Letter from the President

Warren R. Janowitz, MD, JD, FACNM

The ACNM is entering a crucial phase in its existence. Like many other medical specialty societies it is facing financial challenges that threaten its survival. A poor economy, decreasing reimbursement and a poor job market for both nuclear medicine physicians and radiologists have put the College in a financially precarious position. Our major expense is the management fee paid to the SNMMI, which we have limited flexibility to change. The cost of providing the Clinical Nuclear Medicine journal to our members is our next highest expense but also our most popular member benefit. Our current expenses are about $25,000 over revenue, and our reserve funds may be exhausted within two years. Our options are limited with respect to cutting management fees, though some savings may be possible. Our best choice to maintain the ACNM as a viable organization is to increase our membership. An increase in membership of approximately 120 new members would balance our budget. This is not an unrealistic goal given that less than 10% of the full members of the SNMMI are currently members of the ACNM.

The question often comes up from prospective members: “Why should I belong to the ACNM when I am already a member of the SNMMI?” This is certainly a valid question that we must be able to answer. The SNMMI is the major scientific and educational organization dedicated to our specialty, with over 15,000 members including physicians, scientists and technologists. Close to 100% of our members also belong to the SNMMI. This is similar to the situation in radiology where the ACR and RSNA have a very large overlap in membership with the ACR largely representing physician interests and the RSNA providing scientific and educational resources. The major difference with us is that most SNMMI physicians and scientists do

ACNM Survey Results Summary

Hossein Jadvar, MD, PhD, MPH, MBA, FACNM
ACNM President-Elect

Over the years, the ACNM has undergone significant transition due to the merging of the ACNM and ACNP as well as changes in the field and the development of new challenges within education, training and health policy related areas. As the ACNM Board of Directors begins to look forward and develop a five-year strategic plan, it was essential that we get the feedback of the membership.

The Survey was sent to over 370 individuals (consisting of members, past members, and prospective members). Below is a summary of the findings.

ACNM 2012 Survey Summary

1. Response rate 27.3% (101 of 370 members)
   a. ~60% practicing NM > 10 years, ~20% residents, and about a third are > 60 y of age (most responders were mid to late career)
   b. ~70% academics
   c. Almost all are SNMMI members
2. Top 3 current satisfaction with ACNM services
   a. Our journal: Clinical Nuclear Medicine (83%)
   b. Our meeting and educational offering: midwinter meeting (65%)
   c. Our awards and newsletter: FACNM, LTA Award, Scanner (58%)
3. Moderate satisfaction with Residents/YP and ACNM web site (45%)
4. Top 3 current dissatisfaction with ACNM services
   a. Career Center, Mentoring Program, Affinity Programs
   b. No benefits or features for scientists
5. Positive notions:
   a. 90% will renew membership despite major dissatisfaction with some of the services because of the feeling is that a thriving ACNM is essential for the field of nuclear medicine
   b. Members want to get involved with ACNM governance (interest factor)
   c. Most members are well aware of Clinical Nuclear Medicine and the Nuclear Medicine Residents Organization (current brand recognition)
6. Areas ACNM should focus on (unique opportunities for ACNM to fill the space and develop new brand recognition; ranked in 3 major groups)
   a. Educational offerings (including board review), government affairs, professional development (career center, leadership skills), practice management, advocacy

(Continued on page 2. See Survey.)
We would like to congratulate Dr. Feraas Jabi of the University At Buffalo, Buffalo, NY for completing the ACNM survey and winning a complimentary registration to the 2013 Mid-Winter Meeting.

We would like to thank everyone who participated in the survey for taking the time to provide your input. Our members’ feedback is extremely important to us as we plan the organization’s goals and objectives for the future. We want to make sure we are addressing your needs and providing the resources and information that will assist you through the transforming future of nuclear medicine.

