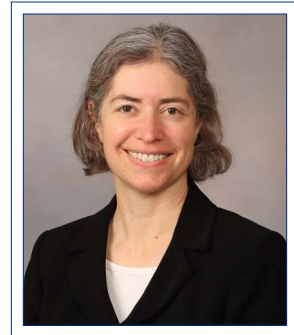
NEWSLETTER EDITOR'S REPORT

Welcome to the Sept/Oct edition of the 2026 AAPM Newsletter. Summer's end is always bittersweet, but each change of season brings a sense of possibility. AAPM has experienced its own season of change over the past few years, shaped in large part by the leadership of Executive Director **David Gammel**. We are grateful for the time and care he devoted to learning about medical physics and AAPM so he could help guide the organization into the future. We wish him all the best, and you can read his farewell to AAPM members in this issue of the Newsletter.

I hope everyone who was able to attend the 68th Annual Meeting in Vancouver had a wonderful time and a safe trip home. The weather was beautiful and we had the added excitement of the World Cup final on top of the exciting science and presentations. This newsletter contains a few highlights from the meeting, including a recap of the speed mentoring session and the acceptance speech of the 2026 William D. Coolidge Award Winner, **Bruce Thomadsen**. Congratulations to all the new Fellows and award winners! And many thanks to the Annual Meeting program committee and the AAPM HQ staff for the effort they put into organizing this wonderful meeting. Learn more about the theme for next year in the report from AAPM President-Elect **Andrew Maidment**.

This Newsletter contains many other interesting and important updates. One new feature is a "Smart Brief," or summary of recent notable publications relating to the clinical use of AI in medical physics, provided by the AAPM Data Science Committee. They will continue providing these timely updates to help AAPM members stay on top of the news. Check out this feature and many others in this issue of the newsletter.

We hope every member finds something of interest to them in the AAPM Newsletter. All AAPM members are encouraged to submit content and ideas 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 for consideration. Please enjoy this issue of the newsletter and send us your feedback and ideas for the future. And enjoy the fall weather! ■

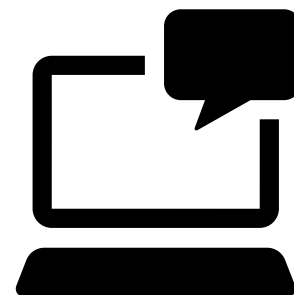


Jennifer Pursley, PhD
Mayo Clinic

MAKE SURE AAPM EMAIL REACHES YOUR INBOX

AAPM sends member announcements, the AAPM Newsletter, meeting information, and dues notices by email, but automatic filtering at email providers and institutional networks can route those messages to a junk folder.

Follow our short guide to make sure AAPM email arrives in your inbox, and take a moment to confirm the address on your member profile is current.



WHERE OUR EMAIL COMES FROM

AAPM announcements and newsletters are sent from aapm.comms@aapm.org through MailChimp, the mass email marketing platform we use for member communications. Dues transaction confirmations come directly from our membership system. All AAPM email comes from the aapm.org domain.

IF YOU USE A WORK OR INSTITUTIONAL EMAIL ADDRESS

Most of our members receive email at a hospital, university, or clinic address. If that describes you, your organization's security system decides what reaches your inbox, and you may not be able to change those settings yourself. Ask your IT or information security team to allow email from the aapm.org domain. It helps to mention that our messages are sent through MailChimp on AAPM's behalf, since that is how they will appear in their logs. Most institutions can approve a domain quickly once they know what to look for.

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5. Check the box for Never send it to Spam, then click Create filter.

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1. Click the settings gear icon, then select Mail, then Junk email.
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1. On the Home tab, click Junk, then Junk Email Options.
2. Open the Safe Senders tab and click Add.
3. Enter aapm.org and click OK.

IF YOU USE ANOTHER EMAIL PROVIDER

Look for a setting named safe senders, allowed senders, approved senders, or whitelist, and add aapm.org.

If you find an AAPM message already in your junk folder, marking it as not junk teaches your provider to

deliver future messages to your inbox.

PLEASE CHECK YOUR MEMBER PROFILE

An email address from a previous employer is the most common reason members stop receiving our email. Sign in to your [AAPM account](#) to confirm the address on your profile is current.

If you have questions or believe you are missing AAPM email, contact us at helpdesk@aapm.org and we will review your record.

Your Vote, Your Voice, Your AAPM

PRESIDENT-ELECT'S REPORT

It was wonderful to see so many of you in Vancouver this July for the Annual Meeting & Exhibition, held jointly with the Canadian Organization of Medical Physicists. Attendance was strong with over 4,300 attendees, exhibitors and guests, representing 58 countries. The Exhibit Hall was busier than I can remember from recent years — a good sign for our industry partners and for members who were eager to see the latest tools of the trade.



The venue deserves its own special mention. The Vancouver Convention Centre sits right on the water with the mountains as a backdrop, and our hosts leaned fully into the setting. The Opening Reception spilled out onto the Centre's West Patio for an evening of distinctly Canadian fun — axe throwing, snowball throwing, and a full cast of costumed characters including a suspiciously theatrical Mountie or two, a "Lumberjill,"

and a truly striking Raven (who I couldn't resist getting a photo with). It was the kind of easy, informal mixing that makes our meetings memorable.

On the program side, the Presidential Symposium, "Mentorship Unlocked: A Masterclass," continued **Robin Miller's** emphasis on mentorship this year. The Symposium highlight was the presentation by Dr. Sharlene Gill, Director of the DOM Mentoring Program at the University of British Columbia. The talk was thoughtful and a fitting capstone to the theme, **Medical Physics Community**, that has clearly resonated throughout 2026. Just as meaningful was our land acknowledgment ceremony, held on the opening day with representatives of the Musqueam, Squamish, and Tsleil-Waututh Nations — a first for AAPM!

Our next stop as a community is ASTRO. This year's meeting is in Boston, MA, September 27–30, 2026, then the RSNA Annual Meeting in Chicago, November 29–December 3. If you are planning to attend either meeting, now's the time to finalize your reservations — especially your flights and hotel. Make sure you stop by the AAPM booth!

In 2027, I am looking forward to sharing more about my own theme as your 2027 President: **Leading Transformation. Safeguarding Patients.** Mark your calendars for two meetings under that banner — the Spring Clinical Meeting, April 10–13, 2027, in Denver, Colorado, and the 69th Annual Meeting &



Andrew D. Maidment, PhD
University of Pennsylvania

PRESIDENT-ELECT'S REPORT, Cont.

Exhibition, July 25–28, 2027, in Columbus, Ohio. More on both, and on what the theme means for where our field is headed, in the issues ahead.

Bylaws Modernization — Your Vote Matters

Many of you got a preview of this initiative at our Annual Business Meeting on July 9, where President Robin Miller, Board Chair **Mahadevappa Mahesh**, and Secretary **Sonja Dieterich** walked through the bylaws modernization effort now heading to a full membership vote.

The case for updating our bylaws is straightforward; much of the current language dates to when AAPM was formed, electronic communications were nascent, and the entire membership consisted of a couple hundred members. Today we have almost 10,000 members, and our governing documents need to reflect both that scale and current DC nonprofit law. The proposed changes formally authorize virtual meetings, electronic voting, and electronic communication, essentially codifying how we already operate, and notably give members new rights to call special meetings and to remove Directors by vote — rights that don't currently exist in our bylaws.

To be clear about what isn't changing: there are no proposed changes to dues, the size of the board is unchanged, and full member voting rights are preserved throughout. Look for ballots to go out in early September with a 15–30-day voting window. Adoption requires a two-thirds majority. I'd encourage everyone to read through the materials when they arrive, and vote; this is exactly the kind of decision where broad participation matters.

Member Resource Spotlight: The Online Learning Center

One thing I heard more than once from trainees in Vancouver was how much they lean on AAPM's Online Learning Center (OLC) heading into their ABR exams. As one trainee put it, *"I have greatly enjoyed using the AAPM Online Learning Center. As a trainee, it has been especially helpful in preparing for the ABR exams by providing accessible, well-structured content that complements clinical training and didactic preparation."* If it's been a while since you've browsed the OLC, it's worth another look, whether you're preparing for boards or just keeping current, it's one of the more underused and valuable benefits of membership.

Also Worth Noting

We revisited the priorities from February's *Empowering Medicine Through Physics* summit during two sessions in Vancouver, the first was a townhall style session with **Dr. David Jaffrey** and **Dr. Dave Jordan**, who both emphasized the need for change and the perils of not proactively setting future goals. What followed was a lively discussion. The second was a meeting of key stakeholders in transforming the Summit into outcomes, including EXCOM, the Chairs and Vice-Chairs of the Councils, the Summit Track Leaders, and interested members.

On the advocacy front, our government relations team has kept up a steady drumbeat since spring. AAPM submitted formal comments opposing OMB's proposed federal grants rule, pressing to protect scientific peer review and the stability of active awards. Two additional NRC rule changes are now under review: one would replace ALARA terminology with a graded approach to dose management, while the other would revise training, experience, and licensing requirements for the medical use of byproduct material. We also formally endorsed the American Innovation Act (H.R. 2628/S. 1276) to secure long-term NIST funding after the administration's FY2027 budget proposed cutting the division that maintains the nation's radiation-measurement standards by 42%. Meanwhile, our CHAMPS state advocacy network has grown to nearly 100 volunteers across almost every state. Thanks, as always, to GRAC, CHAMPSC, and our staff for huge commitments of time and effort.

Closing Thoughts

Thank you, as always, to the volunteers and staff who make these meetings — and everything in between — happen. A special thanks this time to **Mariana Gallo** and all the staff who helped make the Annual Meeting so memorable, together with **Robin Stern**, **Sam Brady** and everyone in MCC, AMSC, and many other committees and subcommittees for their herculean efforts to design such an exciting meeting, and to all of you for attending and making the meeting a success. There's more coming — I'll have much more to share about my theme and the 2027 meetings in the January Issue. For now, thank you for your continued commitment to the AAPM and to the patients we serve. ■

Farewell and Thank You

EXECUTIVE DIRECTOR'S REPORT

The first time medical physics truly clicked for me, I was watching a brachytherapy treatment at UC San Diego. I understood the field in the abstract before that day, but watching the physicists partner with radiation oncologists, dosimetrists, and others, all of it centered on the patient, her treatment, and her well-being, was profound. They were clearly a practiced team enjoying a regular day of work together. Yet the patient stayed at the center of everything they did, and they made sure she knew she was receiving excellent care. That morning brought that side of medical physics home for me.

There have been many moments like it since. Touring labs at Johns Hopkins where next-generation imaging devices are being developed, tested, and refined. Standing in front of the massive machinery required to deliver a proton to a tumor with extreme precision. Talking with postdocs in Chicago who are evaluating how consistently AI algorithms can predict breast cancer. It became clear to me how much physicists drive modern diagnosis and treatment, and will for a long time to come.

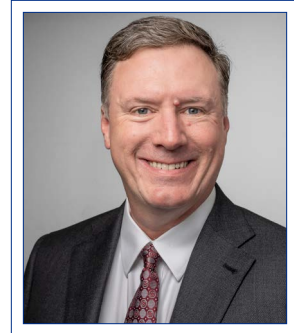
That is why it has been an honor to work with AAPM in support of those efforts, and of the myriad other ways medical physicists contribute to improving human health. Most patients will never learn your names, but their care is safer and more effective because of you. Helping you make that impact has been a great motivation for me and our HQ team.

By now you may have seen the announcement: I have accepted the CEO position at another scientific society and will be departing AAPM. It is an exciting opportunity for me. It is also bittersweet as I value the people it has been my privilege to work with at AAPM, staff and volunteers alike.

I want to start my thank-yous with the AAPM staff. These past few years brought significant change to how headquarters operates, in our technology and in our processes. Much of it had to happen at the same time. The team rose to the occasion over and over again. It hasn't always been easy, and we ran into our share of challenges along the way, but they met each one with aplomb. They have my gratitude and appreciation, and I could not be prouder of the professional team they have become.

My thanks go just as much to the thousands of volunteers who make AAPM happen, and who make it so valuable to the field. I noted when I joined that having such a large share of the membership engaged as fully active volunteers is hard to achieve and truly remarkable among associations. After getting to know many of you, I am even more convinced of that today than I was then. The staff remain committed to making your volunteer work efficient and impactful and have several refinements and new tools in the pipeline.

Thank you for welcoming me into this community and for showing me what the profession makes possible. I leave with deep respect and every confidence in where AAPM is headed, and I will keep following your work from my new seat. ■



C. David Gammel
Executive Director, AAPM HQ

BRIDGE

Building Radiation-informed Inclusive
Decision-making GuidanceE

**AA
PM** AMERICAN ASSOCIATION
of PHYSICISTS IN MEDICINE

RADIATION CARE COMMUNICATION WORKSHOP

November 2–3, 2026

Hock Auditorium, Duke
University Durham, NC



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AAPM 2025 Results and the Push Toward a Balanced Budget

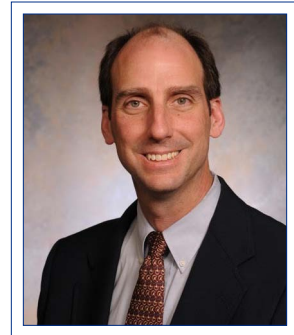
TREASURER'S REPORT

AAPM has just concluded its 2026 Annual Meeting in Vancouver, BC. The meeting again provided an opportunity to gather with colleagues from across the profession and to discuss issues vital to medical physics. Despite ongoing headwinds that also shaped much of 2025 — reduced growth in federal research funding, tighter international travel and visa policies, and more conservative corporate sponsorship budgets — registration for the 2026 meeting still exceeded 2025 levels. It was a pleasure to share the financial results for 2025 and year-to-date 2026 with many of you during our Annual Business Meeting, which is the topic of this month's column.

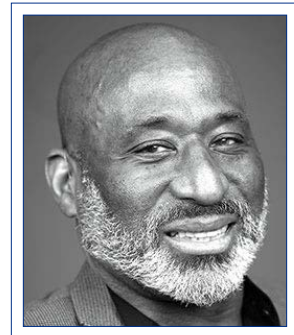
2025 Audited Financial Results

AAPM finished 2025 with a deficit from operations of **\$1,103,323** (Figure 1). The 2025 budget, approved by the Board in November 2024, reflected a deficit of **\$990,289**, so 2025 ended with an **unfavorable** variance of approximately \$113k — a reversal from the favorable variance we reported for 2024. The most significant driver of this unfavorable variance, accounting for approximately \$500k, was Education & Professional Development: The Annual Meeting underperformed its net budget by roughly \$300k, and Meeting and Event Sponsorship, a new revenue line introduced in 2025, finished about \$170k below an admittedly aggressive initial budget. Softer domestic and international attendance and sponsorship commitments reflected a combination of factors: slower growth in federal research appropriations, more frequent changes to immigration and visa policy affecting international travelers, and tariff- and economy-driven caution in corporate travel and sponsorship spending. These unfavorable variances were partially offset by favorable variances of approximately \$400k from Councils and Committees, driven by continued underspending, and \$300k in Publications, driven by strong revenue from our journals.

AAPM's balance sheet remained strong at the end of 2025, with total assets of **\$31,948,416** (Figure 2)—a \$1.9M (6.4%) increase from the prior year driven primarily by strong performance in our investment portfolio (Reserve investments up \$1.3M; Education & Research Fund investments up \$200k). Cash was essentially stable, down only \$42k, aided in part by a \$450k draw on our line of credit that was repaid after five months.



Samuel G. Armato III, PhD
The University of Chicago



Robert A. McKoy, CPA
AAPM Associate Executive Director,
Finance

TREASURER'S REPORT, Cont.

Figure 1: AAPM 2025 revenue and expenses, budget vs. actual.

