Radiation Doses at Fukushima

The journal *Nature* reported on May 23 in advance of its May 24 issue (2012;485:423–424) on information obtained from 2 recently completed independent assessments of radiation doses to Japanese citizens and reactor workers after the March 2011 accident at the Fukushima Daiichi nuclear power plant. The overall conclusion of the reports was that few individuals will develop cancer as a result of their exposure and that it will be challenging to distinguish those who do from those who have developed disease without such exposure.

*Nature* reporter Geoff Brumfiel summarized and reported on a study released by a subcommittee of the United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR), which covered a variety of issues related to the accident, and on a second study from the World Health Organization (WHO), which estimated doses received by the general public in the first year after the accident. Both reports were discussed at the UNSCEAR annual meeting from May 21 to 23 in Vienna, Austria.

“We have been given information about measurements made on the thyroid of over 1,000 children in Iitate village, Kawamata town, and Iwaki city,” said Wolfgang Weiss, chair of UNSCEAR, in a related press release.

“Also, a survey in Fukushima prefecture is aiming to evaluate irradiation levels for some 2 million people living in the prefecture at the time of the accident. The results of the UNSCEAR assessment for these areas will be compared with the Japanese measurements and analysis, and any differences will be highlighted and addressed.” As of January 2012 a total of 20,115 workers, more than 80% of them contractors, had been involved in reactor cleanup and other operations after the accident at Fukushima Daiichi. A key point among the interim UNSCEAR findings was that although several workers were irradiated after contamination of their skin, no clinically observable effects have been reported. Although 6 workers have died since the accident, “none of the deaths were linked to irradiation.” The report added that although some members of the Japanese public received radiation doses that exceeded government guidelines, long-term adverse health effects are likely to be minimal. The UNSCEAR report also concluded that Japanese government estimates of radiation released were “correct to within a factor of 10” and that additional research will be needed to understand the long-term impact of the event on plants, animals, and marine life near the reactors.

The report by WHO reflected conclusions that are consistent with those of several Japanese surveys that found civilian doses at or below the 1–15-mSv range, even among individuals living near the plant. In one exception, initial calculations showed that babies and young children in Namie town may have been exposed to sufficient $^{131}$I to receive an estimated thyroid dose of 100–200 mSv, raising risks of thyroid cancer. However, data from 1,080 children in the region found that none had received a thyroid dose $>50$ mSv.

The UNSCEAR assessment of the levels and effects of radiation exposure from the accident is being undertaken for the UN General Assembly, and a final report will be presented toward the end of 2013.

*Nature*

**United Nations Scientific Committee on the Effects of Atomic Radiation**

**HHS Finalizes New Rules**

U.S. Department of Health and Human Services (HHS) representatives announced on May 10 the issue of 2 new rules by the Centers for Medicare & Medicaid Services (CMS). The first rule revises the Medicare Conditions of Participation for hospitals and critical access hospitals. The second, the Medicare Regulatory Reform rule, is aimed at eliminating duplicative, overlapping, and outdated regulatory requirements for health care providers. In a press release, HHS predicted that the annual savings to hospitals and critical access hospitals will be more than $1 billion in the first year. Among the changes identified by HHS and CMS are: increasing flexibility for hospitals by allowing one governing body to oversee multiple hospitals in a single health system; allowing critical access hospitals to partner with other providers for more efficiency and to ensure safe and timely delivery of care to patients; requiring that all eligible candidates, including advanced practice registered nurses and physician assistants, be reviewed by medical staff for potential appointment to the hospital medical staff and then be granted all of the privileges, rights, and responsibilities accorded to appointed medical staff members; and eliminating obsolete regulations, including outdated infection control instructions for ambulatory surgical centers, outdated Medicaid qualification standards for physical and occupational therapists, and duplicative requirements for governing bodies of organ procurement organizations.

The final rule on Conditions of Participation referenced consideration of input and formal comments provided by SNM. These comments are available at: http://interactive.snm.org/docs/CMS-3244-P-%20-%20SNM%20CoP-%20Comments1.pdf. Full text of the final rules is available at: www.ofr.gov/inspection.aspx.