Survey. Continued from page 1.)

b. MOC, socioeconomics, quality/safety, accreditation/appropriateness info, networking (job bank)

c. ACNM web site (currently perceived as quite weak and outdated)

7. General advice to ACNM:

a. Focus and be nimble (sometimes being small has its advantages, e.g., better maneuverability as external forces change)

b. Be physician/scientist/resident oriented (two-thirds of almost 17,000 SNMMI membership are CNMTs, with a large body of international MD/scientist members)

c. Be more inclusive with non-academics (although probably most nuclear medicine positions are in academic institutions and this is reflected in the current make-up of ACNM membership)

d. Distinguish ACNM from SNMMI (since nearly all current and perhaps future members are or will be SNMMI members—otherwise what would be the point of additional ACNM membership)

We would like to thank everyone who participated in the survey for taking the time to provide your input. Our members’ feedback is extremely important to us as we plan the organization’s goals and objectives for the future. We want to make sure we are addressing your needs and providing the resources and information that will assist you through the transforming future of nuclear medicine.

President. Continued from page 1.)

not belong to the ACNM. There are probably many reasons why this occurred—which I am not able to fully explain. Part of the reason may have been the existence for many years of two competing organizations, the ACNM and the ACNP, which as you all know recently merged to become the current ACNM. It was never clear to me whether I needed to join either or both organizations or what their differences were. It was only relatively recently that I joined the ACNP, when my experience as a member of the SNM Board of Directors and as commissioner of the Health Policy Commission of the SNM proved to me that there was a need for nuclear medicine physicians (and scientists) to have their own organization that was better aligned to their interests.

The SNMMI Board of Directors (BOD) consists of physicians, scientists and technologists. Physicians may or may not constitute a majority of the BOD. Technologists have significant input into the decisions of the board; this is appropriate given their importance to the field and the large number of technologist members. Physician and technologist interests are, however, not always aligned. This is not meant to say that one position is right and the other is wrong; both may be right from their respective viewpoints. As an example, the ACR took a strong stance against physician self-referral over the past few years. Additionally, we know that in-office imaging adversely impacts imaging physicians by diverting work from hospitals and independent imaging centers. The SNM BOD voted down a stand against the Stark exemption for in-office imaging mainly due to the fact that many technologist members worked in those offices, despite the fact that many physicians in the society were in favor of supporting the ACR position. This may have been the right position for the SNM but not one most nuclear medicine physicians would support. The ACNP BOD did in fact vote to oppose the Stark exemption.

It is important for nuclear medicine physicians to have a voice independent of the SNMMI to represent their interests. The ACNM allows us to have representation at the AMA, the ACR Inter-Societal Commission, the RUC and other governmental organizations separate from the SNMMI. We are not going to ever have the resources to replace the SNMMI, so we need to belong to both organizations—but we do need to keep the ACNM viable. This is even more important as we enter a time of significant change in health care delivery under the Affordable Care Act. The major benefits of membership in the ACNM include a subscription to Clinical Nuclear Medicine (which costs $484 a year for individuals who are not members), the possibility to be recognized as a Fellow of the ACNM, leadership opportunities in a nuclear medicine organization, the opportunity to mentor nuclear medicine residents and networking in an organization not as overwhelming as the SNMMI. I would urge all members to talk to their colleges about joining the ACNM. If only half of us were successful in getting one new member, the ACNM would be able to grow and be financially stable. At $225/year, membership costs less than half the price of a subscription to Clinical Nuclear Medicine. It’s easy to join online at www.acnmonline.org.

There are many things occurring in our field that need to be addressed. Survival of nuclear medicine as an independent specialty is probably the most important. Changes in residency training in diagnostic radiology and in nuclear medicine are ongoing, the job market for nuclear medicine physicians, practice standards and appropriateness criteria development and interaction with governmental agencies are all areas we need to be involved with. We can only do this by keeping the ACNM a viable and growing organization.