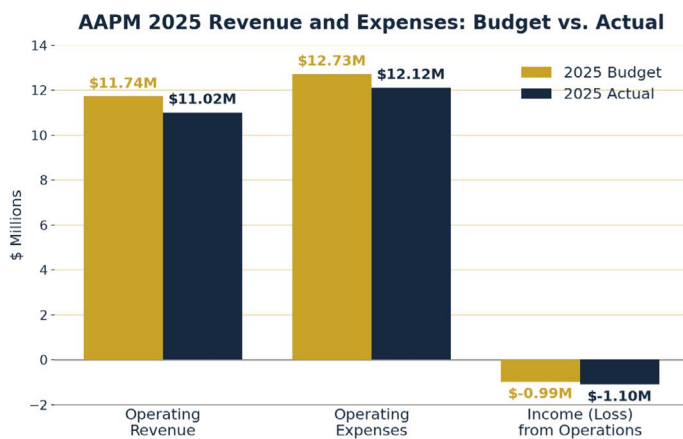


Figure 2: AAPM Year-End Balance Sheet, 2025 & 2024 (selected items).

Figure 2: AAPM Year-End Balance Sheet, 2025 & 2024 (selected items).

	12/31/2025	12/31/2024	\$ Chg	% Chg
Cash	\$651,920	\$693,777	\$(41,857)	-6.0%
Investments – Reserves	\$17,240,057	\$15,918,128	\$1,321,929	8.3%
Investments – E&R Fund	\$4,912,280	\$4,673,665	\$238,615	5.1%
Total Assets	\$31,948,416	\$30,017,098	\$1,931,318	6.4%
Total Liabilities	\$7,521,843	\$6,948,628	\$573,215	8.2%
Total Net Assets	\$24,426,573	\$23,068,470	\$1,358,103	5.9%

2026 Interim Results

The 2026 budget was approved with a deficit of **\$587,738** — another meaningful step down from the 2025 budgeted deficit and a continuation of AAPM's multi-year effort toward a balanced budget. Through May 31, 2026, operating revenue of \$7.07M is running ahead of the \$6.08M recorded at the same point in 2025, while operating expenses of \$4.14M are below the \$4.63M recorded a year ago. Membership Dues revenue is pacing about \$150k below budget year-to-date, while operating expenses are tracking roughly \$120k favorable to budget, with savings concentrated in Councils and Committees (approximately \$110k under budget, conservatively estimated). Continued downward pressure on Placement Services revenue is expected to contribute a \$50k budget shortfall. At this early point in the year, we are estimating a 2026 operating deficit in the range of \$700k–\$750k; a more precise figure will be available once Annual Meeting accounting is finalized.

AAPM's balance sheet as of May 31, 2026, remains strong, with total assets of \$34,954,239, up \$2.8M (8.7%) from a year earlier. Cash is down \$0.8M, primarily reflecting the 2025 operating deficit, while investments are up a combined \$3.7M on continued strong market performance.

Figure 3: AAPM Balance Sheet as of May 31, 2026 & May 31, 2025 (selected items).

	5/31/2026	5/31/2025	\$ Chg	% Chg
Cash	\$2,983,866	\$3,815,700	\$(831,834)	-21.8%
Investments – Reserves	\$18,710,814	\$15,443,417	\$3,267,397	21.2%
Investments – E&R Fund	\$5,290,340	\$4,847,868	\$442,472	9.1%
Total Assets	\$34,954,239	\$32,158,086	\$2,796,153	8.7%
Total Liabilities	\$6,219,905	\$7,179,344	\$(959,439)	-13.4%
Total Net Assets	\$28,734,334	\$24,978,742	\$3,755,592	15.0%

Reserve Status

AAPM's AP-28 reserve policy calls for the Association to maintain reserves equal to one year's operating budget plus additional funds necessary to cover long-term contract obligations—for 2026, a target of **\$14.63M** (\$12.06M operating budget plus \$2.57M in bonds payable). As of May 31, 2026, our reserve fund balance stood at **\$18.71M**, exceeding the AP-28 target by \$4.08M. AAPM separately holds approximately \$3.1M in equity in our headquarters building, which is outside this calculation.

Five-Year Trends

Included for informational purposes is a five-year trend (2021–2025) of our Statement of Activities (Figure 4). This table shows Operating Revenue, Operating Expenses, and Income (Loss) from Operations together with Investment Income, Unrealized Gains (Losses) on our investment portfolio, Education & Research Fund net activity, and the resulting total Net Income (Loss) for each year. The table illustrates how much market performance has driven our bottom line during this period: a steep market downturn in 2022 turned a modest operating surplus into AAPM's only overall net loss (\$3.2M) over the past five years, while strong investment returns in 2021, 2023, and 2025 produced overall net income well above \$1.5M despite an operating deficit in two of those three years. In fact, the total net income in 2025 of \$1.57M—driven by \$2.35M in combined investment income and unrealized gains—was AAPM's second-strongest year of the past five, even though it was also the year our operating deficit exceeded budget.

Figure 5 shows the five-year trend of Income (Loss) from Operations, both budgeted and actual. In 2021,

TREASURER'S REPORT, Cont.

AAPM reported net income from operations of \$714k; as previously communicated, the most-significant contributor to that surplus was the PPP loan of \$615k that was forgiven by the federal government, a one-time item. Excluding that forgiveness, AAPM's underlying operating income for 2021 was \$99,552. Over the five years shown, actual results were favorable to budget every year except 2025, when the Annual Meeting and Meeting & Event Sponsorship softness discussed above pushed the actual deficit modestly past the budgeted deficit for the first time in this window.

Lastly, Figure 6 shows the five-year trend of Operating Revenue and Expenses. Operating revenue grew sharply from 2021 to 2022 as the Association's activity normalized coming out of the pandemic and has been essentially flat—in the \$11.0M–\$11.3M range—every year since. Operating expenses, by contrast, have continued to climb, from \$8.7M in 2021 to a peak of \$12.4M in 2024 before easing slightly to \$12.1M in 2025. Bringing these two curves into better alignment, through continued new revenue development and expense discipline, remains central to our path toward a balanced budget.

Figure 4: Five-year trend of Statement of Activities, 2021–2025.

	2021	2022	2023	2024	2025
Operating Revenue	\$9,388,323	\$11,179,262	\$11,090,452	\$11,268,398	\$11,020,894
Operating Expenses	\$8,673,771	\$11,133,112	\$12,072,134	\$12,434,754	\$12,124,217
Net Income (Loss) from Operations	\$714,552	\$46,150	\$(981,682)	\$(1,166,356)	\$(1,103,323)
Investment Income	\$259,396	\$257,780	\$303,697	\$317,213	\$339,248
Unrealized Gains (Losses)	\$1,386,115	\$(3,106,659)	\$1,859,713	\$1,203,032	\$2,007,682
Education and Research Fund, Net	\$262,484	\$(437,593)	\$376,356	\$112,494	\$325,148
Net Income (Loss)	\$2,622,547	\$(3,240,322)	\$1,558,084	\$466,383	\$1,568,755

Figure 5: Five-year trend of Income (Loss) from Operations, budget vs. actual.

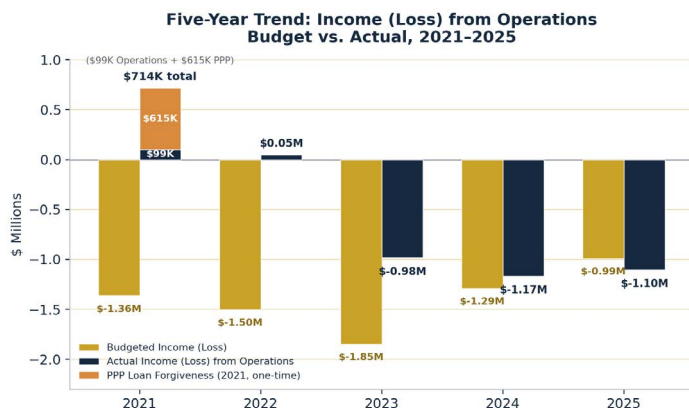
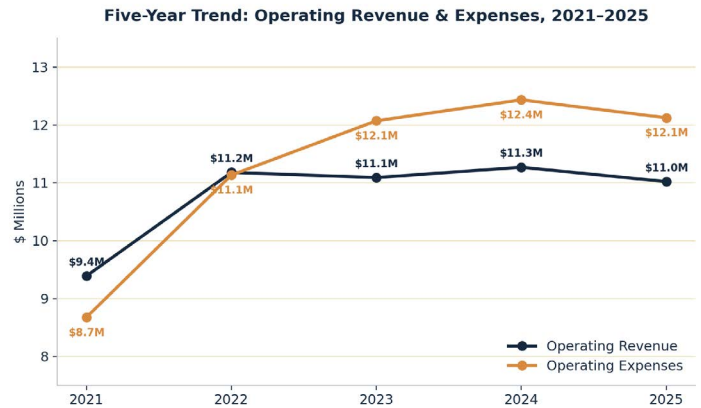


Figure 6: Five-year trend of Operating Revenue and Expenses.

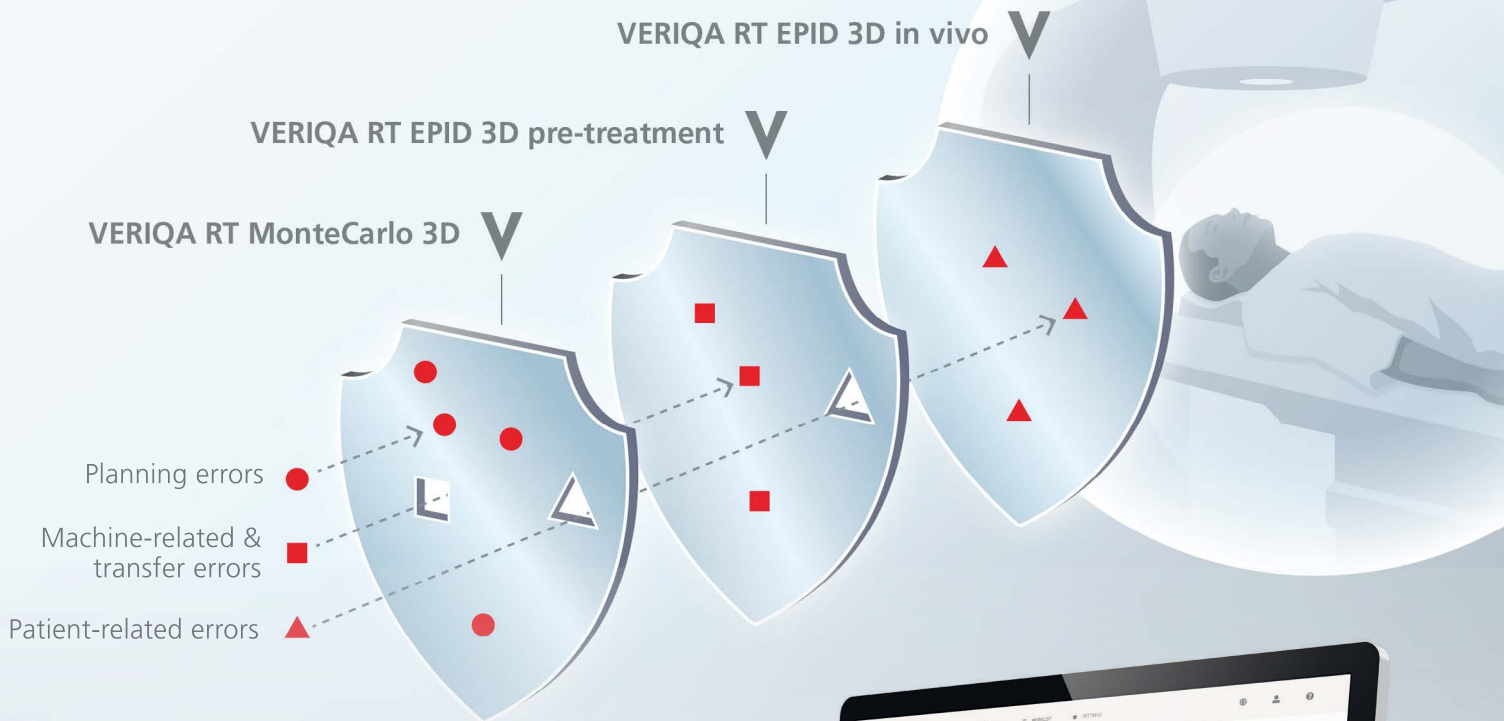


Looking Ahead

One of the strategic priorities in the Board-approved Strategic Plan is to enhance organizational sustainability through a balanced operating budget. Given continued headwinds in federal funding, meeting attendance, and sponsorship, together with AAPM's ongoing investment in IT infrastructure, this goal will likely take longer to achieve than originally hoped. Even so, the steady reduction in our budgeted deficit since the high-water mark in 2023 of \$1.85M—to \$1.29M in 2024, to \$0.99M in 2025, and to \$0.59M in 2026 — reflects real progress and our continued commitment to the budget as a roadmap for actual spending throughout the year.

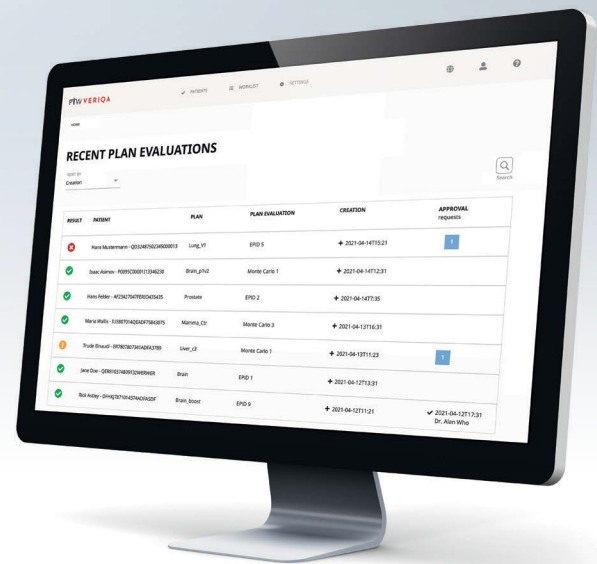
We want to thank the entire AAPM finance team (**Amy Harrison, Janelle Priestly, and Julia Colque**) for their continued diligent stewardship of AAPM finances. ■

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NIST: Protecting the Standards Behind Every Dose

GOVERNMENT AND REGULATORY AFFAIRS COMMITTEE REPORT

Accurate radiation medicine depends on national measurement standards maintained by the [National Institute of Standards and Technology](#) (NIST). Through the [Radiation Physics Division](#) and the [Accredited Dosimetry Calibration Laboratory system](#), those standards provide the traceability medical physicists rely on in radiation therapy, diagnostic imaging, brachytherapy, nuclear medicine, and emerging treatments.

Persistent staffing and resource constraints within NIST's Radiation Physics Division have created growing concern about the nation's ability to maintain and expand critical radiation measurement standards. AAPM is now pressing Congress to address both the immediate FY 2027 funding threat and the need for more sustained federal investment in NIST.

The Immediate Funding Threat

The President's FY 2027 budget request proposed a 54 percent reduction to NIST overall, including a 42 percent reduction to the Scientific and Technical Research and Services account that supports the Radiation Physics Division.

As Congress continues work on FY 2027 appropriations, AAPM is urging lawmakers to reject cuts that would weaken the nation's radiation measurement infrastructure.

These proposed reductions would come at a time when the Division is already operating under staffing and funding constraints. Additional cuts could limit its ability to maintain existing standards, develop standards for advanced medical technologies, and preserve the technical expertise needed to support radiation medicine.

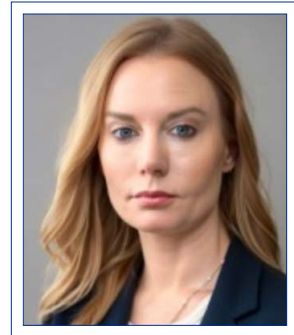
The consequences would not remain confined to a federal laboratory. Weakening domestic standards capacity could increase costs and delays for calibration laboratories, hospitals, manufacturers, and researchers. It could also increase U.S. reliance on foreign standards laboratories for critical radiation measurements.

International cooperation is an essential part of measurement science, but the United States should retain the domestic expertise and infrastructure necessary to maintain its own primary standards and respond to the needs of its healthcare and research communities.

