



Newsletter

AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE

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AAPM President's Column

*Martin S. Weinhaus
Cleveland, Ohio*

Looking Back...

The AAPM continues to grow to serve the needs of its members. We are now about 5,000 strong and have a Headquarters staff of some 20 talented and productive individuals. As effective as our HQ staff is, they react to our needs and directives. The AAPM is governed by its members and Board of Directors. The AAPM is driven by its volunteers – its officers, its council, committee, subcommittee, and task group members, as well as its individual appointees. There would be no advancement without the services of those many volunteers.



So, allow me to publicly thank those who have served with distinction and who have left their positions at the end of 2002... **Charles W. Coffey, II** has been the soft-spoken voice of reason and compromise in our presidential track. He has more deeply engaged our Board in strategy making and has made us a more col-

legal association. **Gerald A. White, Jr.** has provided well-reasoned discussion within ExCom and the Board. As our outgoing secretary, he is also to be commended for his meticulous records of our meetings and for ensuring that we completed our tasks. **Robert G. Gould** has kept us on a steady course during a year made turbulent by outside forces. His presidency has been an inclusive time wherein he sought to build bridges rather than put up fences. He has also helped enhance the activities of imaging scientists within the AAPM and at the NIH. As chairman of the

(See Weinhaus - p. 2)

What's New at the AAPM 45th Annual Meeting

**August 10-14, 2003
San Diego, CA**

*Bruce Curran
Chair, Media Coord. Comm.*

The following is a preview of some of the new features of the 2003 Annual Meeting.

Scientific and Educational Program

We look forward to an excellent scientific program this year in San Diego. The scientific program will include the highest quality abstracts in oral, moderated poster, and poster sessions on

(See San Diego - p. 4)

TABLE OF CONTENTS

Task Group Request	p 3
AAPM Exec. Officers	p 4
Exec. Dir's. Column	p 6
Gov't. Affairs Column	p 8
Treasurer's Report	p 9
Budget - 2003	p 10
QA - <i>It's Here to Stay</i>	p 12
CIRMS Report	p 13
Media Coord. Comm.	p 14
New Members	p 16
Mammography FAQ's	p 16
AAPM <i>In the News</i>	p 19
Letter to the Editor	p 19
Editorial	p 20

Weinhous (from p. 1)

board, his involvement with these and other activities will continue to benefit our Association.

Michael T. Gillin did triple duty as Professional Council chair, Ad Hoc Government Relations Coordination Committee chair, and Economics Committee chair. He made us much more aware of and active in those areas. **Steven J. Goetsch** chaired the Development Committee. **J. Daniel Bourland** chaired the very busy and technical Electronic Media Coordinating Committee. He helped lead us into the electronic communications age. **Christopher H. Marshall** has served us well chairing the Journal Business Management Committee and helping to assure its financial status in these electronic times. **Rene J. Smith** chaired the Regional Organization Committee and **Donald E. Herbert** chaired the Statistics Committee.

G. Donald Frey, our president-elect, was instrumental in very successfully driving and supporting our many educational activities as chair of the Education Council for the last five years. **J. Anthony Siebert** oversaw many continuing education activities which was very much to our members' benefit. **Michael J. Dennis** chaired the efforts to educate physicians in medical physics.

Geoffrey D. Clarke guided magnetic resonance scientific activities within the AAPM. **Jeffrey F. Williamson** similarly guided the scientific and transitional activities of the Radiation Therapy

Committee. To those others who served, I give thanks on behalf of our Association (and apologize for any sins of omission). To those who continue to serve, I also give thanks.

...and Moving Forward

New appointees to leadership roles include **Jerry D. Allison** as secretary; **Joel E. Gray** as chair of the Development Committee; **George Starkschall** as chair of the Electronic Media Coordinating Committee; **Lawrence N. Rothenberg** as vice-chair of the History Committee; **Daniel C. Pavord** as chair of the Regional Organizations Committee; and **Timothy E. Schultheiss** as chair of the Statistics Committee.

Herbert W. Mower now chairs the Education Council with **Beth A. Schueler** as vice-chair. New committee chairs include **Michael V. Yester** for Continuing Education and **Richard J. Massoth** for Medical Physics Education of Physicians.

Gerald A. White, Jr. now chairs the Professional Council. His new committee chairs include **James M. Hevezi** for Economics and **Jeffrey P. Masten** for Legislation and Regulation.

New chairs of the Science Council include **Edward F. Jackson** for Magnetic Resonance and **Michael G. Herman** for Radiation Therapy (with **Gary A. Ezzell** as vice-chair).

There are many other members who deserve recognition for their efforts within committees and task groups, and others who

serve by virtue of individual appointments. The AAPM is strong and well thanks to all of you.

Thanks also go out to our **Headquarters staff**. They, one and all, have served us well.

Issues for 2003

In 2001 and 2002 the Long Range Planning Committee meetings included sessions with a consultant who educated us in strategic planning (strategy making). A point well-taken was the need to continually monitor a radar screen of issues that might affect the Association. Some of these issues include...

- Better coordination of the efforts of the AAPM and ACMP. First of all, "them are us," that is, essentially all ACMP members are AAPM members. But those who have joined the ACMP have a particular interest in, if not a passion for, professional issues. The solutions for better coordination range from simply coordinating event schedules to some sort of merger of the Association and the College. The starting point for any agreement is likely to be a cooperation regarding the e-journal *JACMP*. Both the Ad Hoc Committee on AAPM/ACMP Relationship and the Journal Business Management Committee are working toward mutually beneficial solution(s).

- The AAPM is often asked to endorse position papers, standards, or white papers produced elsewhere. This is far from a simple matter. The Ad Hoc Committee on Endorsement of Out-

side Documents is attempting to formulate guidance and policy for further consideration by our Board.

- There is a strong interest in better serving the needs of imaging scientists within the AAPM. The Ad Hoc Committee on Imaging within the AAPM has met and will soon provide their recommendations for improvements.

- The Ad Hoc Committee on Organization and Governance is studying our present structure and will consider possible changes to meet present and future needs.

- Recommendations for permis-

sible exposure levels are now so conservative and so small, that shielding may become prohibitively expensive. The AAPM will endeavor to work with other groups to bring a cost-benefit analysis to the use of such recommendations.