Later in this edition of the newsletter, in an article by Dr. Hossein Jadvar, you will see a discussion of what you as members have indicated as important. As we move forward with the ACNM, we hope to make this organization one with many useful resources for you—one that is “new and improved.”
The American College of Nuclear Medicine (ACNM) is a strong advocate for nuclear medicine professionals and provides access to activities encompassing the business and socioeconomics of nuclear medicine before the legislative and regulatory bodies, other medical organizations, the media and the general public. We need your continued loyal support to accomplish these goals. It is a crucial time to be a part of the ACNM. The field of nuclear medicine is expanding and incorporating new hybrid imaging technologies, as well as utilizing biomarkers in clinical trials.

We offer benefits specific to the needs of the nuclear medicine professional, which include:

- Clinical Nuclear Medicine, ACNM’s official journal
- Scanner, the ACNM’s official newsletter, distributed quarterly.
- Health Policy and Regulatory Affairs Newsletter, distributed monthly, which includes updates regarding reimbursement, government affairs and general economic issues.
- Reduced registration rate for the combined ACNM Annual Meeting and SNMMI Mid-Winter Meeting offering, among other features.
- CT education for nuclear medicine physicians held in conjunction with the Society of Nuclear Medicine and Molecular Imaging (SNMMI) Mid-Winter Meeting
- Presentations on practice management, job search, practice enhancement and socioeconomic issues affecting nuclear medicine.
- Several scientific awards for the best abstract presentations.
- Several leadership awards: President’s Award, Mentorship Award and Lifetime Achievement Award.
- Fellowship Award for distinguished nuclear medicine physicians and scientists.
- Nuclear Medicine Resident Organization, supporting professional enhancement of all nuclear medicine residents and nuclear radiology fellows with free membership to all nuclear medicine residents and Fellows.
- Scintillator, the NMRO’s official newsletter, which is distributed quarterly.
- Continued work with sister organizations such as SNMMI, ACR and ASNC to resolve the common practice, socioeconomic and regulatory challenges facing the nuclear medicine field.
- Representation in AMA House of Delegates and ICANL Board of Directors; monitoring of all congressional and regulatory actions that may affect nuclear medicine issues and notification to ACNM membership via the HPRA Newsletter

Thank you again for your continued support. Later this month you will be receiving your annual membership renewal notice from the ACNM. As you review your invoice we hope that you will renew your membership to the American College of Nuclear Medicine and continue to take advantage of all of the many benefits mentioned above. We are looking forward to another exciting year!

MOC Part IV—Help Us Help You!

As you know, all physicians should participate in Maintenance of Certification (MOC) Program, which is mandated by individual medical boards. This not only provides physicians with a robust mechanism for continuous professional development but also, through Part IV, offers a pathway to participation in practice performance assessment (PPA). The ABMS URL is http://www.abms.org/Maintenance_of_Certification. Quality and safety in medical care have become a national priority, and Part IV MOC projects can help ensure this. These PPA projects may be selected by the individual and performed alone or in a group.

The basic idea is to gather data about how we are doing, assess the data to identify what things we could be doing better, come up with an improvement plan, implement the improvement plan, and then re-measure to determine if we really improved. Projects should address significant, common nuclear medicine, PET/CT, molecular imaging care issues, and participation may aid not only in improving the physician’s own practice but also in understanding the impact of quality improvement efforts on a national level.

If you have an idea that you would like us to develop, please send your idea to egrady@christianacare.org. We will recognize the winner and share this idea with the membership once developed.

Simin Dadparvar, MD—ACNM Membership Committee Chair

Did You Know?!?! – All the Benefits You Receive as an ACNM Member?
ACGME Milestones: What to Expect

Laura Edgar, Ed D, CAE, Senior Milestones Consultant, ACGME
Lorraine M. Fig MD, MPH, Chair, Nuclear Medicine Milestone Project

The Next Accreditation System (NAS) is coming. For those of us working in academics and even for those of us working in private practice, we should know about this, as it will impact the future of our specialty and the way people are being trained in our and other specialties.

Educational milestones are being developed individually by each specialty in what is called the “Milestone Project.” This project is a major step forward in the ACGME’s evolution toward outcomes-based methods for evaluating residents. It aims to define specific behaviors, attributes and outcomes within the six general competency domains (patient care, medical knowledge, interpersonal skills and communications, professionalism, practice-based learning and improvement and systems-based practice). The delineation of the specific milestones regarding medical knowledge and associated skills necessary to practice nuclear medicine is a difficult, but necessary one.