This is not simply a question of protecting one federal program. It is a patient safety, scientific infrastructure, and national capacity issue.

A Long-Term Solution: The American Innovation Act

AAPM is also supporting a longer-term legislative solution through the American Innovation Act, [H.R. 2628](#) in the House and [S. 1276](#) in the Senate.



Lauren DePutter
AAPM Director of Government Affairs and
External Relations

TAKE ACTION

Ask Congress to protect NIST funding, strengthen the Radiation Physics Division, prioritize staffing and capacity for medical radiation measurement programs, and support the American Innovation Act, [H.R. 2628](#) and [S. 1276](#).



GOVERNMENT AND REGULATORY AFFAIRS COMMITTEE REPORT, Cont.

AAPM formally endorsed H.R. 2628 because the legislation would establish sustained federal investment in NIST's Scientific and Technical Research and Services account, as well as other core federal science programs. The bill is designed to create a long-term funding path for basic science research rather than leaving these programs dependent solely on annual funding decisions.

For medical physics, the NIST provisions are especially important. Reliable measurement standards require continuity. NIST must be able to retain highly specialized staff, maintain complex facilities, update existing standards, and develop new measurement capabilities as clinical technologies evolve. Short-term funding fluctuations make that work more difficult and can allow technical gaps to persist.

The House bill was introduced by Representative Bill Foster, PhD, of Illinois, the only PhD physicist currently serving in Congress. Before entering public service, Representative Foster worked as a high-energy physicist and particle accelerator designer at Fermilab. His leadership on the American Innovation Act brings a scientific perspective to the challenge of maintaining the federal research and measurement infrastructure.

AAPM's endorsement emphasized that sustained investment in NIST would support medical imaging, radiation therapy, radiopharmaceutical therapy, biomedical research, and the development of next-generation medical technologies. It would also help preserve U.S. leadership in healthcare innovation, advanced manufacturing, and scientific research.

The American Innovation Act would not replace the need for robust FY 2027 appropriations. It would complement the immediate funding process by providing a more reliable, long-term foundation for NIST and the broader federal science enterprise.

AAPM's Request to Congress

AAPM has launched an action alert asking members to contact their representatives and senators in support of strong NIST funding and the American Innovation Act.

The Association is asking Congress to:

- Oppose proposed cuts to NIST and support robust FY 2027 funding for the agency.

- Protect the Radiation Physics Division within the Scientific and Technical Research and Services account.
- Support efforts, including report language where appropriate, directing NIST to prioritize staffing and capacity for radiation dosimetry, radioactivity, and related medical radiation measurement programs.
- Support the American Innovation Act, H.R. 2628 in the House and S. 1276 in the Senate.

These requests address both the immediate funding threat and the need for a longer-term solution.

Robust FY 2027 appropriations are necessary to protect NIST's existing programs, personnel, and measurement capabilities. The American Innovation Act would complement that funding by establishing a sustained investment framework for NIST and other federal science programs.

Why Medical Physicists Need to Be Heard

Medical physicists are well positioned to help policymakers understand how NIST's work affects patient care, research, and the development of new medical technologies. Medical physicists can make that connection clear. Members can explain that NIST standards support cancer treatment, diagnostic imaging, medical device development, and patient safety in congressional districts and states throughout the country.

Congress regularly receives requests for federal research and science funding. A constituent message that connects a federal program to actual clinical care gives policymakers information they may not receive from organizational communications alone.

AAPM's action alert provides a prepared message that members can personalize. Adding even one or two sentences about how NIST-supported measurements affect a member's clinical practice, research program, calibration work, or institution can make that message more tangible.

Take Action

Protecting NIST and the nation's radiation measurement infrastructure is a priority of AAPM's advocacy efforts.

Regardless of specialty, medical physicists depend on a

GOVERNMENT AND REGULATORY AFFAIRS COMMITTEE REPORT, Cont.

measurement system that is accurate, traceable, current, and accessible. Protecting that system requires Congress to understand that NIST's Radiation Physics Division is not peripheral to patient care. It is part of the infrastructure that makes safe and reliable radiation medicine possible.

AAPM members are encouraged to visit the TAKE ACTION Center and urge Congress to protect NIST, strengthen

the Radiation Physics Division, and support the American Innovation Act.

The standards behind every dose may not be visible to patients, but their importance is reflected in every measurement medical physicists are trusted to make. ■

MARK YOUR CALENDAR

with these
important dates!

AAPM 2027
69TH ANNUAL MEETING & EXHIBITION
JULY 25–28 | COLUMBUS, OH



LEADING TRANSFORMATION.
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RFP Opens	Tuesday, September 1 , 2026
RFP Closes	Thursday, October 8 , 2026
Abstract Submission Site Opens for Proffered Abstract Submissions	Tuesday, November 10 , 2026
Deadline for Proffered Abstract Submissions	Tuesday, January 26 , 2027
Authors Notified of Presentation Disposition	Thursday, April 22 , 2027
Authors Notified of Presentation Disposition	Tuesday, May 11 , 2027



SAVE the DATE

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.

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PHYSICS PLAN REVIEW TOOLKIT

OCTOBER 29–30, 2026 | VIRTUAL



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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!

ACR Accreditation & More: Info for Medical Physicists

UPDATES FROM ACR HQ

Expansion of Modules in CT Accreditation Program

To better serve diverse clinical environments, the ACR CT Accreditation program now includes several new modules including Musculoskeletal (MSK), Spine, and Calcium Scoring for adult exams and MSK and Spine for pediatric. Soft Tissue Neck is a new exam option for adult and pediatric head/neck modules. Every unit that performs diagnostic head/neck, chest, abdomen, spine, MSK, cardiac, or calcium score examinations must go through testing for the site to be accredited. Every unit (including hybrid CT units) must apply for all modules performed on that unit for a facility to be accredited. Please note that if a unit performs dual diagnostic functions (e.g., SPECT/CT unit that performs both diagnostic NM and diagnostic CT exams), and the site chooses to be accredited in both modalities, then the unit will need to be accredited in both modalities separately. [Learn more here](#).

Flexibility in Clinical Exam Selection for Accreditation

To provide greater flexibility in accreditation clinical exam selection — especially for sites imaging pediatric patients—the [CT](#), [MRI](#), and [Ultrasound](#) accreditation requirements now accept pathology, provided it doesn't detract from overall image quality. If you have questions, [contact the ACR Accreditation Support Team](#).

NM and PET Program Requirements updates

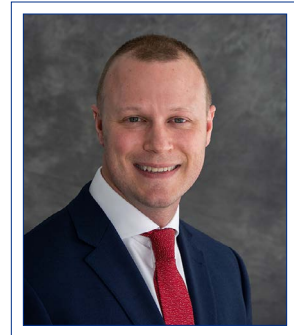
Several minor changes to NM and PET were published in July. The changes below were also in my Jul-Aug column, but I repeat them here in case you missed the prior AAPM Newsletter:

PETAP

- The 1 cm reformat requirement has been removed. Single slice images between 3–10 mm are now acceptable.
- The ROI screenshot requirement has been removed. Submitting the ROI screenshot is now recommended but not required.
- A ± 30 minute grace period has been added to the PET Phantom Requirements.

NMAP

- Language for summed slice requirements has been 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 no longer are required to apply attenuation correction regardless of the acquisition orbit indicated on the data form.



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.

UPDATES FROM ACR HQ , Cont.

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.

Field Review for 2027 Practice Parameters & Technical Standards

ACR members can comment on all 2027 ACR Practice Parameters and Technical Standards. AAPM has an internal process for soliciting comments for documents where AAPM is a collaborating society. The Technical Standards up for revision in 2027 are CT, radiopharmaceutical therapy, determinants of image quality in mammography, electronic practice of medical imaging, and digital radiography. Field Review closes September 25, and comments can be submitted by logging into [ACR's Document Online Commenting System \(DOCS\)](#). Field Review is considered the last opportunity for editing the documents before they go through the approval process.

Backlog of CT phantom orders

ACR is aware that there is currently a backlog in fulfilling CT phantom orders. The phantom manufacturer is working to resolve the current backlog and ACR is working with them to avoid such backlogs in the future. Please

note that ACR is not prepared to accept alternative phantoms for accreditation submissions at this time. During the current backlog, ACR recommends that medical physicists consider using alternative phantoms, including CT manufacturer-provided phantoms, for annual medical physics surveys. Please submit a support ticket with questions or concerns on any upcoming ACR CT submission.

Additional phantom manufacturer now available for NM and PET

The ACR NM and PET Accreditation Program is excited to announce that several Diagnostomic NM/PET phantoms are now recognized as ACR approved. To view the full list of ACR-approved phantoms available through Diagnostomic, please visit: <https://shop.diagnostomic.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. ■

CMS Issues 2027 Medicare Proposed Rules

HEALTH POLICY AND ECONOMICS ISSUES REPORT

The Centers for Medicare and Medicaid Services (CMS) released its proposed 2027 payment rules for physicians, freestanding radiation therapy centers and hospital outpatient departments. Below is a breakdown of what is changing, who it affects, and why it matters.

CMS will finalize these rules on November 1, 2026. The changes take effect January 1, 2027.

Medicare Physician Fee Schedule

The Medicare Physician Fee Schedule (MPFS) sets payment rates to physicians and other providers, including freestanding radiation therapy centers. It does not apply to hospital-based facilities. Payments to hospital outpatient departments are described below.

Each medical service is assigned a set of "relative value units" (RVUs) that reflect the physician work, practice expenses, and malpractice costs involved. Those RVUs are then multiplied by a dollar amount called the "conversion factor" to produce the payment rate. CMS updates the conversion factor every year.

The bottom line for 2027:

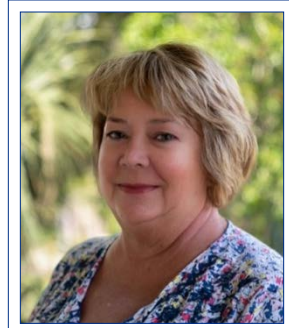
- Radiation oncology overall: +3%
- Freestanding radiation therapy centers: +5%
- Radiology overall: +2%

This positive impact is misleading as nearly all radiation oncology billing codes are proposed to see payment reductions of 3 to 8 percent in 2027 driven by two changes described below (a lower conversion factor and a new indirect practice expense formula). The only codes seeing gains are the three radiation treatment delivery codes — 77402, 77407, and 77412 — whose increases are large enough to offset the cuts everywhere else and push the specialty-wide average into positive territory.

2027 Conversion Factors

Starting in 2026, Medicare law created two different conversion factors instead of one:

- Qualifying Participants (QP) rate — for providers who qualify as active participants in an "Advanced Alternative Payment Model" (a payment arrangement that holds providers accountable for cost and quality).
- Non-Qualifying Participants (NQP) rate — for everyone else. CMS says most providers fall into this category with a lower conversion factor.



Wendy Smith Fuss, MPH
Health Policy Solutions

The AAPM plans to submit formal comments to CMS before the proposed rule comment deadlines. For more detail — including full proposed rule summaries and payment impact tables — visit the [AAPM website](https://www.aapm.org).

HEALTH POLICY AND ECONOMIC ISSUES REPORT , Cont.

Both rates are proposed to go down slightly in 2027:Proposed Changes to Indirect Practice Expense Methodology

Conversion Factor Type	2026 Rate	Proposed 2027 Rate	2026-2027 Change
Non-Qualifying Provider (NQP)	\$33.40	\$32.84	-1.7%
Qualifying Provider (QP)	\$33.57	\$33.17	-1.2%

Indirect practice expense is the portion of a Medicare payment meant to cover a provider's overhead costs, including non-clinical staff, office equipment, rent, etc.

For years, CMS has calculated a specialty's practice expense per hour using data from the American Medical Association (AMA) 2007 surveys. CMS is engaged in a multi-year effort to transition the practice expense methodology away from reliance on the AMA's data and toward an approach that relies on more objective, routinely updated and auditable cost data. The goal, according to CMS, is to make payments more accurate, more responsive to real market costs, and more transparent.

Under the current methodology, CMS makes a final adjustment to ensure each specialty's total practice-expense payments stay consistent with that old 2007-era survey data. CMS now proposes phasing that adjustment out over two years, replacing it with a new "stabilizer" designed to prevent sudden swings without permanently locking payments to old benchmarks.

Because this change redistributes money across the entire fee schedule, some specialties gain and others lose. Radiation oncology requires expensive equipment and carries high overhead costs, so it is projected that it will be hit harder than other specialties by this shift.

Radiation Treatment Delivery Codes

CMS continues to utilize the relationship between the proposed Hospital Outpatient Prospective Payment System (HOPPS) Ambulatory Payment Classification (APC) relative weights for APCs 5621 *Level 1 Radiation Therapy*, 5622 *Level 2 Radiation Therapy* and 5623 *Level 3 Radiation Therapy* to crosswalk the valuation of practice expense for technical component-only radiation treatment delivery codes 77402, 77407, and 77412 respectively, when paid under the MPFS.

Last year, CMS assumed that CPT code 77412 (the highest reimbursement of the three codes) accounted for 35 percent of the total volume among these codes, with 77407 accounting for 55 percent. After reviewing early 2026 claims data and hearing feedback, CMS now believes it overstated 77412's share and proposes revising it down to 18 percent of total volume.

The result is a proposed increase in 2027 payment for all three codes:

CPT Code	Description	Proposed 2027 Change
77402	Level 1 radiation treatment delivery	23.1%
77407	Level 2 radiation treatment delivery	7.7%
77412	Level 3 radiation treatment delivery	21.8%

HEALTH POLICY AND ECONOMIC ISSUES REPORT , Cont.

Proton Beam Treatment Delivery Codes

Currently, payment for proton beam treatment delivery is not standardized nationally — it is set locally by each region's Medicare contractor, because CMS has never established RVUs for this equipment-intensive service.

For CY 2027, CMS is proposing to establish national payment rates for proton beam treatment delivery codes using a similar methodology for the radiation treatment delivery codes in 2026 by calculating the practice expense RVUs based on the HOPPS relative weights for APC 5625 *Level 5 Radiation Therapy* to which CPT codes 77522, 77523 and 77525 are assigned and APC 5623 *Level 3 Radiation Therapy* to which CPT 77520 is assigned under the hospital outpatient payment system.

CPT Code	Description	Proposed 2027 RVUs	Proposed NQP Payment	Proposed QP Payment
77520	Proton treatment delivery; simple, without compensation	11.06	\$363.22	\$366.85
77522	Proton treatment delivery; simple, with compensation	23.31	\$765.52	\$773.18
77523	Proton treatment delivery; intermediate	23.31	\$765.52	\$773.18
77525	Proton treatment delivery; complex	23.31	\$765.52	\$773.18

Hospital Outpatient Prospective Payment System

The Hospital Outpatient Prospective Payment System (HOPPS) covers hospital outpatient departments — it does not affect physician payments or freestanding radiation therapy centers.

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

CMS proposes raising overall hospital outpatient payment rates by 2.4 percent in 2027. The most significant adjustment involves a proposal to reduce reimbursement for 340B-acquired drugs (a federal program letting certain hospitals buy outpatient drugs at a discount) to Average Sales Price (ASP) minus 33.4 percent.

Because federal law requires this kind of change to be "budget neutral" — meaning the money saved must be redistributed elsewhere in the system rather than simply cut — CMS proposes redirecting those savings into an 8.4 percent increase for all non-drug services.

Radiation oncology services should see a net financial benefit from this reshuffling, since most of what they bill is not drug related. However, facilities that rely on 340B-acquired radiopharmaceuticals (radioactive drugs used in treatment or imaging) will see reduced payment for those specific drugs.

HEALTH POLICY AND ECONOMIC ISSUES REPORT , Cont.