- A shortage of medical physicists continues. We must continue and expand the efforts to make our profession known and to recruit into the profession. That recruitment effort should likely reach all the way to talented high-school students. Our Regional Organization Committee will need to play an ever-increasing

role in this effort. At the same time, we need to increase the number of programs that train medical physicists at both the graduate and residency levels. Methods for achieving these ends are not yet obvious, but will be sought by AAPM's leadership.

To conclude... I very much look forward to 2003 and to working with **Sal Trofi, Angela Keyser**, our new Executive Committee, as well as other leaders and our members. Comments and suggestions are welcome; I'm only an e-mail away. ■

Request for Volunteers - *Task Group to Update Physics Syllabus*

At the 2002 RSNA the Medical Physics Education of Physicians Committee created a new task group to update the Physics Syllabus for education of diagnostic radiology and radiation oncology residents. Dr Philip H. Heintz was appointed chairman of this task group. The updated syllabus will include a description of the physics and radiation biology topics to be included in a residency program together with representative sample questions. The documents will be available on the Web when completed.

The task group will work closely with ACR on the diagnostic radiology documents and with ASTRO on the radiation oncology documents. The task group also wants to work within the

AAPM committee structure for review as the syllabus covers not only the education council but science council as well.

The Medical Physics Education of Physicians Committee plans to create a standing subcommittee to keep these documents current.

Since these documents have not been updated in several years, it is important that this project be completed quickly. Therefore, the task group is requesting volunteers to help update these documents. Please contact **Philip H. Heintz** at 505-272-3402 or e-mail pheintz@salud.unm.edu. If you are currently teaching physics to residents these documents will be of great value to you and we solicit your support. ■



AAPM Executives Melissa Martin and Charlie Coffey with Stewart Bushong (center) as he is recognized for helping AAPM save about \$45,000 in taxes, and for his service on the Journal Business Management Committee.

AAPM Executive Officers - 2003



*Robert G. Gould
Chairman
of the Board*



*Martin S. Weinhaus
President*



*Melissa C. Martin
Treasurer*



*G. Donald Frey
President-elect*



*Jerry D. Allison
Secretary*

San Diego (from p. 1)

research and clinical application topics in diagnostic and therapeutic medical physics. In order to improve the quality of the program, a number of changes have been introduced this year. All of this information is available on the AAPM Web site.

•**Submission Content Categories** - Submitters will be required to identify the content of their abstract submission as either scientific or educational. Educational abstracts will be those that are educational in content. If accepted for presentation they will be designated as educational posters.

•**Works in Progress Submissions** - Works in Progress abstracts will be submitted, reviewed and placed in sessions along with normal submissions. There will no longer be a later, separate submission of Works in

Progress abstracts. WIP will be identified as such at the meeting.

•**Scientific Presentation Modes** - Abstracts selected for presentation at the 2003 Meeting will be assigned as: Oral presentation (as in prior years), which consists of a brief oral presentation given during a moderated scientific session (4 x 4 poster required); Poster discussion presentation - Posters grouped for audience discussion will be moderated with a brief overview of posters given during the session (4 x 8 poster display required); Standard poster presentation - 4 x 4 poster display only.

•**Medical Physics Continuing Education Credits** - A new, simplified form, similar to the one used at the 2002 ASTRO meeting, will be used for this meeting. The Analysis & Evaluation SC of the MCC is working on a single page form which can be

turned in during the meeting or mailed within two weeks of the meeting completion.

Diagnostic Imaging Track

Abstract submissions are encouraged on **basic cutting edge research** topics as well as more clinically oriented **implementation and how-to topics** and those on the **clinical evaluation of new technologies and techniques**. This year, the cutting edge Works in Progress submissions will be encouraged as a part of the normal submission process.

In addition to the proffered abstract sessions, the 2003 meeting offers a number of scientific mini-symposia, panel discussions, and workshops on various new and emerging topics. They include: 1) **new advances in breast imaging**, 2) **performance assessment of digital radiographic (DR) systems**, 3) **DR advanced applications**,

4) **radiographic image processing**, 5) **unanswered questions in CAD research**, 6) **practical aspects of CAD research**, 7) **practical aspects of DQE measurement**, and a 8) **display characterization workshop**. In addition, two joint diagnostic-therapy symposia will be offered on molecular imaging and image-guidance therapy. New in 2003, there will also be a two-day special imaging symposium in conjunction with the Annual Meeting focusing on imaging with non-ionizing radiation. Details on the program and submission process are posted on the AAPM Web site.

Therapy Track

The Therapy program this year will again have three parallel oral program sessions in addition to the poster discussion and the poster sessions. The categories have been further clarified and subcategories were added to improve accurate placement and review. There will be symposia in conjunction with the Imaging program as outlined above. Further, panel discussions on topics such as IMRT Planning: Promises and Problems, Technology vs. Outcome, Target Localization and Treatment Margins, Alternative Approaches to Brachytherapy, and Practical IMRT QA/Verification are being discussed. Continuing Education courses on Clinical IMRT, Brachytherapy Procedures/Sources, and Treatment Verification will take place throughout the week. Finally, the Gray Medal of the ICRU will be awarded in a special session early in the week.

We appreciate the effort that many of you put into the scientific program either as authors, reviewers, session chairs or invited speakers.

Educational Posters

Educational Posters, new at the 2003 Annual Meeting, will make it possible for all attendees to study and learn about a variety of topics at any time through the meeting. They are an adjunct to the usual Continuing Education and Refresher Courses and will focus on topics that can be effectively presented in a visual poster format. This will include reviews and updates on all topics that will be of interest to attendees. They provide an opportunity for authors to share their experience and knowledge on recent advances in medical physics along with procedures, methods, and techniques that can be used by others.

Posters will be prepared in a teaching format with appropriate learning objectives and effective use of visual materials so that attendees can study and learn from the different presentations in a very time-effective manner.

Social Program

•Welcome Center

At this year's Annual Meeting in San Diego, we are introducing The Welcome Center. This will replace the Companions Suite/Hospitality Suite of prior years. The Welcome Center is designed to be a more open and accessible area where you can meet

other attendees, spouses and companions. It will boast four computer terminals with internet access and seating for comfortable conversation. The Welcome Center will be located in the convention center near registration and food and beverage concessions. In keeping with the AAPM Board decision, food and beverage will no longer be provided. Information about local activities, events and sights "not to be missed" will be available in the Welcome Center as well. Make a point to stop by and say Hello!