In each specialty, the milestones are being developed collaboratively by bringing together a wide representation from the medical community. The Nuclear Medicine Milestone Working Group members have been drawn from the ACGME Nuclear Medicine Residency Review Committee (RRC), the American Board of Nuclear Medicine (ABNM), the SNMMI Academic Council and the Program Directors Association. Additionally, an Advisory Group of nuclear medicine leaders provides feedback to the Working Group and assists in establishing support for the milestones. The Working Group held its initial meeting in February 2012, with the second face-to-face meeting in July 2012. The official launch date to roll out the nuclear medicine milestones will be July 1, 2014.

The milestones provide specific, progressive benchmarks against which performance can be measured and compared throughout the residency training period. Nuclear medicine programs will be expected to submit composite data every six months to the ACGME to document resident performance in meeting the benchmarks. To read more about this and how the next accreditation system will work, you can read this article, written by the CEO of ACGME, Thomas Nasca, MD, MACP: http://www.acgme-nas.org/assets/pdf/NEJMfinal.pdf.

As you most likely know, the primary stakeholders in the Milestone Project are ACGME, residency programs, certification boards, and residents, with the potential benefits to each group shown below.

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<th>ACGME</th>
<th>Residency Programs</th>
<th>Certification Boards</th>
<th>Residents</th>
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<tr>
<td>• Accreditation – continuous monitoring of programs; shortening of site visit cycles</td>
<td>• Guide curriculum development</td>
<td>• Potential use – ascertain whether individuals have demonstrated qualifications needed to sit for Board exams</td>
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<td>• Public Accountability – report at a national level on competency outcomes</td>
<td>• More explicit expectations of residents</td>
<td>• Encourage resident self-assessment and self-directed learning</td>
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<td>• Community of practice for evaluation and research, with focus on continuous improvement</td>
<td>• Support better assessment</td>
<td>• Better feedback to residents</td>
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(Continued on page 6. See AGCNM.)

Eyes on the NMRO

Erica J. Cohen, DO, MPH—NMRO President

The Nuclear Medicine Residents Organization (NMRO) is as busy as ever and has many exciting goals for this coming year. In addition to our annual membership drive to recruit new residents, we are updating our current membership bank and tracking down graduates. We hope that the graduates will be a resource to help us make possible job contacts. We are also going to add a dedicated Job Search section on our website with links to a large number of websites that have up-to-date job listings.

For education, we have begun a “System of the Month,” where we ask members to submit interesting cases based on a particular system for publication on our Facebook page and website. The Facebook page has been a great asset for communication with residents in a casual format, and we also use it to post information about “hot topics” such as new radiopharmaceuticals and imaging techniques.

The publication of the Scintillator each quarter continues to be our primary means of communication with our residents. We are adding an “International” section to each publication to learn about the practice of our friends in other countries.

Our first Virtual Journal Club presentation was a great success, and we are now planning on quarterly presentations in the future. We are already looking forward to the ACNM Annual Meeting, and we will be sending out information to our members to assist them in writing abstracts and giving presentations. We are looking forward to a very productive and successful year for the NMRO. We look forward to seeing everyone in January! If you have any ideas, please email ericajill@gmail.com.
Before the recent U.S. Supreme Court decision regarding the Patient Protection and Affordable Care Act (PPACA), it was thought that there would be an additional 31.7 million people covered with insurance. Since many of these people were young, the effect on the number of additional imaging studies due solely to the additional insurance coverage (as opposed to normal growth without the PPACA) was thought to be relatively small. It was estimated that even with optimistic assumptions, there would be no more than 16.6 million extra imaging scans done per year by 2019, solely due to the additional insurance coverage. For nuclear medicine, the additional scans done outside PET was estimated to be up to 654,000 and the number in PET was estimated to be no more than 118,000 due to the PPACA. (1) As the result of the recent Supreme Court decision it is now thought that there may be about 3 million fewer people covered by the PPACA (with a savings of billions of dollars), so the foregoing figures on additional scans are a little high. (2) Therefore, the extra covered lives by the legislation will probably have little effect on the patient volumes of scans at typical institutions. (1)