Summary of Proposed 2027 Radiation Oncology HOPPS Payments

APC	Description	CPT Codes	2026 Payment	2027 Proposed Payment	2026-2027 Proposed Change
5611	Level 1 Therapeutic Radiation Treatment Preparation	77280, 77299, 77300, 77331, 77332, 77333, 77336, 77370, 77399	\$137.32	\$152.61	11.1%
5612	Level 2 Therapeutic Radiation Treatment Preparation	77285, 77290, 77306, 77307, 77316, 77317, 77318, 77321, 77334, 77338	\$382.54	\$429.91	12.4%
5613	Level 3 Therapeutic Radiation Treatment Preparation	32553, 49411, 55876, 77295, 77301, C9728	\$1,414.11	\$1,597.28	13.0%
5621	Level 1 Radiation Therapy	77X07, 77X08, 77402, 77789, 77799	\$104.24	\$131.57	26.2%
5622	Level 2 Radiation Therapy	77407, 77412, 77600, 77750, 77767, 77768	\$394.05	\$460.55	16.9%
5623	Level 3 Radiation Therapy	77423, 77470, 77520, 77610, 77615, 77620, 77761, 77762	\$564.51	\$640.75	13.5%
5624	Level 4 Radiation Therapy	77605, 77763, 77770, 77771, 77772, 77778, 0395T	\$711.56	\$793.67	11.5%
5625	Level 5 Radiation Therapy	77522, 77523, 77525	\$1,276.81	\$1,434.26	12.3%
5626	Level 6 Radiation Therapy	77373	\$1,826.78	\$2,044.11	11.9%
5627*	Level 7 Radiation Therapy	77371, 77372, 77424, 77425	\$7,524.82	\$8,542.81	13.5%
5723	Level 3 Diagnostic Tests	76145	\$381.24	\$435.61	14.3%

*APC 5627 is a "Comprehensive APC," meaning it bundles payment for an entire service episode into a single rate.

Proposal to Control Increase in Non-Contrast Imaging Services

Medicare tracks where outpatient services happen using two billing modifiers:

- "PO" = performed at an off-campus, hospital-owned clinic that is "grandfathered" (excepted from certain payment cuts under older site-neutral rules)
- "PN" = performed at a similar clinic that is not grandfathered, and is already paid at a lower rate

For 2027, CMS proposes extending the lower "PN" payment rate to non-contrast imaging services (X-ray, ultrasound, CT, and MRI) performed at "PO" grandfathered locations. Specifically, Medicare would stop paying the higher hospital

HEALTH POLICY AND ECONOMIC ISSUES REPORT , Cont.

outpatient rates for these imaging services without contrast and instead pay the same lower rate used at non-grandfathered sites — matching the Physician Fee Schedule rate. CMS says this is meant to curb what it sees as unnecessary growth in outpatient imaging volume. Rural Sole Community Hospitals would be exempt from this cut.

Software as a Medical Service

CMS is proposing an interim payment policy for algorithm-based software medical services — previously called "Software as a Service" (SaaS), now renamed "Software as a Medical Service" (SaMS). These would be paid under the New Technology APC category while CMS works out a permanent, longer-term payment approach.

Hospital Outpatient Quality Reporting Program

CMS proposes making *Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults* electronic clinical quality measure voluntary for payment years 2028 through 2032. In practical terms, hospital outpatient departments will not be required to report this measure through 2030.

The AAPM plans to submit formal comments to CMS before the proposed rule comment deadlines.

For more detail — including full proposed rule summaries and payment impact tables — visit the [AAPM website](#). ■

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AI PRACTICE WATCH

RADIOLOGY | RADIATION ONCOLOGY | MEDICAL PHYSICS

AAPM DATA SCIENCE • COMMITTEE SMART BRIEFS • MAY 1–JULY 4, 2026

Each cycle we present news relating to clinical AI use across radiology, radiation oncology, nuclear medicine, and medical physics. This issue spans practice parameters and society positions, international guidance, post-deployment monitoring, organizational governance, the regulatory landscape, and real-world evaluation in the clinic. This brief is curated using agentic workflows. Please read the footnote and disclaimer for further information.

[ACR-SIIM Practice Parameter for Imaging Artificial Intelligence](#)

American College of Radiology & SIIM • May 5, 2026

The ACR Council approved the first US multisociety practice parameter for imaging AI at ACR 2026. It defines facility expectations for governance, tool selection, local acceptance testing, monitoring with stop rules, patient privacy, and tool retirement, and specifies the medical physicist's responsibilities at each step.

DOCUMENT TYPE: Practice parameter • TOPIC: Regulatory Governance

[Oversight, Education, and Collaboration in Responsible AI in Radiation Medicine: White Paper of CADRA](#)

Canadian AI & Data in Radiotherapy Alliance (JMIRS / JACMP) • June 25, 2026 • doi:10.1016/j.jmir.2026.102436

Developed through the Canadian AI and Data in Radiotherapy Alliance (CADRA) and co-published in JMIRS and JACMP, this white paper sets out a collaborative national perspective on responsible AI in radiation medicine. It defines shared expectations for oversight, education, standardization, collaboration, patient involvement, and AI-ready data.

DOCUMENT TYPE: National white paper • TOPIC: Responsible AI

[Clinical Implementation of Artificial Intelligence Systems in Medical Imaging and Radiotherapy](#)

IAEA Human Health Series No. 50 • 2026 • doi:10.61092/iaea.9olq-aqa9

This 138-page IAEA guideline, endorsed by AAPM and six other professional organizations, covers the full lifecycle of clinical AI for medical physicists: needs assessment, selection, commissioning, quality management, ongoing monitoring, and decommissioning, across both imaging and radiotherapy.

DOCUMENT TYPE: International guideline • TOPIC: Clinical Implementation

[Postdeployment Monitoring and Surveillance Methods, Guidelines, and Possibilities for AI in Radiology](#)

RadioGraphics • June 25, 2026 • doi:10.1148/rg.250173

A practical roadmap for monitoring radiology AI after deployment. It covers drift detection, input and output stability over time, uncertainty, alert thresholds, escalation, root-cause analysis, and human oversight, all within the total product lifecycle framework.

DOCUMENT TYPE: Practice review • TOPIC: Post-Deployment Monitoring

[Alignment of Policy, Practice, and Patient Safety for Trustworthy AI in Radiology](#)

Radiology: Artificial Intelligence • May 27, 2026 • doi:10.1148/ryai.250982

Connects trustworthy-AI policy and patient-safety commitments to the specific lifecycle controls an imaging organization must implement, with radiologists bridging regulation and clinical practice. It argues that trustworthiness is established across the whole lifecycle rather than at the point of regulatory approval.

DOCUMENT TYPE: Policy roadmap • TOPIC: Trustworthy AI

[Governance for Safe and Responsible AI in Healthcare Organisations: A Scoping Review of Frameworks](#)

npj Digital Medicine • May 1, 2026 • doi:10.1038/s41746-026-02679-2

Maps 77 organizational AI-governance frameworks and finds only 13% cover all four core components, with oversight mechanisms the least common, present in under a fifth. A sobering baseline that tells a health system what most governance structures are still missing.

DOCUMENT TYPE: Scoping review • TOPIC: Organizational Governance

AAPM DATA SCIENCE • COMMITTEE SMART BRIEFS • MAY 1–JULY 4, 2026, CONT.

Fairness and Bias Management in Health AI: Consensus-Based Recommendations for Best Practices Across the AI Lifecycle

The American Journal of Bioethics • June 10, 2026 • doi:10.1080/15265161.2026.2677391

Consensus-based recommendations for managing bias across the AI lifecycle. Broadly applicable to any clinical-AI program, though not specific to imaging or medical physics.

DOCUMENT TYPE: Consensus-based recommendations (editorial) • TOPIC: Fairness & Bias

A Multi-Centre Real-World Evaluation of AI-Assisted Organ-at-Risk Contouring on Radiotherapy Treatment Planning Workflows

British Journal of Radiology (commissioned by NHS England) • May 15, 2026 • doi:10.1093/bjr/tqag111

Across eight NHS England radiotherapy departments and 626 patients, AI contours needed no edits in 15.9% of cases and only minor edits in a further 64.4%, while clinical-oncologist involvement in contour review fell from 100% to 38%. It also reports that time saving did not appear across the whole planning pathway, and concludes that workflow, capacity, and staffing review before and after implementation could increase the efficiency gains.

DOCUMENT TYPE: Multi-centre practice evaluation • TOPIC: Auto-Contouring Workflow

FDA Codifies Class II Status for Radiological Machine-Learning Quantitative Imaging Software With a Predetermined Change Control Plan

US FDA • Federal Register 2026-12166 • June 17, 2026

This final order, effective June 17, 2026, codifies into regulation (21 CFR 892.2055) the Class II classification, under special controls, of radiological machine-learning quantitative imaging software with a Predetermined Change Control Plan; the classification itself has applied since FDA granted the underlying De Novo request in 2023. The order anchors the PCCP model, which lets a cleared model update within a pre-authorized envelope, in the imaging-device regulations.

DOCUMENT TYPE: Federal Register news • TOPIC: Regulatory Action

AJNR Study-Specific Guidelines for AI in Medical Imaging: Bridging Gaps in Reference Standard and Clinical Evaluation

American Journal of Neuroradiology • May 21, 2026 • doi:10.3174/ajnr.A9426

Six study-type-specific reporting checklists for imaging-AI studies, targeting the reference-standard and clinical-evaluation weaknesses that impede reproducibility and clinical translation. Aimed at study design, reporting, and appraisal rather than institutional operations, and a sharp tool for reading the literature critically.

DOCUMENT TYPE: Reporting guideline • TOPIC: Evidence Appraisal

ReclAIm: A Multiagent Framework for Monitoring and Correcting Performance Decline in Medical Imaging AI

Radiology: Artificial Intelligence • June 3, 2026 • doi:10.1148/ryai.250923

A multiagent approach to detecting and automatically correcting imaging-AI performance decline, directly on topic for drift. It is a research method rather than practice consensus or effectiveness evidence, and is worth watching as monitoring tooling matures.

DOCUMENT TYPE: Emerging framework • TOPIC: Drift Correction

ACR 2026: Evaluating AI Within Your Practice

American College of Radiology • May 21, 2026

A report from an expert panel and audience discussion at the ACR 2026 annual meeting on evaluating AI within your practice. It points to the College's supporting infrastructure, including Assess AI, the first national registry for AI tools in clinical practice, which uses data to track how AI performs across practice environments.

DOCUMENT TYPE: Society meeting report • TOPIC: Local Evaluation

CURATORS This issue curated by Shengwen (Sean) Deng. Reviewed by Kristy K. Brock, Karen Drukker, Maryellen Giger, Lubomir Hadjiiski, and Paul E. Kinahan.

AUTHORS AAPM Data Science Committee

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"Keep It Simple, Simple, Simple" — Teaching Beyond the Classroom: A Conversation with Dr. Madan M. Rehani

GLEADSC INTERVIEW WITH AN INTERNATIONAL MEDICAL PHYSICS TRAINER

Written on behalf of Global Clinical Education and Training Committee
(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.



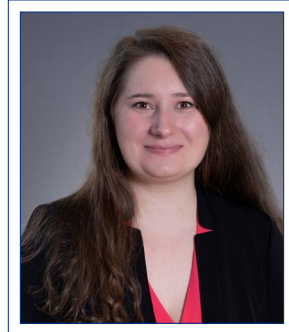
Brief Biography: Madan M. Rehani, PhD, is an internationally recognized medical physicist and one of the world's leading authorities on radiation protection in medicine. During a career spanning nearly five decades, he has taught and mentored healthcare professionals in more than 70 countries while leading global initiatives to improve patient safety. He previously led the International Atomic Energy Agency's Radiation Protection of Patients (RPOP) program and currently serves as Professor of Radiology at Harvard Medical School and Director

of the Radiation Protection Outreach Program at Massachusetts General Hospital. A past President of the International Organization for Medical Physics (IOMP), Dr. Rehani has authored more than 300 scientific publications and has received numerous international honors for his contributions to medical physics, radiation protection, and education.

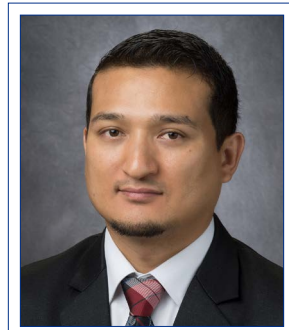
Interviewer: Why did you go into becoming a trainer? What was the passion for that?

Dr. Rehani: I would say it evolved naturally in the early part of my career when I realized that teaching is not about delivering information; it is about ensuring that knowledge is understood and remembered. I often felt that presentations concentrated on what the speaker wanted to say rather than what the audience was able to absorb. That motivated me to simplify complex concepts and make learning enjoyable.

One example goes back to the 1980s, when I had to teach MRI physics to radiology residents in India. Instead of beginning with equations, I compared T1 and T2 relaxation to the different times people would take to turn around



Denisa Goia, MsMP
West Virginia University



Surendra Prajapati, PhD
UT MD Anderson Cancer Center

What advice do you have for upcoming international trainers?

"Keep it simple, simple, simple." Begin by understanding the learners' needs and local circumstances. Go with curiosity rather than certainty. Respect local expertise, build trust, and focus on developing people rather than simply delivering information. Knowledge is valuable only when it changes practice, and training is truly successful only when today's trainee becomes tomorrow's teacher.

GLEADSC INTERVIEW WITH AN INTERNATIONAL MEDICAL PHYSICS TRAINER , Cont.

after hearing a sudden bang at the back of a classroom and then return to a relaxed position. That analogy immediately made an abstract concept understandable. Experiences like that convinced me that simplicity is not oversimplification; it is effective teaching.

Over time, another motivation emerged. The greatest satisfaction has not come from teaching techniques, but from seeing former trainees become leaders who establish services, influence policy, and train the next generation. That multiplier effect has been my greatest passion.

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

Dr. Rehani: I have been involved in teaching, training, and developing educational programs for almost fifty years. My career began in India, where I taught from the late 1970s until joining the IAEA in 2001 to look after a new Radiation Protection of Patients program. After retiring from the IAEA, I joined Massachusetts General Hospital and Harvard Medical School, and also served as an Adjunct Professor at Duke University.

Over the years, I have organized and taught dozens of international courses involving hundreds of professionals from more than 70 countries. While medical physicists formed the largest group, I also developed educational programs for radiologists, cardiologists, and other physicians using ionizing radiation because improving patient safety requires educating the entire clinical team.

What do you remember the most from these training courses?

Dr. Rehani: What I remember most is the moments when changing the teaching approach changed the outcome. When we designed the IAEA program for interventional cardiologists, I deliberately avoided starting with radiation physics and dosimetric quantities. Many colleagues questioned that decision, but my view was simple: cardiologists did not need to become medical physicists; they needed practical knowledge that would improve patient care. The program became remarkably successful and demonstrated that education should always be designed around the learner's needs rather than the teacher's preferences.

I also remember visiting Uganda, where the Head of Radiology told me that staff arrived at my lectures before 8:00 am, although they rarely reached the department before 9:00 am. He jokingly added that even a sleeping pill would not have made them sleep through the lectures. That compliment remains one of my most cherished memories because it reflected engagement rather than attendance.

Another lesson I learned early was to always speak the language of the learner. Early in my career, a physician asked me a simple practical question, and I answered with technical physics terminology. His response was, 'Physicists are the most difficult people.' I never forgot that moment. From then on, I made it a principle to communicate in terms that are meaningful to the audience rather than demonstrating technical knowledge.

What challenges did you face during the training period?

Dr. Rehani: The greatest challenges were seldom technical. They involved changing long-established ways of thinking and adapting teaching to different cultures and healthcare environments. Another important lesson came from the Train-the-Trainers workshops. Rather than simply telling participants how to give presentations, we repeatedly invited them to deliver short talks, reflect on their own performance, and receive constructive feedback from colleagues. That practical approach proved much more effective than lectures about communication.

A related challenge was resisting the temptation to teach every audience the way medical physicists are taught. Physicians, technologists, and physicists each require different educational approaches because their goals and responsibilities are different. Effective education begins by understanding what learners need to improve patient care, not by covering every theoretical concept. The role of a trainer is not to demonstrate expertise, but to make knowledge useful and applicable to those being taught.