•Companion's Registration

The Companion's registration will be a very modest fee at this year's Annual Meeting with no charge for children or youths. There will remain a charge for ticketed social events. As a part of the registration process, ticketed events will be available for purchase for both companions and children. The companion's registration entitles you to a name badge, the use of the message center and entrance to the exhibit hall.

Student Session

Student members of the AAPM should plan to attend the first Student Session which will be held Sunday morning immediately preceding the Young Investigators Symposium. This session is being organized by the Committee on the Training of Medical Physicists along with several student members. ■

Executive Director's Column

Sal Trofi
College Park, MD

Medical Physics Journal

On November 1, 2002 the Journal went live with a new American Institute of Physics (AIP) product that supports on-line manuscript submission and peer review. The new product is completely electronic and is named **Peer X Press (PXP)**. At the time I wrote this column, a 60-page manuscript submission went through the new PXP program with very little difficulty or delay. PXP is user friendly and includes step-by-step instructions for submitting manuscripts and reviews. Prompts are given along the way to aid the submitter. Authors are now able to go online and check the status of their manuscript.

It is estimated that PXP will cut the review time in half. The time from manuscript acceptance to publication will also be cut dramatically. Staff time spent on tasks such as letter writing, photocopying reviews, and sending reminders will be greatly reduced.

PXP is another example of the cutting edge publishing services and cost saving that AIP has provided the AAPM over the years. AIP has continued to help us increase our advertising and subscription revenues while reducing the unit cost to produce and distribute a page in the Journal.



They have made substantial investments in both paper and electronic publishing capabilities. The AAPM, as all member societies of AIP, has benefited by receiving lower prices and state-of-the-art products from AIP. It may not be known by the AAPM membership, but AIP is able to offer their publication services at competitive prices to organizations other than member societies. If you have an interest in knowing more, contact me and I will put you in touch with the proper person at AIP.

Financial News

The financial results for the 2002 year are good. The operating budget was positive for the year, but the struggling equities market took away some of the shine. AAPM's reserves are in a positive position and are approximately 70% of a full year's operating budget. The main reasons for the 2002 year success are; more revenue from dues, more revenue from the *Medical Physics Journal* non-member sub-

scriptions and advertising revenue, more exhibit space sold at the AAPM Annual Meeting, more registrants at the Annual Meeting, and more *Placement Bulletin* ad revenue. On the expense side, I am glad to say, we were substantially under the budget allowance.

The Treasurer's Report will provide the 2002 financial results in further detail and can be found on page nine of this newsletter.

Staff News

Sharon Cohen has been promoted to programs manager. She will be the primary staff contact for the American Association of Medical Dosimetrists (AAMD). AAMD has contracted with AAPM to provide certain administrative and technical support services.

Darnise Johnson joined the staff in November as Sharon's replacement as executive assistant. Her background is with non-profits, most recently with the National Dental Association.

Shantelle Corado joined the staff in October as our new programs assistant. She most recently worked for a government contractor and has an extensive customer service background. ■

You can learn a lot from your colleagues.



The AAPM Virtual Library

Benefit from the most cutting edge information in the field! Register in the AAPM Virtual Library and access a comprehensive database of knowledge to assist in your research efforts. Your registration will enable you to save time and money by viewing presentations online – including audio, video, slides, and transcript!

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Now available....presentations
given at the
44th AAPM Annual Meeting
held July 14 – 18, 2002
in Montreal, Canada



Access the AAPM Virtual Library from the AAPM website via www.aapm.org

Government Affairs Column

Angela L. Lee
College Park, MD

Happy New Year! I hope all of you had an enjoyable holiday season. The 108th Congress began for the House of Representatives and the Senate on January 7, 2003. Hopefully this congress will be more health care focused than the last one. Congress' first order of business is to finish the remaining 11 of 13 Appropriations bills. Defense and Military Construction Appropriations are the only two bills that have been signed into law. You can obtain more information on the status of the Appropriations bills by going to the government Web site: <http://thomas.loc.gov/home/approp/app03.html>.

Most, if not all, of the bills that AAPM monitored last congress will be reintroduced. Some examples are the Assure Access to Mammography bills and the Consumer Assurance of Radiological Excellence (CARE) bill. The Assure Access to Mammography bills bridge the reimbursement gap to insure that facilities continue to provide mammography services. The CARE bill, as you may remember, requires states to establish a minimum educational standard, along with certification or licensure of people who administer or plan radiation therapy procedures. This bill strengthens a 1981 law that required states to establish a minimum standard, but did not create a penalty for states that did



not comply. Currently only 35 states have complied with the law, 15 states and the District of Columbia have not. It is uncertain when Senator Kennedy will introduce his version of the bill.

The AAPM is part of the Alliance for Quality Medical Imaging and Radiation Therapy, which is concerned with radiation safety and monitors the CARE bill. The Alliance will meet in Washington, D.C. from February 23-25 to discuss the future of the CARE bill and to visit Capitol Hill.

As soon as Congress introduces new bills and AAPM establishes policies on them, I will post the new bills in the Government Affairs section of the Web site. Last year, the AAPM contracted with a legislative software company in order to post legislative information on the AAPM Web site. The company is called **CapWiz™** and it is an online suite of tools that will help AAPM members identify and contact elected officials at the federal level. This software will also make it easy to access voting

records and cosponsor information. CapWiz™ was first launched in 1996 and is used by many other groups such as AARP, Yahoo!, CNN, USA Today and MSN.