Nevertheless, there are numerous aspects of the PPACA, and it is expected to have a profound effect on the practice of nuclear medicine and radiology. (3) However, the eventual impact of the law is uncertain, partly due to the fact that certain initiatives such as the future of Accountable Care Organizations (ACOs) are uncertain and that the impact will likely be modified in various ways, such as by waivers, new regulations, new laws, decisions of the states and court decisions. Also, some aspects of the Affordable Care Act are already in effect, but the majority of it takes effect in 2014 and thereafter. (4)

The PPACA legislation provides for programs of shared savings and bundled payments. The latter will likely not significantly affect imaging volume. The legislation defines acceptable ACOs and how they can participate in shared savings. ACOs are touted to increase quality, alter the behavior of doctors and control costs in a variety of ways, including decreasing utilization. The latter could possibly result in a decrease in imaging. (1, 5 and 6) However, imaging is not the most likely candidate for major reductions in utilization, and indeed, proper use of imaging can reduce costs. (1) Some physicians are fearful that the development of ACOs will decrease the independence of nuclear medicine physicians and radiologists, will increase hospital control of physicians and will help quicken the end of the unrestricted practice of fees for various services model. (6, 7)

One limitation on the growth of ACOs may be the shortage of primary care doctors, and the push by the government for more ACOs likely will make the current shortage of primary care doctors worse. This may result in more use of mid-level practitioners such as nurse practitioners. (8) The PPACA, however, is thought to be good news for many primary care physicians. (9) Another obstacle to the establishment of ACOs is that they will incur substantial costs before they can begin operations, and in some cases this may be millions of dollars. On the other hand, nuclear medicine physicians and radiologists who do not join what turns out to be a successful ACO may lose volume from their practices. (10)

The Center for Medicare and Medicaid Innovation was established by the PPACA. It too is meant to help increase quality and decrease costs. For radiologists, it is expected to focus on tight management, integration of various information systems, utilizing the correct codes and better communication between physicians. Its projects will help determine what rules will be utilized in ACOs. (11)

Under the PPACA legislation, physicians referring patients for PET, CT or MRI scans relying on the “in-office ancillary services exception are required to (1) notify the patient in writing at the time of the referral, that the patient may obtain such services from a person other than the referring physician or their group practice and (2) provide a list of other suppliers who furnish such services in the area in which the patient resides.” (12)

The PPACA also affects many other areas of health care impacting nuclear medicine physicians and radiologists. For example, it is thought by many that regulations from the Patient Centered Outcomes Research Institute and Independent Payment Advisory Board will have a great impact on physicians. (4) The government will be studying those CPT codes that have had the most rapid increase and those that have experienced major recent alterations in the cost of practice, and the regulators may make what they think are appropriate changes (3). Another area the PPACA impacts is the rate for equipment utilization to figure out the technical component reimbursement for Medicare for equipment that has a price tag in excess of one million dollars. Another area is the multiple procedure payment reduction for scans involving adjacent body parts. The PPACA also provides for various demonstration projects and extends bonus payments for the Physician Quality Reporting System. (13, 14) One worry of many physicians regarding the PPACA is that it will eventually lead to rationing.
In addition to the PPACA, also passed in 2010 was the Health Care and Education Reconciliation Act. Together, the two laws are popularly known as the health care reform legislation. As the result of this health care reform, there will be a variety of new or increased taxes, and the high-end “Cadillac” health care plans will come under attack. (3)

Thus, there will be a substantial impact of the PPACA on health care professionals in nuclear medicine and radiology.

References:

These milestones are not only helpful for those stakeholders but also important to the future practice of nuclear medicine. One of the ACGME’s most important goals for this approach is to ensure that residents entering practice have demonstrated the expected educational outcomes and proficiencies to promote patient safety and quality care.