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

Dr. Rehani: Working internationally inevitably brings differences in culture, expectations, and priorities. I found that maintaining a reputation for honesty, fairness, transparency, and respect almost always helped resolve

GLEADSC INTERVIEW WITH AN INTERNATIONAL MEDICAL PHYSICS TRAINER , Cont.

differences. When everyone remains focused on the common goal of improving patient care, disagreements usually become opportunities for better understanding rather than obstacles.

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

Dr. Rehani: Very much so. Watching former trainees become department heads, national leaders, or contributors to international organizations has been one of the quiet satisfactions of my career. I have always tried to remain available as a mentor long after a course ended because meaningful training is measured not by what happens during a workshop, but by what participants achieve years later.

How can the training experience be improved? What worked and what did not work? What could you have done differently?

Dr. Rehani: The most successful programs emphasized partnership rather than one-time teaching. Follow-up, mentorship, and local ownership are essential for sustainability. The same philosophy guided the development of the IAEA Radiation Protection of Patients website, where we deliberately used concise questions and practical answers rather than lengthy scientific text. Many experts initially preferred a traditional format, but simplicity proved far more effective for busy healthcare professionals. Looking back, I would invest even earlier in developing local trainers, so programs become self-sustaining.

Technology has created valuable new opportunities to support this process, but simply recording lectures is not enough. Just as importantly, educational programs should continually evaluate whether their resources are being used and meeting learners' needs. Throughout my career, I relied on analytics to understand what people were searching for, which topics attracted the greatest interest, and where educational content needed to be strengthened. Education, like clinical practice, should be guided by evidence, using data to continuously refine and improve learning.

What was rewarding?

Dr. Rehani: The greatest reward has been seeing education translated into better patient care. Publications and awards are gratifying, but they are secondary to seeing former trainees become respected professionals, educators, and leaders who continue improving healthcare long after the original training has ended. That is why I have always measured success not by the number of courses delivered, but by their long-term impact. For example, after educational programs in Africa, I followed the growth in publications on patient radiation dose and Diagnostic Reference Levels to assess whether the training had translated into better practice and research. Seeing those measurable improvements, years after the courses were completed, has been one of the most rewarding aspects of my career. ■

Our Condolences

Charles A. "Chuck" Mistretta, PhD • Dale C. Moss, PhD • Surendra N. Rustgi, PhD, FAAPM, FACR, FACMP

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
(Please include supporting information so that we can take appropriate steps.)

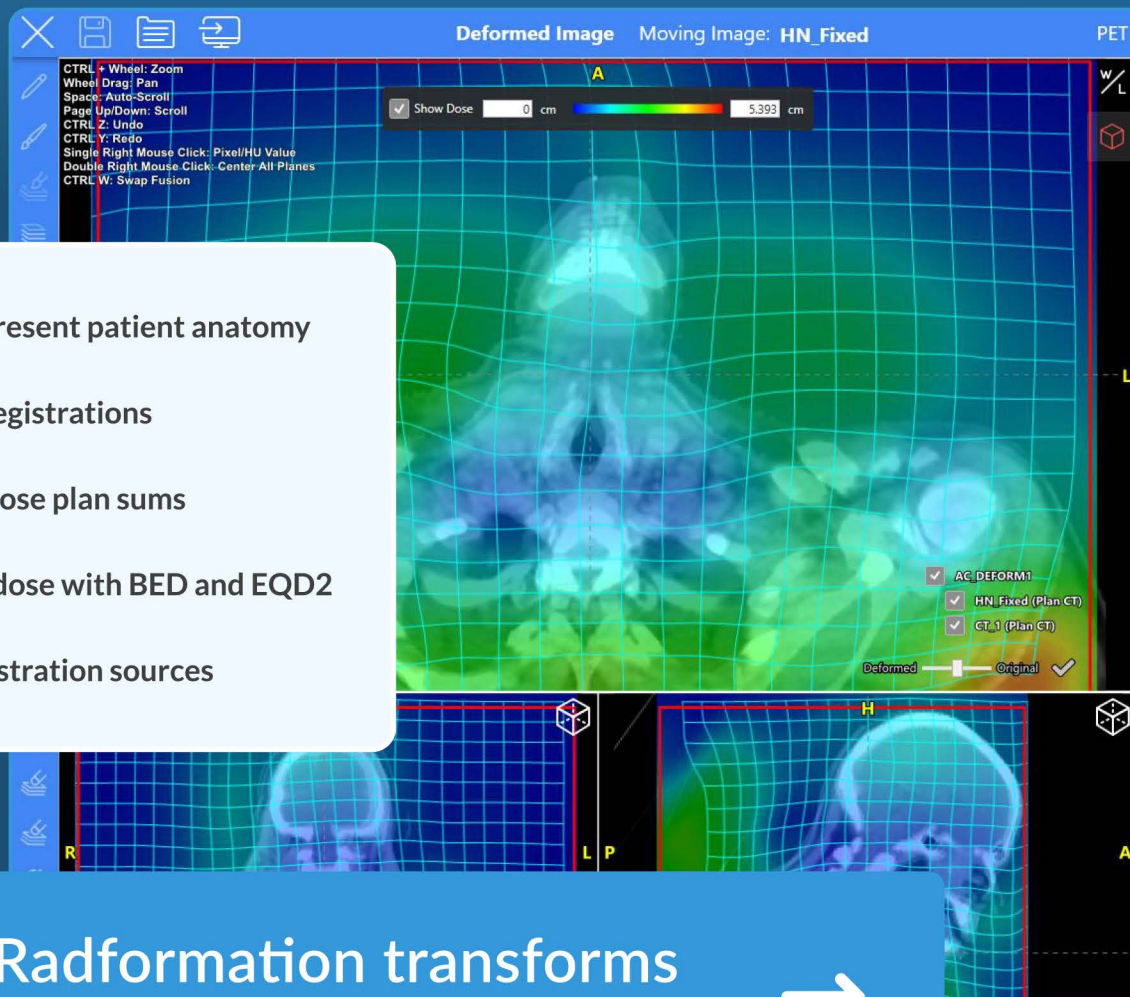
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ASTRO 2026 Offers Expanded Physics Education, Networking and Innovation

ASTRO QUALITY IMPROVEMENT

The theme of the 2026 ASTRO Annual Meeting is “Data to Dialogue: Communicating Radiotherapy’s Value to Advance Care,” emphasizing the need to translate the growing body of radiation oncology evidence into clear, meaningful conversations with patients, colleagues, payers, policymakers and the broader healthcare community.

The meeting will be held at the Thomas M. Menino Convention & Exhibition Center in Boston from September 26–30, 2026. Virtual attendees will have access to the full program including more than 150 engaging education and scientific sessions.

ASTRO 2026 provides an opportunity for medical physicists to connect with peers and learn from experts. New in 2026, ASTRO is offering an all-day physics workshop dedicated to medical physicists at no extra cost. Eric Ford, PhD, FASTRO, one of the workshop moderators, shares, “This first-of-its-kind workshop brings together physician and physicist thought leaders to focus on some of the most critical scientific and clinical challenges facing our field. It is a rare opportunity to join a conversation that will shape where medical physics goes next.”



New for ASTRO 2026

Physics Workshop

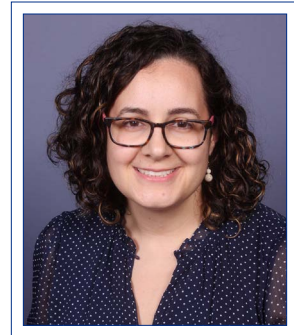
Included with your registration

Saturday, September 26
8:00 a.m. - 5:30 p.m.

Portrait	Name and Affiliation	Role
	David Jaffray, PhD MD Anderson Cancer Center	Opening Keynote
	Indrin Chetty, PhD, MS, FASTRO Cedars-Sinai Medical Center	Moderator
	Eric Ford, PhD, FASTRO University of Washington/ Fred Hutchinson Cancer Center	Moderator
	Nilendu Gupta, PhD, FAAPM The Ohio State University	Moderator
	Heng Li, PhD Johns Hopkins University School of Medicine	Moderator
	Todd Pawlicki, PhD, FASTRO University of California, San Diego	Moderator
	Yevgeniy Vinogradsky, PhD Thomas Jefferson University	Moderator
	Wensha Yang, PhD University of California, San Francisco	Moderator

This year’s ASTRO meeting also offers a variety of new social engagements and networking opportunities. Specifically for medical physicists, there will be a dedicated [speed mentoring event](#) on Sunday from 11:30 am–12:30 pm to give attendees the opportunity to connect with leadership in the field and build professional connections that matter.

New in 2026, there will be a [Welcome Kick-Off](#) event on Saturday evening from 6:30 pm–9:00 pm at the iconic Citizens House of Blues Boston.



Ksenija Kujundzic
ASTRO Senior Manager of Clinical Affairs

The 2026 ASTRO Annual Meeting will be held at the Thomas M. Menino Convention & Exhibition Center in Boston, September 26–30, 2026. For more information on the program and the schedule, please [visit the Learn page](#). It’s not too late to register for the ASTRO Annual Meeting — join us in person or virtually. Registration for the [Virtual Full Conference](#) is available until September 30, 2026, 1:00 pm Eastern time and allows attendees to livestream sessions, ask questions, and more.

You won’t want to miss a brand new full-day physics workshop included in the meeting registration at no extra cost. Additionally, there will be a physics speed mentoring event and endless physics-related content throughout the meeting.

ASTRO QUALITY IMPROVEMENT , Cont.

Additionally, ASTRO's Gold Medal Dinner has evolved into the [Gold Medal Gala](#), a premier black-tie event that is open to everyone. Ticket proceeds directly benefit Speed of Light – The ASTRO Foundation. The Exhibit Hall, with countless vendors and a series of presentations at the [Industry Expert Theater](#), offers attendees an opportunity to learn about the newest products and services through live presentations.

The meeting program includes diverse educational opportunities. Attendees can [add](#) the radiopharmaceutical therapy (RPT) workshop or the new workshop on functional radiation medicine to their registration.

This year also includes six expanded quick pitch sessions on varying physics topics such as artificial intelligence (AI)-powered dose prediction and segmentation, and adaptive radiation therapy (ART).

The Presidential Symposium will highlight varying facets of the meeting theme, including challenges and opportunities in scientific knowledge creation and dissemination and stakeholder perspectives. A variety of quality and safety sessions will also promote the latest work in radiation oncology quality improvement. Each year, many physicists present their high-quality research and lead informative sessions at ASTRO.

The following is a subset of sessions that may be of particular interest to physicist attendees; for a full list of sessions, see the [complete schedule](#).

ASTRO 2026 Highlights

Saturday, September 26

8:00 am – [Workshop 01](#) – Physics Insights for Advanced Clinical Practice: ART, Re-irradiation, AI, and trials

Seven leaders in medical physics, including *Todd Pawlicki, PhD, FASTRO*, and *Nilendu Gupta, PhD, FAAPM* will moderate a full day workshop ending at 5:30 pm and covering a variety of topics. The Physics Workshop is included with the meeting registration and there is no extra fee. If attendees would like to preorder a boxed lunch for the session, they must do so in advance and pay an add-on fee of \$75 or bring their own meal.

Sunday, September 27

2:30 pm – [Workshop 07](#) – When Disaster Strikes: Safeguarding Radiotherapy's Value and Continuity Across Catastrophic Events

Speakers with expertise in climate-related operational disruptions, cybersecurity/software failures, and health-system disaster planning will examine both external system threats and the internal quality mechanisms that can serve as universal lines of defense when disruptions occur.

3:00 pm – [EDU 01](#) – AI, Robotics and Emerging Technologies in Gynecologic Radiation Oncology: From Automation to Precision Delivery

Andres Portocarrero Bonifaz, PhD, MS will discuss AI-driven automation in pelvic radiation therapy from contouring to plan optimization.

3:00 pm – [EDU 04](#) – Breathing Motion Management in 2026: Recommendations from AAPM Task Group 324, Updated Guidance on the Management of Respiratory Motion in Radiation Oncology

Moderated by *Paul Keall, PhD, MS, FASTRO* with speakers *Daniel Low, PhD, FASTRO*, *Rojano Kashani, PhD*, and *Leith Rankine, PhD*, this session offers attendees a chance to learn about AAPM's guidance and interact with some of the task group members.

Monday, September 28

8:00 am – [SS 13](#) – AI Applications in Outcome Prediction

Hyejoo Kang, PhD, will help moderate a scientific session that includes presentations from six medical physicists.

10:45 am – [SS 19](#) – Best of Physics

Wensha Yang, PhD, and *Yevgeniy Vinogradskiy, PhD* will oversee six presentations on the latest physics advancements from diverse practices.

10:45 am – [EDU 23](#) – Functional Imaging Guided Radiation Therapy: Current Status and Future Directions

Yue Yan, DSc, PhD, will moderate this session and *Bin Han, PhD*, will present on PET-based functional imaging-guided radiation therapy based on the Stanford University experience.

3:00 pm – [EDU 25](#) – Closing the Safety Loop: Translating RO-ILS Lessons into Practical QA Safeguards, Workflow Guardrails and Safer Software

Eric Ford, PhD, FASTRO, will provide the physics perspective in a discussion of how to develop solutions to error pathways.

ASTRO QUALITY IMPROVEMENT , Cont.

3:00 pm – [QP 11](#) – ART

Moderated by Xuejun Gu, PhD, and Michael Price, PhD, MS, six physicists will present work in ART, including preliminary results of the SAHARA04 phase II trial.

3:00 pm – [Int'l 03](#) – Global Spatially Fractionated Radiation Therapy Practice: Mapping Evidence Gaps for Successful Clinical Implementation

Heng Li, PhD, will present on the physics of spatially fractionated radiation therapy from heterogeneous data to reproducible practice.

5:00 pm – [QP 18](#) – Novel Delivery and QA

Hao Gao, PhD, and Yao Hao, PhD, will moderate six presentations on topics such as multi-outcome machine learning models and common biological dose scale.

5:00 pm – [EDU 36](#) – Physics Considerations for RPT Clinical Trials: Identifying Barriers, Evaluating Institutional Readiness and Defining Oversight Frameworks

Moderator Joseph Steiner, PhD, DABR, along with Carrie Hruska, PhD, and other presenters will share staffing and equipment requirements and recommendations for performing RPT clinical trials.

Tuesday, September 29

2:15 pm – [SS 38](#) – Imaging Biomarkers

Moderated by Yu Kuang, PhD, and Clemens Grassberger, PhD, this scientific session will include seven of the latest advancements in imaging biomarkers.

2:15 pm – [EDU 45](#) – Photon-Counting CT in Radiotherapy: From Imaging Innovation to Clinical Impact

Xun Jia, PhD, Kai Yang, PhD, and Guillaume Landry, PhD, will offer an educational session to review the fundamental principles of photon-counting CT, discuss emerging radiotherapy applications and examine practical considerations for implementation.

2:15 pm – [EDU 50](#) – Establishing a National Quality Assurance Framework for Brachytherapy Trials: An Unmet Need

Hayeon Kim, PhD, Jacqueline Zoberi, PhD, and Ying Xiao, PhD, FASTRO, will provide practical guidance for multidisciplinary teams including trial designers, QA centers, and participating institutions on adopting standardized QA programs for brachytherapy trials.

3:45 pm – [SS 45](#) – Novel Treatment and Safety

This session will include presentations from seven speakers, including multiple physicists, on topics such as commissioning a synchrotron-based upright proton therapy system and upright breast radiotherapy.

Wednesday, September 30

8:00 am – [EDU 59](#) – Autoplanning in the Wild: Lessons Learned from Clinical Deployment

As early adopters of autoplanning, moderator Joseph Harms, PhD, will be joined by Thomas Purdie, PhD and Laurence Court, PhD, to share their experience with common barriers and pitfalls and offer pragmatic solutions for sustainable deployment of autoplanning.

8:00 am – [EDU 57](#) – The Biology of RPTs: Beyond the Physical Properties

Alejandro Bertolet, PhD, will present on selecting an alpha-versus beta-emitting RPT and the difference in tumoricidal mechanisms and therapeutic efficacy.

10:45 am – [QP 45](#) – AI Powered Dose Prediction and Segmentation

Lei Ren, PhD, and Joel St-Aubin, PhD, will moderate six presenters sharing their work in this area.