Recently I visited the American College of Radiology's (ACR) Breast Imaging Accreditation Program and Economics and Health Policy Program. Both visits were very informative. I would like to thank Penny Butler and Pam Kassing of the ACR for their hospitality. I plan to meet with the new HPS representative, Stan Ullman, soon. ■



*Robert Gould and Ajit Singh,
president of Oncology Care
Support Systems, at the Siemens
Reception at RSNA.*

Treasurer's Report: 2003 Program Budget

Melissa Martin
Bellflower, CA

At the December 4, 2002 Board of Directors meeting, the proposed operating cash budget of \$5,330,325 for the year 2003 was approved as detailed on the following pages. Although the approved budget shows a negative balance of \$228,134 (approximately 5% of the total budget), this should be considered as a worst-case figure. History shows that our organization has not in previous years spent all of the approved amounts in some of the budget areas, resulting in a break-even or actual positive budget. It is currently anticipated that the results of the 2002 operating budget will result in at least a \$200,000 return to the reserve fund. This is an improvement on the \$4.9 million budget for 2002 of over \$650,000. The return to the reserve fund will help to balance out the anticipated loss in our reserves due to the stock market performance. For the past several years, we have operated at approximately 90% of the budgeted amount due to funding requested for activities that do not actually get completed in the time frame anticipated. Based on this analysis, the approved budget for 2003 is consistent with these operations.

Details of the anticipated activities are given in the following budget spreadsheet. There will be an increase in staff at Headquarters which is reflected in the 2003



budget. This is in response to Sal Trofi's planned retirement at the end of 2003. This plan was discussed and approved at the July 2002 Board of Directors meeting. All of the approved projected activities are consistent with the goals for the organization as outlined by the Strategic Plan developed at the 2002 Long Range Planning Meeting.

As of October 2002, our invested reserves are valued at \$3,448,600 and the Education Fund has a value of \$886,105. At this time, the rate of return for 2002 is a negative 13.5% for both accounts. We currently are not meeting the target of having one year's operating budget in reserve but are comfortable with our reserve fund at this time.

Significant sources of revenue to our organization are the Annual Meeting, the *Medical Physics Journal*, dues, and the *Placement Service Bulletin*. The Annual Meeting in Montreal, in conjunction with the COMP, was terrific. All aspects of the meeting – from record-breaking attendance to the value of the Canadian dollar to the tremendous sup-

port of our exhibitors – contributed to an outstanding success and very positive return to our organization in support of our activities. Thanks to all those who attended – we hope to see even more of you at the San Diego meeting in August 2003. Our *Medical Physics Journal* continues to do exceptionally well due to the management of the Journal Business Management Committee chaired by Chris Marshall and the excellent support in advertising and production that we get from the AIP. The *Placement Service Bulletin*, under the direction of Bob Rice, set a new record again this year for job listings. The 2003 budget incorporates the planned change in operation of this service to Headquarters and an all-electronic submission process for job listings.

We continue to be a very active organization on many fronts. The volunteer hours of our membership has allowed the AAPM to become a true professional society. The fiscal management provided by our members is responsible for the success of the organization. The financial success of the organization allows our members to be both active and influential in the professional arena of medical physics. In conjunction with the terrific support of our staff at Headquarters, without whom we could not function, we are anticipating another successful year in 2003. ■

AAPM 2003 Programmatic Budget

	Revenue	Expenses		Total	Net
		Direct	Overhead		
Membership Dues					
Dues	\$1,060,445	\$169,955	\$16,758	\$186,713	\$873,732
Renewal Notices		2,500	5,958	8,458	(8,458)
Applications and Reinstatements	18,500	1,000	47,180	48,180	(29,680)
Subtotal	\$1,078,945	\$173,455	\$69,897	\$243,352	\$835,593
Membership Services					
Membership Directory	2,000	28,000	17,548	45,548	(43,548)
Monthly Mailings	40,000	122,000	9,399	131,399	(91,399)
Newsletter	7,900	60,987	11,895	72,882	(64,982)
AAPM Brochures		24,000	7,200	31,200	(31,200)
AAPM Web Site			94,641	94,641	(94,641)
Subtotal	\$49,900	\$234,987	\$140,683	\$375,670	(\$325,770)
Organizational					
Board of Directors		\$20,000	\$12,400	\$32,400	(\$32,400)
Executive Committee		48,000	160,711	208,711	(208,711)
Executive Committee - Contingency		52,048		52,048	(52,048)
Elections & Society Votes		1,000	5,040	6,040	(6,040)
Subtotal		\$121,048	\$178,151	\$299,199	(\$299,199)
Councils and Committees					
Education Council	\$35,200	\$181,800	\$63,570	\$245,370	(\$210,170)
Professional Council	472,170	109,000	161,349	270,349	201,821
Science Council		99,850	7,469	107,319	(107,319)
NIBIB Symposium/ BIROW	38,000	57,040	4,670	61,710	(23,710)
Administrative Committees	6,600	134,371	62,873	197,244	(190,644)
Ad Hoc Committees		25,000		25,000	(25,000)
Liaisons with other Organizations		58,976	8,842	67,818	(67,818)
Subtotal	\$551,970	\$666,037	\$308,772	\$974,809	(\$422,839)
Administrative					
Professional Services		\$37,800	\$206,386	\$244,186	(\$244,186)
Executive Director - Transition		80,000		80,000	(80,000)
Telephone and Mail			56,780	56,780	(56,780)
Headquarters Travel		18,500	5,958	24,458	(24,458)
General Operations			198,000	198,000	(198,000)
AAPM Database			52,885	52,885	(52,885)
Credit Card (Processing Costs)		62,500		62,500	(62,500)
Unrelated Business Income Taxes					
AIP Services		57,006	5,242	62,248	(62,248)
Subtotal		\$255,806	\$525,252	\$781,057	(\$781,057)
Other Income					
CAMPEP	\$20,000	\$2,574	\$33,976	\$36,550	(\$16,550)
RSEA		50	9,410	9,460	(9,460)
AAMD	113,000	10,000	87,345	97,345	15,655
AAPM Mailing Lists	35,000	1,000	5,005	6,005	28,995
Interest from Operations	15,000				15,000
Membership Certificates	200				200
Credit Card Royalties	6,000				6,000
Computers in Physics, Royalties	800				800
WWW Host Services and Advertising					
Malpractice Insurance Program	30,000	2,500		2,500	27,500
Subtotal	\$220,000	\$16,124	\$135,736	\$151,860	\$68,140