Milestones will be in the following format:

As this figure indicates, level one is for the beginning resident and level four is what you would expect for a graduating resident. A level five resident is one who exceeds your expectations for a resident; not all residents are expected to attain this level.

A preliminary version of the milestones will be available for pilot testing within the next 4-6 months. If you’re interested in being one of the sites for pilot testing, please email Laura Edgar, the ACGME Senior Milestones Consultant, at ledgar@acgme.org. In addition, the ACGME will continue to provide information to programs throughout the launch of the Next Accreditation System. The ACNM will also alert you to when the public comment period is open and how to give your opinions.

Nomination for Annual Mentorship Award

ACNM values the outstanding ACNM mentors who have assisted the residents/ fellows to achieve their goals throughout the past year. The annual “Best Mentor of the Year” award will be given on January 24, 2013. The mentors must be ACNM member. Please choose your candidate and write in one page why your nominee is the best mentor?

Send your nomination to Nikki Wenzel-Lamb, American College of Nuclear Medicine, 1850 Samuel Morse Drive, Reston, VA, 20190. If you have any questions, please do not hesitate to contact Nikki Wenzel-Lamb at 703-652-6766.

The deadline for submission of nominees for best mentor award is December 21, 2012.
Welcome Message
ACNM Program Committee Chair

I am excited to welcome you to the 2013 Annual Meeting of the American College of Nuclear Medicine in New Orleans, LA. As we welcome our colleagues and friends to the meeting, I would like to share some meeting highlights with you.

This year, the ACNM and Society of Nuclear Medicine and Molecular Imaging (SNMMI) are excited to welcome the 2nd Sino-American Conference. Over 20 leaders and young professionals from the Chinese Society of Nuclear Medicine will be travelling to New Orleans to participate in the conference. We look forward to welcoming the CSNM delegates to the meeting.

The ACNM program (in conjunction with the 2nd Sino-American Conference) will open with a plenary session on Thursday morning at 8:00am. Welcome messages will be given by Frederic H. Fahey, DSc (SNMMI President); Warren R. Janowitz, MD, JD (ACNM President); Gang Huang, MD (CSNM President), followed by the first Mid-Winter Meeting Plenary Session: Healthcare Reform: The Road Ahead presented by John McCracken, PhD. Dr. McCracken will discuss significant areas of change within healthcare economics and identify the economic drivers of healthcare payment reform. Following the plenary session, residents and young professionals from the United States and China will present their abstracts. Papers on all aspects of clinical and basic science in nuclear medicine, correlative imaging in radiology, nuclear cardiology and radiation oncology will be presented.

The afternoon session includes presentations on Quality Improvement and Maintenance of Certification, Regulations in the Practice of Nuclear Medicine and Molecular Imaging, Novel Radionuclide Therapies in Oncology and from the PET Center of Excellence, PET/CT Reporting Guidelines. The afternoon session will also bring together the hybrid ACNM track and 2nd Sino-American Conference for a presentation by the Chinese leadership and a unique panel discussion amongst residents in the United States and China on training, education and research in nuclear medicine and molecular imaging.

Finally, I would like to invite all Mid-Winter Meeting attendees to join us at the ACNM/SNMMI/2nd Sino-American Conference Banquet on Thursday evening. The ACNM Leadership will be presenting various awards, including; the President’s Award, Mentor-of-the-Year and Fellowship Awards. In addition, a panel of physicians will judge the young investigator’s oral and poster presentations and the authors of the best submissions will be presented with their awards during this special banquet on Thursday evening. The presenter must be in attendance at the meeting to be eligible for an award. There will be three Best Assay Awards, each for $500 and two Travel Grants each for $750. Also, this year, residents and young professionals from the United States and China will compete for various awards, including a top prize for two individuals from the United States to travel to China in an “exchange” program. The banquet will begin at 7:00pm. Tickets will be on-sale at the door for $125 (or $50 for residents). Dinner and drinks will be served.