10:45 am – [QP 46](#) – Imaging for Planning

Amit Sawant, PhD, and Neelam Tyagi, PhD, will act as discussants for presentations from multiple physicists.

Continuing Medical Education for Physicists

An application will be submitted to the Commission on Accreditation of Medical Physics Education Programs (CAMPEP) for medical physicist continuing education credits. CAMPEP credits will be available for in-person and virtual meeting attendance. Physicist attendees will not receive certificates of credit from ASTRO. The names of physicist attendees will be sent to CAMPEP 45 days after the meeting. Any credits claimed after the evaluation deadline will not be submitted by ASTRO to CAMPEP. Credits will not be available for the ASTRO Annual Meeting onDemand.

ASTRO looks forward to seeing you in Boston or virtually! ■

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Norm Bailly, MedPhys SLAM and Physics Research Retreat

SOUTHERN CALIFORNIA CHAPTER UPDATE



Written on behalf of the AAPM Southern California Chapter

On April 25, the AAPM Southern California Chapter gathered at USC for a full day of clinical insight, rapid-fire science communication, and rigorous research - the annual Norm Bailly Awards, MedPhys SLAM, and Physics Research Retreat. Trainees and faculty from UCLA, USC, City of Hope, Kaiser Permanente, San Diego State University, and beyond brought their best work to the podium, and the chapter's officers and industry sponsors made the day possible.

THE WINNERS ARE:

MEDPHYS SLAM

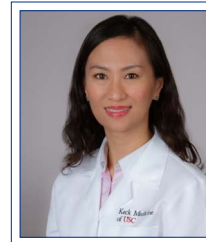
- First Place: Breona McQueen
- Second Place: Klea Hoxha

NORM BAILLY GRADUATE STUDENT CATEGORY

- First Place: Klea Hoxha
- Second Place: Harry Glazebrook
- Third Place: Tessa Maurer

NORM BAILLY RESIDENT CATEGORY

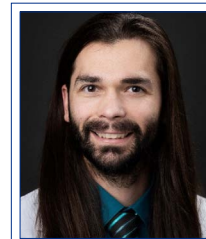
- First Place: Malakeh Malekzadeh
- Second Place: Zahra Mojabi
- Third Place: Meghan Koo



Zhilei Shen, PhD
University of
Southern California



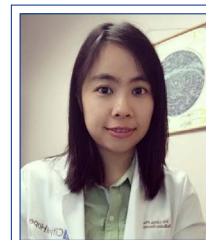
**Steven Goetsch,
PhD, FAAPM**
San Diego Medical
Physics



**Talon Thompson,
MS**
Kaiser Permanente



**Michael Reilly,
PhD**
Director, University
of California, Irvine



**Jieming Liang,
PhD**
Kaiser Permanente

SOUTHERN CALIFORNIA CHAPTER UPDATE , Cont.



Dr. Elizabeth Zhang-Velten opened the day with a keynote on spatially fractionated radiation therapy (SFRT). She walked through SFRT's evolution from wire mesh and grid blocks, to MLC-shaped grids in the 2000s, to today's VMAT-based "lattice" technique, which she described with a memorable analogy: a low "boba tea" dose bathing the whole tumor, punctuated by a few very hot "boba balls" of dose confined safely away from nearby organs at risk. Dr. Zhang-Velten shared USC's institutional experience treating 29 adult patients with SFRT since 2024 — including a striking case of a massive, bladder-invading prostate cancer that shrank 95% by volume over 9 months after a single 15 Gy fraction. Across the cohort, SFRT provided a favorable objective response rate of 72.7%, with limited alternatives for palliation.

A highlight of the symposium was the MedPhys SLAM Competition, where students, residents, and postdoctoral fellows presented their research and clinical projects in a fast-paced, three-minute format. Competitors explained the what, how, and why of their work while showing its impact to a panel of judges. First place was awarded to **Dr. Breona McQueen** from USC for her engaging presentation on multiple sclerosis (MS). Beginning with a powerful personal story, she described MS as a "monster" that gradually takes away a person's ability to control their body. Her research investigated estriol, a pregnancy-related estrogen, as a potential neuroprotective treatment. Using an experimental MS model, she demonstrated that estriol nearly eliminated spinal cord nerve damage and protected brain regions responsible for walking, highlighting its promise as a future therapy to preserve neurological function and improve the lives of people with MS.

Following the MedPhys SLAM, the Norm Bailey Research Competition featured graduate students, residents, and postdoctoral fellows presenting in-depth medical physics research. Each gave a six-minute talk followed by Q&A with expert judges, showcasing rigorous methods and clinical impact.

In the Norm Bailey Graduate Student Competition, first place was awarded to **Klea Hoxha** from UCLA for her outstanding research presentation. Her work evaluated the use of large language models (LLMs) to extract radiation treatment intent

from physician consultation notes. Using prompt engineering with Llama 3, the model achieved treatment site extraction accuracy comparable to human reviewers and generated clinically useful summaries to support CT simulation and treatment planning workflows. The study demonstrated that many LLM errors reflected documentation ambiguity rather than hallucination.

Malakeh Malekzadeh from City of Hope received first place in the Norm Bailey Resident Research Competition for her presentation, "Quantitative Active Bone Marrow Mapping with FLT-PET/MRI Using Improved MR-Based Attenuation Correction." This work demonstrated a novel noninvasive approach for mapping active bone marrow using FLT-PET/MRI and advanced MR techniques. Improved attenuation correction enhanced PET quantification accuracy, supporting potential applications in functional/biologically guided marrow irradiation, personalized treatment planning, and monitoring marrow regeneration following transplantation.

The afternoon shifted from the trainee competitions to four longer research talks from practicing physicists. **Dr. Javad Rahimian** presented stereotactic arrhythmia radioablation (STAR) for the treatment of ventricular tachycardia (VT). Dr.

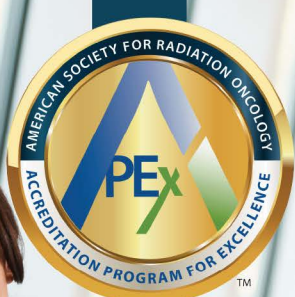
SOUTHERN CALIFORNIA CHAPTER UPDATE , Cont.

Rahimian highlighted its success in reducing VT episodes from over 4,000 to nearly zero in six weeks for patients who've exhausted catheter ablation. The process includes multimodality imaging, electroanatomical mapping, and sub-millimeter dose delivery accuracy. **Dr. Zhilei (Julie) Shen** presented findings comparing dosimetric parameters between HDR interstitial gynecologic brachytherapy and SFRT, demonstrating similar dose heterogeneity patterns between the two treatment modalities. Michael Cohan shared Halcyon linear accelerator commissioning experiences across multiple hospital networks. The presentation included detailed analysis of commissioning workflows, beam data validation, and patient-specific quality assurance processes used at various sites. **Dr. Zhengzheng Xu** presented novel clinical applications of GRID SFRT, including photon GRID SFRT with MLCs, and electron GRID SFRT with lead sheet eGRID collimator and tungsten filament eGRID collimator developed with USC's engineering school.



Award winners and participants.

The AAPM SCC Norm Baily Awards, MedPhys SLAM, and Physics Research Retreat celebrated innovation, collaboration, and excellence in medical physics. We thank all presenters, judges, volunteers, officers, and sponsors for making this inspiring event a success. ■



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Call for Submissions: JACMP Special Issue

Advancing TBI, TMI, and TMLI in Clinical Practice

About the Special Issue

Total Body Irradiation (TBI), Total Marrow Irradiation (TMI), and Total Marrow and Lymphoid Irradiation (TMLI) are vital components of conditioning regimens for hematopoietic stem cell transplantation and related hematologic malignancy treatments. Advances in treatment planning, image guidance, delivery, and intensity modulation have expanded clinical use of these modalities while introducing complex technical, dosimetric, and workflow challenges — and substantial heterogeneity in methodologies across institutions underscores an urgent need for standardization, collaborative research, and shared clinical experience.

Proposed by **AAPM Task Group 379** (organizers of [The Grace Kim Memorial Grand Challenge: Advancing Total Body, Marrow, and Lymphoid Irradiation](#)) in collaboration with the **AAPM Working Group on Grand Challenges**, this Special Issue builds on TG-379's forthcoming report on conventional and intensity-modulated TBI, providing a dedicated forum for clinical implementation, institutional benchmarking, workflow optimization, and emerging innovations. Consistent with JACMP's mission, it prioritizes practical, data-driven contributions with immediate utility for day-to-day clinical practice.

Topics of Interest

We invite submissions addressing modern approaches to conventional TBI, intensity-modulated TBI, TMI, and TMLI, including but not limited to:

- **Clinical implementation:** multi- or single-institution experiences with generalizable lessons; practical barriers to adoption and strategies for safe dissemination across diverse clinical environments
- **Treatment planning:** strategies across platforms, planning systems, and delivery techniques, including automation, scripting, knowledge-based planning, and artificial intelligence
- **Quality, dosimetry, and delivery:** patient-specific QA and in vivo dosimetry, image guidance and delivery verification, robustness methods and evaluation at beam junctions
- **Outcomes and organ-sparing:** dose-rate and dose-toxicity studies, organ-sparing strategies, relapse pattern analyses, outcome modeling, and pediatric considerations
- **Programs and innovation:** resource requirements, staffing models, training, and program sustainability; emerging technologies, adaptive workflows, novel immobilization or delivery paradigms
- **Case reports:** rare and challenging real-world clinical scenarios

Scope and Suitability

Submissions that primarily restate general technical recommendations, commissioning procedures, or routine workflow guidance are discouraged unless they include novel data, comparative evaluation, or broadly applicable clinical insight. Studies from organized planning challenges, such as the **AAPM Grace Kim Memorial Grand Challenge**, are encouraged — particularly those based on shared datasets, standard evaluation criteria, or official challenge results that enable reproducibility and comparison across institutions.

Submission Information

- **Submission period:** opens September 1, 2026; **deadline April 30, 2027**
- **Article types:** Original Research, Technical Notes/Reports, Case Reports, Review Articles, Dataset/Software papers, educational and practical clinical implementation papers, and invited perspectives
- **How to submit:** prepare your manuscript per the JACMP [Author Guidelines](#); when asked “Is this submission for a special issue?” select “Advancing TBI, TMI, and TMLI in Clinical Practice” from the drop-down list
- **Publication:** accepted articles publish online immediately as Open Access, then are curated into a virtual special issue. Standard JACMP publication charges and peer review apply.
- **Keywords:** TBI, TMI, TMLI; treatment planning; clinical implementation; automation; artificial intelligence; target coverage; organ-at-risk sparing; in vivo dosimetry; workflow optimization; outcome-linked dosimetry
- **Inquiries:** questions on the suitability of a proposed manuscript may be directed to JACMPeditorial@wiley.com

Guest Editors

Xuejun Gu, PhD (Stanford University) • **Quan Chen, PhD** (Mayo Clinic, Arizona) • **Chunhui Han, PhD** (City of Hope National Medical Center) • **Prema Rassiah, PhD** (The University of Utah) • **Jay Burmeister, PhD** (Karmanos Cancer Center / Wayne State University)

Help us bridge the gap between innovation and clinical practice — we look forward to your contributions!

AAPM 2026 AAPM-COMP Joint Meeting Highlights

JACMP SPECIAL ISSUE CALL FOR PAPERS

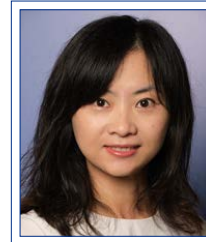
The *Journal of Applied Clinical Medical Physics* (JACMP) publishes papers that translate scientific innovation into clinical implementation, dedicated to help clinical medical physicists and other healthcare professionals perform their responsibilities more effectively and efficiently for the benefit of patients. We invite speakers, abstract presenters, and attendees from the 2026 AAPM-COMP Meeting to submit manuscripts for a Special Issue entitled "AAPM 2026 AAPM-COMP Joint Meeting Highlights".

The 2026 Joint AAPM-COMP Annual Meeting showcased advances spanning radiation oncology, diagnostic imaging, radiopharmaceutical therapy, artificial intelligence, quantitative imaging, adaptive radiotherapy, particle therapy, professional practice, and medical physics leadership. The meeting emphasized not only technological innovation, but also the safe, efficient, and evidence-based integration of these advances into routine clinical practice. Building on this momentum, this special issue aims to capture the most impactful scientific and clinical developments presented at the meeting and disseminate them to the global medical physics community.

We welcome submissions that expand meeting presentations into peer-reviewed manuscripts, including original research articles, technical notes, review articles, case reports, editorials, dataset and software articles. Authors are encouraged to build upon their conference presentations by providing additional technical details, clinical validation, implementation experience, and future perspectives.

Topics of interest include, but are not limited to:

- Artificial intelligence, foundation models, and automation for clinical implementation
- Adaptive radiotherapy, online adaptation, and adaptive workflow optimization
- Image-guided radiotherapy, CBCT, MRI-guided radiotherapy, PET-guided radiotherapy, and advanced imaging technologies
- Proton therapy, FLASH radiotherapy, spatially fractionated radiotherapy (SFRT), and emerging treatment modalities
- Radiopharmaceutical therapy implementation, dosimetry, quantitative imaging, and theranostics
- Advanced treatment planning, segmentation, auto-contouring, and clinical decision support
- Quantitative imaging, photon-counting CT, MRI, ultrasound, PET, and multimodality imaging
- Clinical quality assurance, commissioning, dosimetry, verification, and treatment safety
- Clinical workflow optimization, automation, informatics, and software



Yi Rong, PhD
JACMP



Ingrid Reiser, PhD
University of
Chicago



Lei Ren, PhD
Northwestern
University



Heather Whitney, PhD
University of
Chicago

JACMP invites speakers, abstract presenters, and attendees from the 2026 AAPM-COMP Meeting to submit manuscripts for a Special Issue entitled "AAPM 2026 AAPM-COMP Joint Meeting Highlights."

JOURNAL OF APPLIED CLINICAL
MEDICAL PHYSICS

JACMP SPECIAL ISSUE CALL FOR PAPERS , Cont.

development

- AI governance, validation, continuous monitoring, and trustworthy clinical AI
- Clinical trials, outcomes research, biomarker development, and personalized medicine
- Professional practice, leadership, workforce development, education, mentorship, and global collaboration
- Regulatory science, implementation science, and healthcare innovation
- Clinical translation of emerging technologies from bench to bedside

Submission Instructions

Authors should select the manuscript category "AAPM 2026 AAPM-COMP Joint Meeting Highlights" during submission, when asked "Is this for a special issue." All manuscripts will undergo standard peer review according to JACMP editorial policies. Accepted articles will be published online as Open Access upon acceptance. Following the submission period, all published manuscripts in this category will be compiled into a virtual Special Issue.

Manuscript Types Accepted: Research Articles; Technical Notes; Case Reports; Review Articles; Editorial; Dataset and Software Articles

Submission Start Date: August 1, 2026

Submission deadline: May 1, 2027

Publication schedule: Articles will be published online upon acceptance.

Article Publication Charges: Standard JACMP publication charges apply. These charges may be waived for individual authors if the corresponding author's institution participates in the Wiley Open Access Account program. Please refer to [Wiley Institutional Payments](#) for details.

Guest Editors for the Special Issue:

Lei Ren, Northwestern University

Heather Whitney, The University of Chicago

Yi Rong, Editor-in-Chief, JACMP

Ingrid Reiser, Deputy Editor-in-Chief, JACMP ■

Speed Mentoring Returns at the 2026 AAPM/COMP Joint Annual Meeting in Vancouver, BC with Record Participation!

REPORT FROM THE MENTORSHIP SUBCOMMITTEE

On Monday, July 20, Speed Mentoring returned for its third year at the AAPM | COMP Joint Annual Meeting in Vancouver, British Columbia. This year's event was our largest ever, bringing together more than 200 participants, evenly split between volunteer mentors



More than 200 mentors and mentees participated in the 2026 Speed Mentoring event at the AAPM/COMP Joint Annual Meeting in Vancouver.

from AAPM and COMP and mentees seeking focused career and professional guidance. In this fast-paced event, mentees rotated through the room, participating in five rounds of 10-minute conversations with different mentors. Discussion topics spanned a wide range of career stages and interests, including applying to graduate school, securing a residency position, navigating the job search, grant writing, building an early career, and achieving work-life balance.