	Revenue	Expenses			Net
		Direct	Overhead	Total	
Meetings					
Annual	\$1,449,266	\$819,880	\$239,376	\$1,059,256	\$390,010
RSNA		37,790	41,488	79,278	(79,278)
Subtotal	\$1,449,266	\$857,670	\$280,864	\$1,138,534	\$310,732
Education Programs					
Summer School	\$225,000	\$173,430	\$33,518	\$206,948	\$18,052
Review Courses, Medical Physics	17,550	19,190		19,190	(1,640)
Subtotal	\$242,550	\$192,620	\$33,518	\$226,138	\$16,412
Medical Physics Journal					
Journal Production	\$1,602,840	\$1,037,295	114,792	\$1,152,087	\$450,753
Journal Business Management		12,000	21,821	33,821	(33,821)
Subtotal	\$1,602,840	\$1,049,295	\$136,613	\$1,185,908	\$416,932
Publications					
Books	\$3,800	\$1,200	\$1,688	\$2,888	\$912
Reports	5,500	1,000	4,220	5,220	280
Subtotal	\$9,300	\$2,200	\$5,909	\$8,109	\$1,191
Other Organizations					
Contributions and Donations		\$12,100		\$12,100	(\$12,100)
Dues and other payments		36,170		36,170	(36,170)
Subtotal		\$48,270		\$48,270	(\$48,270)
Sponsored Residencies					
AAPM/RSNA Fellowship	\$18,000	\$18,000		\$18,000	
Varian	36,000	36,000		36,000	
RSNA	36,000	36,000		36,000	
ASTRO	36,000	36,000		36,000	
Elekta					
Subtotal	\$126,000	\$126,000		\$126,000	
Grand Total, Accrual Basis	\$5,330,771	\$3,743,512	\$1,815,394	\$5,558,905	(\$228,134)
Less non-cash Items					
Equipment depreciation - Computers			(12,000)	(12,000)	12,000
Equipment depreciation - Headquarters			(22,000)	(22,000)	22,000
Post retirement reserve			(16,000)	(16,000)	16,000
Vacation Accrual			(12,000)	(12,000)	12,000
Amortization of lease improvements			(37,625)	(37,625)	37,625
Dues Allocation to Medical Physics Journal	(169,955)	(169,955)		(169,955)	
Add Capital purchases					
Split one office into two plus furniture			18,000	18,000	(18,000)
DNS/WINS Server			12,000	12,000	(12,000)
Workgroup Printer (for new employees)			4,000	4,000	(4,000)
Fax Machine			3,000	3,000	(3,000)
Message Center Server			4,000	4,000	(4,000)
Net Adjustment for cash basis	(\$169,955)	(\$169,955)	(\$58,625)	(\$228,580)	\$58,625
Budget on Cash Basis	\$5,160,816	\$3,573,557	\$1,756,769	\$5,330,325	(\$169,509)
Transfer from (to) investment funds OR activate the bank line-of-credit to Balance the Budget.	\$169,509				\$169,509
Budget Balances	\$5,330,325	\$3,573,557	\$1,756,769	\$5,330,325	

Quality Assurance: *It's Here to Stay*

*David Followill,
Jessica Lowenstein and
Geoffrey Ibbott
Houston, TX*

The Radiological Physics Center (RPC) is about to enter its 35th year of support to NCI-funded clinical trials. As part of its operation, the RPC conducts on-site dosimetry review visits to institutions participating in coop-

erative clinical trials. The RPC currently monitors 1308 institutions in North America and a few international sites. To date, 1422 visits have been made to 681 institutions. These visits include assessment of dosimetry data for photon and electron beams, external beam treatment planning systems, brachytherapy sources and planning systems and quality assurance procedures. When ap-

propriate, we issue recommendations to institutions on ways to improve their radiation oncology physics procedures. Nearly 97% of the institutions visited received one or more recommendations and, on average, each institution received four recommendations. The following table summarizes the recommendations given over the past two years.

On-site Dosimetry Review Visit Recommendations

Recommendations Regarding:	RPC Criteria	Number of Institutions Receiving Recommendation (n = 56)
QA Program	Comply with TG-40	46 (82%)
Wedge Transmission	2%	28 (50%)
Electron Calibration	3%	14 (25%)
Off-axis Factors	2%	14 (25%)
Photon Depth Dose	2%	12 (21%)
Electron Depth Dose	3 mm	11 (20%)
Electron Cone Ratios	2%	8 (14%)
Brachy. Source Calibration	5%	7 (13%)
Asym. Jaw Calculations	5%	7 (13%)
Photon Calibration	3%	6 (11%)
Using Multiple Sets of Data	Avoided	6 (11%)
Beam Asymmetry	2%	5 (9%)
Mechanical Problems (lasers, ODI, collimator dial)	Detected and corrected	4 (7%)
Photon Field Size Dependence	2%	3 (5%)

One item to note is the prominence of recommendations regarding quality assurance (QA) procedures. The RPC uses the

AAPM TG-40 guidelines for comprehensive QA in radiation oncology as its standard. Typically, the RPC physicist will re-

view an accelerator's annual, monthly and daily QA records, brachytherapy QA records, QA procedure manuals and any other

QA documentation that might be applicable.

There are two general observations of which we would like the medical physics community to be aware when performing their QA activities. The first is that even though the state in which you practice is not an agreement state and there do not exist any regulations governing accelerators, comprehensive QA tests as recommended by TG-40 are still necessary. This not only ensures patient safety, but also will help protect you in the case of any legal action against you or your in-

stitution. In addition, QA tests performed but not recorded are considered to have not been performed at all. It's simple to generate some standard forms that can be completed as the QA tests are performed.

The second observation is that even though the tests are performed correctly and in a timely manner, if these results are not compared to the current clinical values and the difference determined, then the QA tests are basically useless. We have documented many instances in which an institution performed the QA

measurements but never performed a comparison and, as a result, never knew that their current dosimetry data disagreed with the values in clinical use. Quality assurance tests are unexciting and are nobody's favorite thing to do, but they are absolutely necessary.

If you have any questions regarding QA procedures, specific QA tests or items the RPC reviews when they visit an institution, please visit our Web site (<http://rpc.mdanderson.org>) or call us at (713) 745-8989. ■

Report on the Meeting of the Council on Ionizing Radiation Measurements and Standards (CIRMS)

*Larry A. DeWerd,
Geoffrey Ibbott and
James Deye*

The Council on Ionizing Radiation Measurements and Standards is organized for educational and scientific purposes to analyze the current and future needs of ionizing radiation measurements and standards. CIRMS has a broad-based membership from industry, state, federal government and academia. The main objectives of CIRMS are the advancement and dissemination of the physical measurements and standards needed for applications of ionizing radiations. For more information see: www.cirms.org.