I would like to thank all the speakers for their time and contribution to the program. On behalf of the ACNM Program Committee and Leadership, we hope that you enjoy the SNMMI/ACNM Mid-Winter Meeting and 2nd Sino-American Conference!

Sincerely,
Peeyush Bhargava MD, FACNM Chair, ACNM Program Committee

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As part of the “new and improved” ACNM, we would like to make this newsletter a useful resource for you. We hope to keep you abreast of the news that matters to you. This includes things like upcoming events and items available for public comment that could affect the future of our specialty.

We welcome ideas for topics you would like to see in the newsletter. Likewise, if you have any clinical questions you would like us to forward to an expert or letters to the editor of the ACNM Scanner newsletter, please send us your inquiries.

Additionally, if you’re a member and have an exciting accomplishment to highlight or share with the rest of the nuclear medicine community, please send us your announcement.

Please send your inquiries or announcements to Erin Grady, MD, the ACNM Scanner Newsletter Editor, at egrady@christianacare.org. We will do our best to be a resource for you.

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Nomination for ACNM Fellowship

ACNM is seeking outstanding candidates for to be nominated as fellows in the year 2013. The eligible applicants must be board certified nuclear medicine physicians who have made outstanding contributions to the field of nuclear medicine and/or the American College of Nuclear Medicine (or American College of Nuclear Physicians). The candidates can be nominated by an ACNM fellow or can be self nominated.

Please review the eligibility form and fill out the application, and send it along with two recommendation letters from current ACNM fellows to:

American College of Nuclear Medicine
C/o Fellow Application - Nikki Wenzel-Lamb
1850 Samuel Morse Drive
Reston, VA, 20190.

For additional information, please contact Nikki Wenzel-Lamb at 703-652-6766 or by e-mail at nwenzel@snm.org

The deadline for fellowship nomination is December 21, 2012.
The Program Committee of the American College of Nuclear Medicine and the Society of Nuclear Medicine and Molecular Imaging invites the submission of original abstracts for the 2013 Mid-Winter Meeting, to be held January 23-27, 2013 in New Orleans, LA. Papers from young professionals (physicians or scientists in training, or in practice within 10 years of graduation) on aspects of clinical and basic science in nuclear medicine, correlative imaging in radiology, nuclear cardiology and radiation oncology will be considered. The accepted presentations will be in oral and poster format. (Please note: Case presentations only should not be submitted.)

NEW this year, the SNMMI and ACNM will be welcoming the 2nd Sino-American Conference to the Mid-Winter Meeting. As part of the conference, residents and young professionals from the United States and China will compete for various awards, including a top prize for two individuals from the United States to travel to China in an “exchange” program to continue the exchange of education and knowledge. (The exchange program details have not been finalized, but will most likely include a two week stay in China.) To be considered for this award, please check the box on the abstract submission form.

A panel of physicians will judge the young investigator abstract oral presentations and posters, and the authors of the best submissions will be presented with their awards during a special banquet on Thursday evening. The presenter must be in attendance at the banquet to be eligible for an award. There will be three Best Assay Awards, each for $500 and two Travel Grants each for $750 (in addition to the grand prize of the exchange program).

Abstracts must be submitted via e-mail to Delicia Hurdle at dhurdle@snmmi.org. The author’s names’ and affiliations should be included with the title of the abstract.

Abstract Submission Instructions (.pdf)
Abstract Submission Form (.pdf)
Submission Deadline: November 15, 2012

In addition, you will be able to submit your full manuscript for publication consideration no later than March 15, 2013. The Clinical Nuclear Medicine Journal editorial board will assist in an expedited review the manuscripts and, if accepted, chosen manuscripts will be published in the Clinical Nuclear Medicine Journal - ACNM’s official publication. Authors of ACNM presentations may send their full manuscript to Clinical Nuclear Medicine through the on-line “Editorial Manager” manuscript management system http://www.editorialmanager.com/cnm/. Please also forward a copy of your manuscript to Delicia Hurdle in the ACNM office at dhurdle@snmmi.org no later than March 15, 2013.