With mentors and mentees representing both AAPM and COMP, participants also benefited from cross-border perspectives on topics such as work permits and immigration, differences between public and private healthcare systems, and comparisons of Canadian and U.S. graduate education, residency training, and board certification.

Facilitating introductions, keeping the event running smoothly, and occasionally stepping in as mentors themselves were members of the AAPM Mentorship Subcommittee (MENTORSC), Students and Trainees Subcommittee, and the COMP Student Council. Special thanks go to **Arjit Baghwala, Jingwei Duan, Jade Fischer, Andrew Godley, Jeremy Hoisak, Young Lee-Bartlett, Eva Lee, Sarah Aubert, Joey Schulz, Michael Petronek, Amy Yu, and Spencer Welland** for their help in organizing, promoting and running the event.

The success of this event would also not have been possible without the outstanding support of AAPM staff, both at Headquarters and on-site at the conference. If you are interested in organizing a Speed Mentoring event at your local chapter meeting, we would be happy to share our event toolkit and lessons learned. Please contact the Mentorship Subcommittee at 2026.MENTORSC@aapm.org for more information.



Jeremy Hoisak, PhD
UC San Diego

If you are interested in organizing a Speed Mentoring event at your local chapter meeting, we would be happy to share our event toolkit and lessons learned. Please contact the Mentorship Sub-Committee at 2026.MENTORSC@aapm.org for more information.



*Speed mentoring volunteer facilitators following the event (**Arjit Baghwala, Young Lee-Bartlett, Jeremy Hoisak, Andrew Godley and Jingwei Duan.** Not pictured, **Jade Fischer** who also facilitated at the event)*

AAPM SUMMIT

February 10–12, 2026

AIP Headquarters | 555 12th Street, NW | Washington, DC

SUMMIT AT THE ANNUAL MEETING: BRINGING THE VISION TO THE MEMBERSHIP



THE 2026 AAPM ANNUAL MEETING IN VANCOUVER WAS A KEY MOMENT FOR SUMMIT FOLLOW-THROUGH, BRINGING THE SUMMIT'S VISION DIRECTLY TO THE BROADER MEMBERSHIP.

FEATURED SESSION

Empowering Medicine Through Physics: Insights from the 2026 Summit was moderated by **AAPM President Robin Miller, MS, FAAPM** and **President-Elect Andrew Maidment, PhD, FAAPM, FACR** and featured Summit attendees **David Jordan, PhD, FAAPM, FACR** (University Hospitals Cleveland Medical Center) and **David Jaffray, PhD, FAAPM** (MD Anderson Cancer Center). The discussion focused on the accelerating pace of change in medicine and our workforce's readiness to meet it. Both speakers addressed AI's impact head-on - not as a threat, but as a defining challenge requiring intentional adaptation in training, clinical roles, and professional identity.

The question is not whether AI will change what we do — it already is. The question is whether medical physicists will be the ones designing, governing, and validating those systems.

Key ideas surfaced: Dr. Jaffray's model of the **"forward-deployed engineer"** — physicists embedded in clinical teams to commission and govern AI — and his vision of **medical physicists as department CIOs**. Dr. Jordan highlighted the challenge of expanding the profession's scope without losing its core identity.

THE QUANTUM CHOICE — MEMBER VOICES

Beyond the session room, Summit themes came to life in the exhibit hall with an interactive display: **The Quantum Choice: From Superposition to Decision — Guide the Evolution of the Field.**

The installation posed the question that animated the entire Summit: *What will medical physics look like in 10 years?* Attendees cast votes on four future-oriented questions spanning the Summit's core themes — AI, Workforce, Frontiers, and Theranostics — using a physical ball-drop mechanism. Results offered a real-time snapshot of what membership thinks.

THE QUANTUM CHOICE

Voting Booth Results

Non-scientific member poll, AAPM Annual Meeting 2026 exhibit hall.

How will AI reshape the medical physics workforce over the next decade?

- Automate QA and data analysis
- Create new careers in AI validation and oversight
- Reshape the boundary between physicists and other professionals
- Change training and education requirements
- Increase efficiency without workforce expansion** ★MOST VOTES

Which workforce challenge will most shape medical physics by 2036?

- Clinical workload outpacing physicist supply
- Career burnout and the quiet exodus
- Keeping pace with new technology
- The residency bottleneck** ★MOST VOTES
- A shrinking student pipeline

Where could medical physicists make their boldest leap outside of traditional domains?

- Reimagining clinical trials through advanced design and simulation
- Powering digital pathology and computational diagnostics
- Guiding precision surgery and imageguided interventions
- Modeling and digital twins for radiation medicine** ★MOST VOTES
- Transforming cardiovascular imaging and intervention

What will most impact the trajectory of theranostics over the next decade?

- Isotope supply and production capacity
- Clinical evidence driving routine adoption
- Reimbursement models that make it sustainable
- AI-driven dosimetry and treatment planning
- Workforce and infrastructure built to meet demand** ★MOST VOTES

WHAT COMES NEXT?

- Each Council is developing a 6-month priority plan
- Council Chairs serve as the reporting and accountability mechanism to the Board
- Cross-Society Summit dialogue



ABR Hosts Volunteer Appreciation Receptions During AAPM Annual Meetings

ABR UPDATE

The mission of the ABR is "to certify that our diplomates demonstrate the requisite knowledge, skill, and understanding of their disciplines to the benefit of patients." For each of the specialties certified by the ABR (Diagnostic Radiology, Interventional Radiology, Medical Physics, Radiation Oncology), this is done primarily through administration of initial certification exams for candidates navigating their way through the certification process, and application of the continuing certification program for those already certified, who are known as diplomates of the ABR.

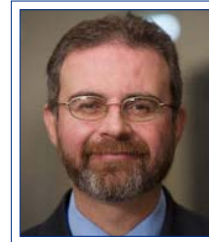
The primary instruments used in the initial certification (IC) and continuing certification (CC) programs include remote computer-based exams (qualifying exams and the final oral certifying exam) and the on-line longitudinal assessment (OLA), respectively, for each specialty. Content for these instruments is developed by subject matter experts who are ABR diplomates active in clinical practice and who volunteer their time to item-writing committees throughout the year. The ABR is fortunate to have over 1,300 volunteers engaged at any time across all four specialties.

A volunteer's term on a medical physics item-writing committee includes many hours of engagement throughout the year: writing questions, providing peer-review during remote committee meetings of questions written by other committee members, and participating in a 1- to 2-day face-to-face meeting at the end of a writing cycle when committee members provide final review of the exam to be administered in the following year. It is not an exaggeration to say that the annual commitment of time amounts to over 75 hours for most volunteers, some spent away from home. A typical volunteer term is three years, and most volunteers complete two terms on an item-writing committee. Becoming Chair of a committee results in one or two additional terms of three years each, involving greater time commitment with greater responsibilities.

Oral examiners devote up to an additional 45 hours per exam administration. This includes participating in comprehensive training prior to exam administration, followed by actual candidate examinations over multiple days. For those oral examiners who also participate on the item writing committees, this effort is in addition to the contributions to item-writing committees as described above.

Finally, the ABR seeks feedback on our IC and CC programs from advisory committees, also comprised of volunteers who meet with ABR leadership several times over the course of a year to provide their thoughts on how the ABR can improve these programs.

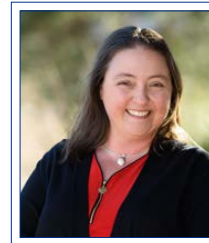
Clearly, active participation as an ABR volunteer requires a considerable time commitment, and the ABR is tremendously grateful to all our volunteers. In



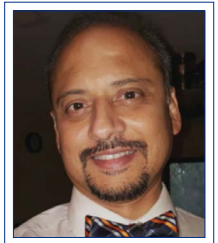
Matthew Podgorsak, PhD
Chair, ABR Board of Trustees
Roswell Park Cancer Institute



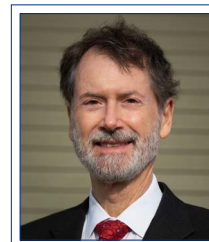
Katja Langen, PhD
ABR Trustee
Emory University



Jennifer Stickel, PhD
ABR Trustee
Colorado Associates in Medical Physics



Sameer Tipnis, PhD
ABR Trustee
Medical University of South Carolina



Geoffrey Ibbott, PhD
ABR Associate Executive Director for Medical Physics

ABR UPDATE , Cont.

2021, the ABR Board of Governors approved an initiative to host ABR Volunteer Appreciation Receptions during national society meetings as a way for ABR leadership to show our appreciation to our volunteers. The initial events in 2022 were hosted during the annual meetings of the Society of Interventional Radiology (SIR), the Association of Academic Radiology (AAR), ASTRO, and the AAPM, and were held either in the convention center, the society's headquarters hotel, or a nearby restaurant. Events during these society meetings have been held annually since then.

Responses from volunteers who attended these social gatherings were overwhelmingly positive, with many

commenting on the enjoyable atmosphere within the venues (see below) and how the receptions were a great way to meet up with old friends and network with colleagues with whom they otherwise may never get a chance to interact. Others mentioned they valued the opportunity to become better acquainted with the ABR Trustees, Governors, and staff who attended the receptions.

Below are pictures from the latest event held during the 2026 annual AAPM meeting in Vancouver this past July. Over 100 ABR volunteers attended the reception and enjoyed great food, great company, and an incredible view of Vancouver Harbour.



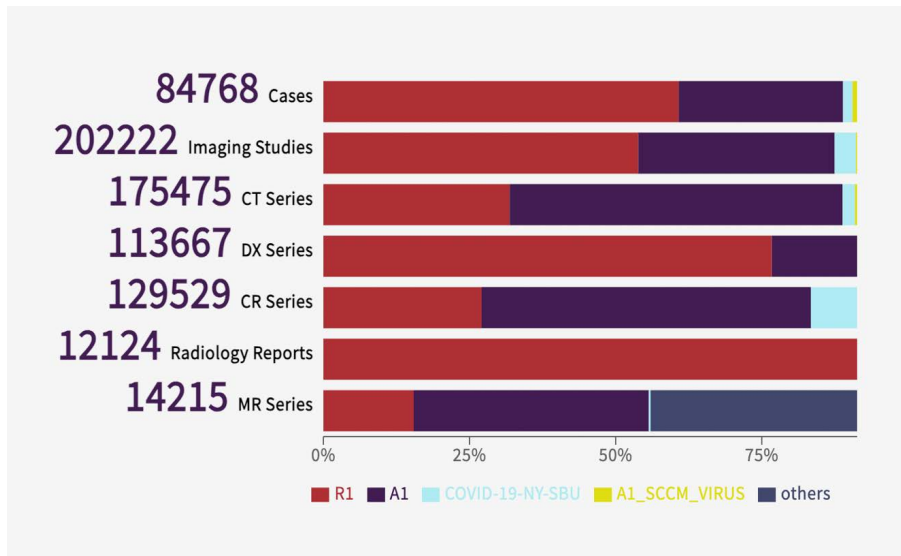
The ABR Board of Trustees and the ABR Board of Governors are tremendously grateful to our volunteers, without whom the ABR would not be able to support its mission. The ABR will continue to host volunteer appreciation receptions during annual AAPM meetings for the foreseeable future. ■



REPORT FROM THE MEDICAL IMAGING AND DATA RESOURCE CENTER (MIDRC)

AAPM-MIDRC SUBCOMMITTEE REPORT

Now more than five years into its mission, the Medical Imaging and Data Resource Center ([MIDRC](#)) Data Commons and the MIDRC BDF Imaging Hub ([BIH](#)) continue to serve the medical physics and broader biomedical research communities as a trusted home for AI-ready imaging data. With rigorous curation, transparent governance, and a growing suite of open [tools and resources](#), MIDRC helps investigators develop, validate, and translate imaging AI with confidence.



(All MIDRC data publication numbers as of August 3, 2026)

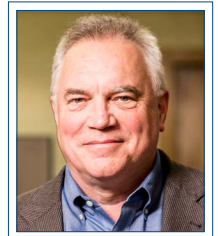
MIDRC at the 2026 AAPM | COMP Annual Meeting

MIDRC was pleased to connect with the AAPM community in person at the Joint AAPM | COMP Annual Meeting & Exhibition, held July 19–22 at the Vancouver Convention Centre. On the Exhibit Hall floor, the MIDRC booth drew a steady stream of attendees eager to learn how to access data, contribute datasets, and put MIDRC resources to work in their own research. Thank you to everyone who stopped by!

The meeting also featured a well-attended MIDRC scientific session showcasing three complementary talks. *Evaluating AI Algorithm Performance Using MIDRC Tools* walked attendees through MIDRC's open-source [web-based tools](#) for assessing algorithm performance and bias. *Translating AI into Practice Using MIDRC Sequestered Datasets* described how MIDRC's sequestered commons enables rigorous, independent validation of algorithms on data never seen during development, a critical step on the path to



Maryellen Giger, PhD
University of Chicago



Paul Kinahan, PhD
University of Washington

MIDRC BY THE NUMBERS



[MIDRC.ORG](#) | [DATA.MIDRC.ORG](#)

(as of August 2026)

Please direct inquiries to:

Maryellen Giger, PhD, FAAPM,

Paul Kinahan, PhD, FAAPM, or

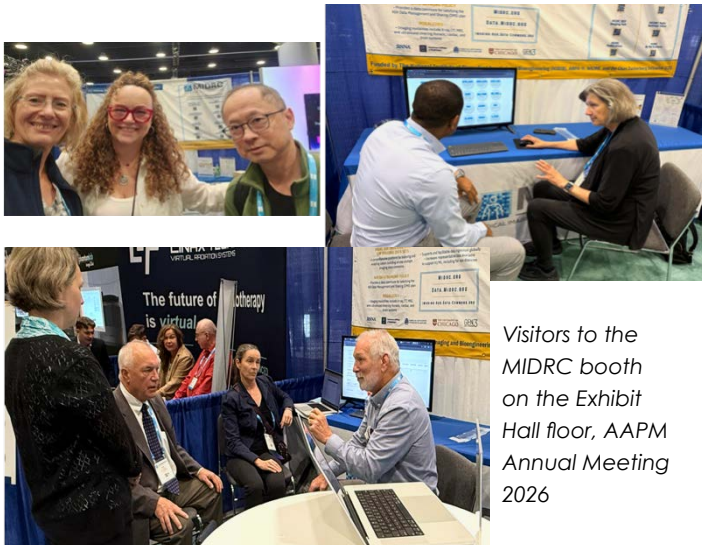
Emily Townley, AAPM MIDRC Program Manager



MIDRC

MEDICAL IMAGING AND DATA RESOURCE CENTER.

AAPM-MIDRC SUBCOMMITTEE REPORT , Cont.



Visitors to the MIDRC booth on the Exhibit Hall floor, AAPM Annual Meeting 2026

clinical deployment. Finally, *Assessing Image Quality of Chest CT Images in MIDRC* highlighted ongoing work to characterize and ensure the quality of images within the repository, underscoring MIDRC's commitment to data that researchers can rely on.

Global Reach, and a Growing Learning Hub

MIDRC recently released two large-scale, expertly annotated collections: **Spine CT** and **Shoulder MRI**, contributed respectively by the University of Chicago and Duke University. Drawn from multiple scanners, these datasets target clinically important and technically



From l to R, MIDRC investigators during the dedicated AAPM AM 2026 session: Mike McNitt-Gray, Heather Whitney, Maryellen Giger, Karen Drukker, Andrew Hernandez, Kyle Myers, and Natalie Baughan

demanding problems such as spinal injury, degeneration, and structure on the CT side, and challenging soft-tissue analysis on the MRI side; they are available now through the [MIDRC data portal](#). Both cross-reference persistent DOIs with their associated publications, and the Gen3 platform has since added the ability for users to browse and select data by named dataset, further strengthening the closed citation loop that supports compliance with the NIH Data Management and Sharing Policy.