The CIRMS Annual Meeting on October 21-23, 2002 had as its theme "Traceability for Radiation

Measurements and Standards." A plenary talk was given on the Mutual Recognition Arrangement (MRA), which is recognition of primary laboratories and their traceability to measurements in various countries. Other plenary lectures reviewing traceability in metrological applications were given. Of special concern to AAPM members was a series of talks on traceability in medical applications. Other sessions at the meeting dealt with homeland security.

The Radiation Protection breakout section covered homeland security with a discussion on instrumentation for detection of radiological and nuclear agents. The standards necessary for handheld radioactivity instruments, electronic personnel dosimeters and portal detectors

were discussed. The Industrial Applications and Materials Effects breakout session discussed the use of high-dose linear accelerators and cyclotrons to decontaminate anthrax-tainted mail. Included were presentations on dosimetry techniques including alanine/EPR dosimetry, radiochromic systems and calorimeters. Discussions on the degradation of paper and other products in the mail and chemical degradation products produced with high dose irradiation conditions were given.

The Medical Subcommittee breakout section was entitled "Traceability and Standards in the Medical Physics Community." It considered the national physical measurement standards for air

(See CIRMS - p. 14)

CIRMS (from p. 13)

kerma, absorbed dose, contained activity and related quantities. This breakout section had two main divisions. The first day dealt with cobalt air kerma and absorbed dose standards. The second day dealt with brachytherapy topics. An introductory session on the first day reviewed measurement standards in medical physics. Included in this introduction was a review of two models for traceability. The first model was the AAPM secondary laboratories ADCL program. The other model was the radiopharmaceutical approach where reference standards from NIST are sent to participants. Another talk in this session dealt with the lack or inadequacy of standards in computational or software methods.

The effect on the medical community when standards change

was an important part of this breakout section. Changes in standards and protocols of the past were reviewed. Also discussed was the future of upcoming changes in the cobalt air kerma standard resulting from k_{wall} changes in the primary laboratories. NIST may change the cobalt air kerma standard by 1% in the future. The possible effects of this change based upon past experience were discussed. Reviews of the effects on AAPM protocols based on absorbed dose to water compared to air kerma resulting from this 1% change were given.

The recent changes in brachytherapy standards were also reviewed. ^{103}Pd was presented as an example of the effects of developing and promulgating a standard after clinical practice has become routine. In this case, the prescribed dose value changed from 115Gy to

130Gy because of the change in standards. Other brachytherapy standards were reviewed, especially the recent developments in beta standards. Discussions on a new standard for therapeutic radiopharmaceuticals were given. A cautionary warning was expressed for systemic radionuclides since the biological standards are non-existent as compared to the physical standards we have in place.

Traceability is a very important activity for the medical community, and CIRMS had a number of discussions on this area and its importance for standards. Since AAPM members have a significant interest in (and responsibility for) radiation standards in patient diagnosis and treatment, you may wish to join CIRMS and/or participate in future meetings. The next meeting will be October 27-29, 2003 at NIST in Gaithersburg, MD. ■

The Meeting Coordination Committee: *Helping to Make our Annual Meeting a Success*

Bruce Curran
Chair, MCC

In September 2000 an ad hoc committee of the AAPM was created to review the operation of our Annual Meeting and devise methods to improve the balance and continuity of the meeting. This committee, which included representatives from the councils, the Scientific Program Committee (SPC), the Annual



Meeting Refresher Course Subcommittee, the Annual Meeting

Coordination Committee (AMCC), and HQ spent the next 15 months discussing how the diverse activities of the Annual Meeting [refresher courses, continuing education courses, technical exhibits, social program] could be better integrated and coordinated. The result of the ad hoc committee's deliberations was the formation of the Meeting Coordination Committee (MCC), which occurred during

the Board of Directors Meeting at RSNA in December 2001.

The MCC currently meets four times/year, during the Annual Meeting, the RSNA meeting, once in April/May to review the upcoming Annual Meeting, and once in September to review the results of the previous meeting and start the program for the next meeting. Much of the work of the MCC is done by the five sub-committees of the MCC; Analysis & Evaluation, Educational Program, Scientific Program, Logistics, and Technical Exhibits. The chairs of these sub-committees, along with the chair of the Awards & Honors Committee, the treasurer, and the MCC chair make up the committee. Several AAPM committees were changed to accommodate this new structure; the AMCC was disbanded and its membership became the new Logistics SC, the SPC was moved to the Scientific Program SC, the Technical Exhibits SC of the AMCC was moved under the MCC, and the new Educational Program SC was formed with strong liaisons to the Continuing Education Committee of the Education Council. In addition, the four co-directors of the Annual Meeting [two scientific, two educational] join MCC meetings to discuss their plans and reviews of the meetings.

As a result of the formation of the MCC, which first met in April 2002, a single forum was created within which the educational, scientific and commercial aspects of our Annual Meeting could be discussed. This has resulted in bet-

ter coordination and sharing of information regarding the meeting and a number of changes to improve the quality of the meeting. A needs assessment survey was prepared by the Educational Program SC with the Continuing Education Committee of the Education Council and used to target new refresher courses, continuing education courses and some scientific sessions as a result. A letter was sent from the Scientific and Educational Program SCs to other committees of the AAPM to solicit ideas for new courses and topics. Many of these changes are described in a separate article on the 2003 meeting (cover page).

Very important to our Annual Meeting are the technical exhibits. These exhibits provide an opportunity for attendees to keep up-to-date on new innovations and equipment available from our technical colleagues. In addition, the exhibits provide a significant source of revenue, not only for the Annual Meeting, but for the Association itself by funding many of the programs and activities of various committees and councils throughout the year. An important activity of the MCC is balancing the time allotted for the scientific and educational program with time in the exhibit hall in order to continue to make the Annual Meeting a significant event to our corporate affiliates.

The Logistics Subcommittee, with assistance from members of the Local Arrangements Committee, is responsible for making sure the various aspects of the social and companion's programs meet

the needs of attendees. This includes the Night Out, the Phun Run, tours, and the new Welcome Center. In addition, the SC is responsible for selecting future cities for our meeting. This is typically done five to eight years in advance; we have, in fact, already selected sites through 2008. They work with HQ to identify a region of North America where we wish to hold a meeting and solicit bids from several cities in that region. This competitive process helps to reduce both our meeting costs and hotel room rates and has been used for the 2007 meeting selection.

Finally, let me say that without the participation of our HQ staff in this activity, the running of the Annual Meeting would not be as successful as it has been. There are many members of HQ that contribute to the Annual Meeting – from registration, the technical exhibits, the social program, committee meetings, message center and the coordination of the scientific and educational programs.

The Annual Meeting, with a budget that is approaching \$2,000,000, is a significant undertaking for the AAPM. Inherent to its success is the work of a team of members and staff who spend a significant amount of time working to make our meeting a scientific, educational, and financial success, as well as providing a relaxed and enjoyable atmosphere where we can catch up with friends and colleagues. ■

New Members

Welcome to the following new members who joined the AAPM from August through November, 2002.

Bindu J Augustine
Toronto, ON, CANADA

Nicholas PT Bateman
Tyngsborough, MA

Joshua J Bergman
Buford, GA

Carl E. Bergsagel
Mill Creek, WA

Michael Richard Bieda
Wallingford, PA

Stefan Both
York, PA

Bradley S Brinkley
Leeds, AL

Daniel W Cail
Hudson, MA

Emel Calugaru
Garden City, NY

David J Carlson
West Lafayette, IN

Chuhn-Chih Chen
Kaohsiung, TAIWAN

Mark S Cipolla
Omaha, NE

Michael N Clemenshaw
APG, MD

Oana I Craciunescu
Durham, NC

Lawrence Crowley
Midland, MI

Annica M De Young
Royal Oak, MI

Anthony J DeRubeis
Livonia, MI

Doris M Dimitriadis
Larnaka, CYPRUS

**Jose Antonio
Dominguez-Tinoco**
San Antonio, TX

Liliosa C Fajardo
Louisville, KY

Robin Famiglietti
Houston, TX

Stephen M Gajdos
Cleveland, OH

James C Gatenby
Nashville, TN

Jason Gorman
Tucson, AZ

Klaus A Hamacher
New York, NY

Larry N Hambrick
Princeton, WV

Gyorgy Laszlo Hegyi
Montreal, QC, CANADA

Kenneth L Homann
Houston, TX

Scott C Hunter
Clinton Township, MI

Ishtiaq Hussain
Houston, TX

Yuri Ishihara
Baton Rouge, LA

Paul G Johnson
Avon, OH

Leigh S Johnson
Chicago, IL

Santosh T Keni
Miami, FL

Gwendolyn C King
Pittsburgh, PA

Steven Jay Knapp
Martinez, GA

Yunus Kumek
Buffalo, NY

Jae Kwag
Laramie, WY

Richard Laforest
St. Louis, MO

Katja M Langen
San Francisco, CA

Young K Lee
Surrey, UNITED KINGDOM

Kurt Bradley Luchka
Vancouver, BC, CANADA

Amparo M Marles
Concord, CA

Steven P McCullough
Dallas, TX

Shawn L Meyer
Lakewood, CO

Masatoshi Mitsuya
Sendai - Shi, JAPAN

James I Monroe
Stony Brook, NY

Jeffrey Alan Mumper
West Chester, PA

Paul G Nagy
Milwaukee, WI

Manish Naidu
Greenville, NC

Toni Neicu
Boston, MA

Thomas Oshiro
Los Angeles, CA

Emily S Poon
Montreal, QC, CANADA

Robert A Praeder
San Mateo, CA

Robert D Prins
West Point, NY

Tessa M Rivere
Napoleonville, LA

Tapash K Roy
Lowell, MA

Thomas W Rusch
Fremont, CA

Erno Sajo
Baton Rouge, LA

Michael Sandborg
Linkoping, SWEDEN

Mark A Sapia
Danbury, CT

Meredith Lyn Scarcella
Buford, GA

Alfredo Serna Berna
Murcia, SPAIN

Bilal H. Shahine
Riyadh, SAUDI ARABIA

Daryoush Sheikh-Bagheri
Sewickley, PA

Theresa A. Speck
Garden City, NY

Stanley H Stern
Silver Spring, MD

Juilien H Svoboda
Baton Rouge, LA

Lawrence R. Tarbox
New Egypt, NJ

Stephen Tenn
Los Angeles, CA

Olivier Tousignant
St Laurent, QC, CANADA

Lili Wang
Sacramento, CA

Joel R Wilkie
Chicago, IL

Tong Xu
Irvine, CA

Jie Yang
Cheltenham, PA

Mehran Ron Zaini
Marshfield, WI

Benjamin W Zeff
Birmingham, AL

Ge Zeng
Ottawa, ON, CANADA

Xuping Zhu
Cambridge, MA

ACR Mammography Accreditation

Frequently Asked Questions for Medical Physicists

Priscilla F. Butler
Senior Director, ACR Breast
Imaging Accreditation Pro-
grams

Does your facility need help applying for mammography accreditation? Do you have a question about the ACR Mammography QC Manual? Check out the ACR's Web site at www.acr.org; click on the blue bar, "Mammography" and then "Fre-

quently Asked Questions." In this column, I present questions of particular importance for medical physicists.

Q. What's the difference between "interims" or "extensions"?

A. Certain *fully accredited* facilities with *full MQSA certificates* may be eligible for a 45-

day Interim Accreditation (one time only) from the ACR if additional time is needed to complete the review and/or renewal process. The ACR will render the decision in these cases based on the facility's accreditation history. Certain facilities with *provisional*

(See Mammography - p. 18)



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ELECTROMETER

Mammography (from p. 16)

MQSA certificates or provisional MQSA reinstatement certificates who are not currently accredited may be eligible for a ***90-day Extension*** to their MQSA certificate (one time only) from their certifying body (either the FDA or the state) if additional time is needed to complete the review and/or reinstatement process. Although the ACR makes a recommendation to the facility's certifying body based on the facility's accreditation history, the certifying body makes the final decision to grant or deny the Extension.

Q. My facility has a full three-year accreditation and a full MQSA certificate that expires soon. Can I get an Interim Accreditation to allow me to legally continue performing mammography?