MIDRC's footprint is also expanding internationally. A \$1.5 million grant from the Chan Zuckerberg Initiative is fueling **MIDRC-Global**, an effort to build an AI-ready data commons with worldwide reach (MIDRC-Global is funded by grant 2024-354607 from the Chan Zuckerberg Initiative Donor Advised Fund (DAF), an advised fund of Silicon Valley Community Foundation). Partner sites in Kenya and Ghana are contributing imaging data, metadata, and expertise, enriching the diversity of MIDRC's holdings and empowering researchers to mitigate bias and design algorithms for specific populations.

For those looking to build their data skills, MIDRC has launched [MIDRC-Learn](#), an education hub offering tiered content — from training videos and infographics to Jupyter notebooks and hands-on exercises — covering common data elements, interoperability, privacy-preserving record linkage, and federated learning. The portal is supported through the National AI Research Resource (NAIRR) Secure Pilot, co-led by NIH and the U.S. Department of Energy.

MIDRC by the Numbers: Publication Impact and Data Growth

MIDRC's scientific impact continues to build. MIDRC investigators have published **94 papers**, while external researchers working with MIDRC data have generated **27 publications** — six of which acknowledged NIH funding and referenced MIDRC, as verified through NIH RePORTER.

The repository itself now holds approximately **12 terabytes** of data, with more than **233,000 studies** publicly available and nearly 600,000 total studies ingested to date. The [BDF Imaging Hub](#) now displays active usage statistics, giving the community a window into how broadly these resources are being explored.

AAPM-MIDRC SUBCOMMITTEE REPORT , Cont.

Engage with MIDRC

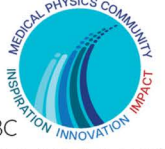
There are many ways to get involved:

- [Contribute data](#): datasets across diseases and imaging modalities are always welcome
- [Index your datasets](#) through the BDF Imaging Hub (BIH)
- Explore algorithms and tools via MIDRC's open-source [GitHub](#) repository
- Reach out to the [AAPM MIDRC subcommittee](#) with questions, ideas, and collaboration opportunities

As always, we thank AAPM members and leadership for their engagement, and we look forward to seeing what the community builds with MIDRC next.

The Medical Imaging and Data Resource Center (MIDRC) is funded by the National Institute of Biomedical Imaging and Bioengineering (NIBIB) of the National Institutes of Health under contract 75N92020D00021 and through The Advanced Research Projects Agency for Health (ARPA-H) ■

A poster for the 2026 Awards Ceremony. The background is white with a large, stylized blue and green circular graphic on the left. The text is in blue and black. At the top right is the Medical Physics Community logo. Below it is the text '2026 JULY 19-22 VANCOUVER, BC JOINT AAPM | COMP MEETING'. The main title 'AWARDS CEREMONY' is in a large, elegant serif font. Below it is the date and time 'Monday, July 20 | 6:30 pm | Ballroom BC Vancouver Convention Centre'. At the bottom left is a dark blue starburst shape with the text 'CLICK HERE FOR THE POST - CEREMONY PROGRAM!'. At the bottom right is the AAPM logo and the text 'AMERICAN ASSOCIATION of PHYSICISTS IN MEDICINE'.

 MEDICAL PHYSICS COMMUNITY
INSPIRATION INNOVATION IMPACT

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

**AWARDS
CEREMONY**
Monday, July 20 | 6:30 pm | Ballroom BC
Vancouver Convention Centre

**CLICK HERE FOR THE
POST - CEREMONY
PROGRAM!**

 AMERICAN ASSOCIATION
of PHYSICISTS IN MEDICINE

Introduction of Professor Bruce Thomadsen Recipient of AAPM's 2026 William D Coolidge Award

2026 WILLIAM D. COOLIDGE GOLD MEDAL INTRODUCTION

Madam President and friends,



It is my great pleasure to introduce **Dr. Bruce Thomadsen**, Professor Emeritus at the University of Wisconsin-Madison and one of the world's highly respected leaders in medical physics. In a distinguished career, spanning more than five decades, He has made pioneering contributions to radiation oncology physics, particularly in brachytherapy, radiation safety, quality assurance, and patient safety. He has authored hundreds of scientific publications, chaired numerous national and international committees, and played a pivotal role in developing professional standards that have shaped the practice of medical physics worldwide.

Dr. Thomadsen has served as President of the American Association of Physicists in Medicine and has been recognized with many of the profession's highest honors for his scientific achievements, leadership, and dedication to education and patient care. Among his many honors, Dr. Thomadsen received the prestigious **Ulrich Henschke Award from the American Brachytherapy Society**. Beyond his remarkable academic accomplishments, he is widely admired as an inspiring teacher, thoughtful mentor, and passionate advocate for improving the quality and safety of radiation medicine.

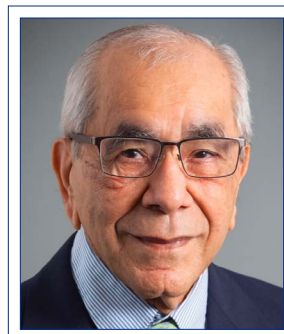


Childhood days

In his childhood, aspirations were already booming. He was going to go places. At first on a makeshift velocipede. TOO SLOW. So, onto Race cars, then trains, and finally a rickety handmade-cardboard-recyclable-sound-barrier-breaking Bell X-1 jet plane. Aspiration may color ambition but alone does not yield results. Coupled with hard graft and maybe

a little coercion you might get what you're going after. Either way, what was needed was True Grit, and Bruce is chock full of that.

Not content to be aboard the train, Bruce decided TO BE the train. Assuming the helm, he was going to take his colleagues and peers on the ride with him. Pursuing and earning along the way, a double masters in physics and medical physics and a PhD in Medical Physics at the UW.



Bhudatt Paliwal, PhD
University of Wisconsin

Overall, I would say he is a leader in the true sense. His professional life has been a living example of an all-round individual with an integrated personality of a great teacher, strong administrator, unbiased scientist with an emotionally developed kind heart. In the current stage of his life, he continues to spend most of his energy on promoting equity, diversity, inclusion, and opportunities for younger medical physicists. Please join me in welcoming an outstanding scientist, educator, mentor, and leader in our profession

— Dr. Bruce R. Thomadsen

2026 WILLIAM D. COOLIDGE GOLD MEDAL INTRODUCTION , Cont.

Adult age was a continuous pursuit of knowledge



High school



BS



MSc



PhD (with his adviser)

Stairs of Graduations: -----



Prom to the companion in the journey of Life



By learning that you can't do it all alone. OR, even if you could, it would bring little joy if there were no one with whom to share it. It would be an empty and lonely place. But his 'place' is one of warmth, support and

love, because Bruce has Louise and Louise has Bruce. This makes every day a day to look forward to.



Preparing for service and leadership in Medical Physics Career

Bruce is much more than a man of unbridled ambition. It's bridled. His furnace is tempered by patience (in himself and for others), a love of learning, and a passion

for sharing. Some of you may be curious how did he do this? His workflow was the outcome of his aspirations and dreams. It is the pursuit of these aspirations that raised him to the chairmanship of the Advisory Committee on the Medical Uses of Isotopes (ACMUI) and the presidency of the American Association of Physicists in Medicine.

Overall, I would say he is a leader in the true sense. His professional life has been a living example of an all-round individual with an integrated personality of a great teacher, strong administrator, unbiased scientist with an emotionally developed kind heart. In the current stage of his life, he continues to spend most of his energy on promoting equity, diversity, inclusion, and opportunities for younger medical physicists. Please join me in welcoming an outstanding scientist, educator, mentor, and leader in our profession: Dr. Bruce R. Thomadsen. ■

2026 AAPM WILLIAM D. COOLIDGE GOLD MEDAL AWARD

2026 WILLIAM D. COOLIDGE GOLD MEDAL ACCEPTANCE SPEECH

Thanks. Winning this award really is humbling; that is not just a cliché. It made me look back and think about all the help I received from so many others to reach this point. First, I need to thank my family, for their support, and particularly my loving wife, Louise Goldstein, for putting up with me working on almost endless committees. When we met, I was working on TG 100 and the ICRU report on "Prescribing, Recording and Reporting Brachytherapy for Cancer of the Cervix," both of which seemed to her as if they would go on forever.

And many thanks to my high-school staff, who saw something in a not-outstanding-student that led them to write recommendations that got me into the University of Michigan with a scholarship.

After graduating in physics and finding that there were no jobs – the successful moon landing ended a lot of science funding — William Eyler, the Chair of Radiology at Henry Ford Hospital and one of my best friends' father — suggested that I talk with their physicist. "What was a physicist doing in a hospital," I thought. Lucille Du Sault, the Chief of Radiological Physics at Henry Ford Hospital, took me into their radiological physics residency, despite my showing up in a tee shirt and jeans with long hair carrying a motorcycle helmet (I did not know it was going to be a job interview). And so my career



Collage of me over the years

Barnabas with great and dynamic radiation oncologist, Louis Sanfilippo, who greatly expanded my understanding of medicine, pathology and histology.



Bruce Thomadsen, PhD
University of Wisconsin

I only got to where I am with the help of many others. To mid-career members, please encourage and mentor the young members. To young members, find a mentor, or several, and learn. [Joshua ben Perahiah used to say: "Appoint for yourself a teacher, and acquire for yourself a friend; and judge all with the scale weighted in their favor. Pirkei Avot 1:6.]

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Lloyd Asp, who had been a resident with me at Ford Hospital, alerted me to a job where he then worked, at the University of Wisconsin, working for John Cameron at the Midwest Center for Radiological Physics, one of six centers that reviewed quality for mammography and Hodgkin's treatments at NIH demonstration project hospitals in nine states. At meetings of all the centers to discuss protocols and findings, I found myself at the table with some of the great medical physicists, including, in addition to John Cameron, John Laughlin, Peter Wooton, Bob Shalek, Prakash Shrivastava and Bill Hendee. It was exciting. John Cameron taught me how to write. I would draft a report and then go over it with John (who did not like being called Dr. Cameron). He went word by word saying, "This is good. How about making it clearer by changing it to..." and write his suggestion with a fat-tipped red marker. I would walk out of the office with an almost totally red sheet of paper with none of the comments legible. However, he got the lessons through clearly enough.

That job was temporary, on an NIH contract that was going to end. Again, Lloyd Asp let me know that there was an opening for a permanent job in the UW Human Oncology Department radiotherapy clinic. I was able to move into that position. When I started, Don Tolbert, the director of radiotherapy physics, said to me, "You're the junior person, so you will do safety, brachytherapy and quality assurance (QA)," all functions no one else wanted. I had experience with these topics and liked them, and so with that, my career was given direction.

Using a proto-Pinnacle planning system, Mark Ritter brought individualized, CT-guided prostate implants into the clinic. Brachytherapy took a big step forward in 1988, when Dr. Delores Buchler, a triple-boarded gynecological surgeon and radiation oncologist, announced that we would begin doing all our cases as High-dose-rate brachytherapy as of a certain date. Jack Fowler, the genius of radiobiology, established the treatment regimens. Bob Kuske introduced a new concept of accelerated breast brachytherapy. I had the fortune of working with these programs and pioneers, along with Richard Steeves, Dan Petereit, Rakesh Patel, Scott Tannehill, Deepak Khuntia, Kristin Bradley and Beth Anderson. Tod Speer and I edited and wrote a book on radionuclide therapy at the dawn of theragnostics, and taught what may have been the first full, repeating university course on the topic.

The chair of the radiotherapy clinic, Minesh Mehta, was a great leader, providing the resources for the faculty to do their work, and then stepping aside to let them do great things. This was the same philosophy that characterized John Cameron, the first chair



Bruce Thomadsen's Family

of the Medical Physics Department, and all the others who followed John in the chair, and what made medical physics at Wisconsin outstandingly productive. I thank them all for supporting me, even though I was not very successful at bringing in grant money.

I also thank Bhudatt Paliwal, and the Director of Radiation Oncology Physics in the clinic for supporting me in my teaching and research. Numerous brilliant researchers shared my research topics, but a few particularly showed up frequently: Larry DeWerd, Doug Henderson, Barrett Caldwell, Zoubir Ouhib, Judith Stitt and Beth Erickson. Fortunately, I had wonderful graduate students who did most of the hard work.

Bhudatt Paliwal coaxed me to get more involved in the AAPM when he was president. And involved in the AAPM I became:

- Spending two days in committee meeting at the Annual Meeting;
- Racking up 327 effective years of service (effective year = one year in one AAPM position) as of 2016-10-31, before I joined the presidential chain;
- Untold effective days sitting, talking and flying as part of the presidential chain. The three and a half years spent in EXCOM was a highlight of my life (not quite up with the birth of my children);
- Putting together Summer Schools (three brachytherapy and a safety and quality) with dedicated and fun

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faculty, particularly Wayne Butler, Mark Rivard and Jeff Williamson. Also, I did local arrangements for the 1998 simultaneous Imaging in Radiotherapy & Advances in Nuclear Medicine Schools in Madison;

- Working for years on TG 100 so that it became like family, and going beyond the literature to develop a complete guide to determine appropriate quality management.

Those days were really fun.

Patient safety caught attention in 2010, when the New York Times published a series of articles on radiotherapy events. Barrett Caldwell, Frank Rath and I had been running a course on Patient Safety since 2000. In 2012, Frank Rath, Rock Mackie, Jatinder Palta and I founded the Center for the Assessment of Radiological Sciences — CARS, a 501(c)(3) Patient Safety Organization listed by AHRQ, dedicated to improving safety and quality in radiotherapy.

While AAPM members make content, we could not do that work without the fantastic AAPM staff supporting us. Thank you to the staff who always took care of what I needed expeditiously, and pleasantly. Many of them I have worked with for more than two decades. I particularly thank: Lisa Rose Sullivan, Lisa Schober, Jacqueline Ogburn, Nancy Vazquez, Karen MacFarland, Nick Wingreen, Justin Stewart, Shana Donchatz, Payton Brown, Laurie Madden, Jill Moton, Jenifer Hudson, Robert McKoy, Lynne Fairbent, Corbi Foster, Richard Martin, Michael Woodward, Farhana Khan and especially Angela Keyser who held my hand and accompanied me through the presidential years.

Two others strongly influenced my career for the better. One was Bill Hendee. I first saw Bill in action at the 1972 AAPM Summer School at Bucknell University when the remnants of a hurricane came up the East Coast and flooded Lewisburg. Participants at the school helped the sheriff's office. I saw Bill wading in water, directing participants where to go and what to do. I was impressed. Bill frequently, and mostly unexpectedly, would pop into my life with an interesting proposal for me to do, such as co-organizing a World Congress, write a chapter, become an associate editor, all pushing me along in my career. The other is Jeff Williamson. Jeff and I shared a love of brachytherapy. We often served on the same committees in various organizations, edited summer school



Some of the great clinical Mentors and Colleagues



Chairs of the Department of Medical Physics at the University of Wisconsin. The inaugural chair, John Cameron center top, then counterclockwise, Herb Attix, Paul DeLuca, Jim Zagzebski, Ed Jackson, Tim Hall, Brian Pogue, Mike Speidel. Pictured with John Cameron is Bhudatt Paliwal, for years the Director of Radiation Oncology Physics and the person, who as AAPM President, encouraged me to become more active in the Association.

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proceedings and talked at the same meetings. Jeff was someone to whom I would take questions.

Advice. I remember when I was a young medical physicist, sitting in the audience being awed by the Coolidge Award winner and thinking that that could never be me. *To the younger members*, remember, more than any other major scientific professional organization, the AAPM is the members:

- All those committees work on topics **you** need,
- Those committees are **you!**
- The more involved you become, the more interesting, and fun, the AAPM becomes.

To the older members, when you have the opportunity to help and mentor younger members, please take it. *To all members*, keep the AAPM a real member organization by volunteering. ■



Some of the most common collaborators, out of many, who made my work enjoyable.



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