A. Possibly. The ACR understands that, at times, a facility may not be able to complete their renewal accreditation testing within the allotted six-month time frame before their full MQSA certificate expires. Under certain conditions, a facility may apply to their accrediting body for a 45-day Interim Accreditation. ***In order to be eligible for Interim Accreditation, your facility must be fully accredited and you must have already submitted testing materials to the ACR. In addition, you must have adhered to ACR's time frames for submitting the necessary paperwork and images.*** Facilities failing to meet ACR's

time frames as outlined in ACR correspondence may have their Interim Accreditation request denied. Contact the ACR to obtain a Request for Interim Accreditation form. Complete all requested items on the form including providing the reason why Interim Accreditation is being requested and the steps you have taken to achieve accreditation. Fax the form to the ACR as instructed. (The final decision regarding approval or denial will be made when the facility has 14 days or less on their MQSA certificate.) The ACR will review your Interim Accreditation request and will contact you regarding its approval or denial. If the ACR ***approves*** your request, we will fax you an Interim Accreditation Approval Letter with an expiration date of 45 days from your current MQSA certificate expiration so you may continue to perform mammography. The FDA or state certifying body will also send you an Interim Notice with the same expiration date. If the request is ***denied***, the ACR will fax and mail you a denied Interim Accreditation Letter. If your request is denied, contact the ACR at (800) 227-6440 for instructions on how to resume the accreditation process in order to continue providing mammography services. Finally, the ACR will only accept Interim Accreditation requests if there are 30 days or less on the facility's MQSA certificate.

Q. My facility is not yet accredited with the ACR and my six-month provisional MQSA

certificate expires soon. Can I get an Extension to my MQSA provisional certificate to allow me to legally continue performing mammography?

A. Possibly. Under MQSA's Final Rules, facilities that are provisionally certified may receive a 90-day extension to their MQSA certificate from their certifying body (either the FDA or the state) if they meet certain conditions. ***In order to be eligible for an Extension, your facility must be provisionally certified and you must have already submitted testing materials to the ACR. In addition, you must have adhered to ACR's time frames for submitting the necessary paperwork and images. You must also provide written evidence that there would be a significant adverse impact on access to mammography in the geographic area served if you did not obtain an extension.*** Contact the ACR to obtain a Request for Assistance with Expiring MQSA Mammography Certificate form. Complete all requested items on the form including the reason why an extension to your MQSA certificate is being requested, the steps you have taken to achieve accreditation and the evidence that there would be a significant adverse impact on access to mammography in the geographic area served if you did not obtain an extension. (If testing materials have not been submitted, your facility must provide reasons why you could not submit testing materials.) Fax the form to the ACR as instructed.

(The final decision regarding approval or denial will be made when the facility has 14 days or less on their MQSA certificate.) After the Request for Assistance with Expiring MQSA Mammography Certificate form is received at ACR, we will forward your request with our recommendation to your certifying body. Once the decision to approve or deny the Extension request is made by your certifying body, they will typically fax and then mail a letter of the approval or denial to the facility. If approved, your certifying body will send you a 90-day MQSA certificate shortly after the approval has been granted. If your request is denied, contact the ACR at (800) 227-6440 for instructions on how to resume the

accreditation process in order to continue providing mammography services.

Q. We will be moving one of our accredited mammography units from an existing site to a new facility we are opening at a different address. (The old site will remain open.) Since the new mammography facility is under the same ownership and uses the same radiologists and technologists, do we need our own MQSA certificate prior to examining patients?

A. Yes, your new facility must be certified separately from the old one. A unit's accreditation does not transfer to a new facility. Furthermore, a MQSA cer-

tificate cannot be used to cover two separate physical locations even temporarily. In order to operate legally, your medical physicist must first perform an **Equipment Evaluation** that indicates compliance with all MQSA requirements. Second, you must apply for mammography accreditation of this unit at the new facility. Upon acceptance of your application, the ACR will notify your certifying body (either the FDA or the state) that you have begun the process of accreditation. **You may not perform mammography until you receive a six-month provisional MQSA certificate or an interim notice from your certifying body.** ■

AAPM in the News

Segment Puts AAPM Member in Spotlight

Craig Smith
AIP Senior Media Coordinator

The AAPM is a leader in raising concerns about the growing fad of heavily marketed full-body CT scans. Society experts warn against lying down for a dose of radiation if you're not having symptoms that give you a good reason for having the scan.

Media interest continues in this topic though the media team ran the AAPM release last August.

On November 13th WUSA-TV, the CBS affiliate in Washington, DC, ran a story about the controversy over CT Scans

which included comments from **Mahadevapa Mahesh, Ph.D.** of Johns Hopkins, an AAPM member that the media team recommended. Dr. Mahesh has been a great help. He's gone out of his way twice to avail himself for interviews on this topic.

WUSA-TV's treatment of the story is a measure of high public interest. The station promoted the story in the 6PM show – a strong indicator that the producers felt the topic would draw viewers to the 11PM show. This segment story ran with the sort of graphics and anchor introduction that is usually reserved for a special high-value feature.

Letter to the Editor

Ken 'Duke' Lovins
Loveland, OH
klovins@seidata.com

I recently sent you a correction regarding the ABHP certification. In writing my letter, I made a mistake of my own, indicating that ABHP offered a comprehensive **medical** physics certification, instead of the actual comprehensive **health** physics certification. This error was pointed out to me by John R. Glover, Ph.D. after he read my letter in the recently released *AAPM Newsletter*. Many thanks to Dr. Glover for pointing this out and accept my apologies for not catching my mistake. ■

Editorial

As clinical medical physicists we are often required to work significantly more hours than most of the therapists, dosimetrists, administrators and physicians with whom we work. We are often expected to be available for machine warm-up in the morning, need to be around during the day when the clinic is open and are expected to do most of our

machine QA after-hours, at nights or on weekends. This does not include any research and/or writing, which many of us are required to do "in our spare time" as academic faculty. This only seems to be getting worse with the constant introduction of new technologies and the shortage of qualified medical physicists in the workplace. Should we accept

this as a part of our job/career and be thankful that we are employed, or should some attempt be made to lighten our workload and/or increase our compensation?

Comments, questions or other statements or observations for publication should be sent to the editor at the address listed below. ■

AAPM NEWSLETTER

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