**U.S. Department of Health and Human Services**

**FDA and Pediatric Radiation**

The U.S. Food and Drug Administration (FDA) announced on May 9 that it is seeking public comment on a proposal encouraging manufacturers to consider the safety of children in the design of new X-ray imaging devices. In the draft guidance, FDA recommends...
Group co-chairs Robert L. Comis, MD, and Mitchell L. Schnall, MD, PhD, issued a joint statement, saying, “Building the most attractive scientific program is the motivation for all our efforts. With this constitution as the framework, ECOG–ACRIN establishes for the public and private sectors one organizational structure capable of studying the entire cancer care pathway—prevention and screening, surveillance, early detection, staging, diagnosis, treatment, follow-up, and survivorship. We are driven by a genuine belief that together ECOG and ACRIN will contribute more to oncology than either organization could individually. For example, our core pathology and imaging scientists, and their associated laboratories and extensive IT infrastructures, make it entirely possible for the group to integrate large data sets required for biomarker-driven science. Thus, future ECOG–ACRIN studies will be informed more by process than the classic definition of disease, to allow our patients throughout North America and the world the best, most advanced clinical research opportunities.”

The leadership of the Eastern Cooperative Oncology Group (ECOG) and the American College of Radiology Imaging Network (ACRIN) announced on May 17 the approval of a constitution to establish a single organization integrating the governance, administrative, and scientific components of these 2 National Cancer Institute-sponsored cooperative groups.

ECOG–ACRIN Formalized

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United States, ECOG–ACRIN has research sites throughout the world. Joint clinical trials will soon be enrolling patients. More information is available at www.ecog-acrin.org.

ECOG–ACRIN

Time Limits on “Board Eligibility”

Limits to the number of years that can elapse between a physician’s completion of residency training and achievement of board certification have been established by the American Board of Medical Specialties (ABMS) and its member boards. Although ABMS and its member boards have never recognized or defined the term “board eligible,” physicians often use the term to signal to patients, prospective employers, and others that they intend to become board certified. A new policy approved by the ABMS board of directors that went into effect in January makes it legitimate to claim board eligibility during a specified time but prevents abuse by those who use the designation indefinitely. Under the plan, member boards will establish and implement a transition plan for candidates who have completed residency training but not yet achieved initial certification as of the effective policy date. As of Jan. 1, 2019, the transition period will be complete and the policy will be in full effect applicable to all candidates for certification by the member board.

“ABMS and its member boards believe very strongly that patients, health systems, and others who have a stake in high quality health care have a right to know what it means when physicians call themselves board eligible,” said Lloyd B. Morgan, ABMS interim chief executive. “It is a disservice to these stakeholders to allow physicians to use the designation indefinitely without undergoing the rigorous process of board certification.” A physician who does not become board certified within the allotted time must restart the process according to the requirements of the medical board that oversees certification in his or her specialty. Physicians also will face sanctions if they designate themselves as “board
eligible” beyond the established time limits.

The American Board of Nuclear Medicine (ABNM) was among the first of the boards to implement these time limit policies. ABNM has established a 7-y transition period: training must be completed within 7 years of applying for the ABNM certification examination. For additional details, see: http://www.abnm.org/index.cfm?PageID=5044&RPID=5044.

American Board of Medical Specialties

HHS Launches Web Health Care Tracker

On May 15 U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced the launch of a new Web-based tool designed to “make it easier for all Americans to monitor and measure how the nation’s health care system is performing.” The tool, known as the Health System Measurement Project, is intended to provide government regulators, insurers, the public, and others with “consistent data-driven views of changes in critical U.S. health system indicators.” The Health System Measurement Project brings together data-sets from across the federal government that span topical areas, such as access to care, cost and affordability, prevention, and health information technology. It presents these indicators by population characteristics, such as age, sex, income level, insurance coverage, and geography.

HHS indicated that with this system it is possible to quickly view data on a given topical area from multiple sources, compare trends across measures, and compare national trends with those at state and regional levels. For example, an individual could use the Web site to monitor the percentage of people who have a specific source of ongoing medical care or track avoidable hospitalizations for adults and children by region or ethnic group.

The measures included in the Health System Measurement Project, developed and selected by the HHS Office of the Assistant Secretary for Planning and Evaluation, are aligned with the HHS Strategic Plan, the National Quality Strategy, and other departmental strategic planning efforts. The measures are drawn primarily from existing publicly available datasets. The tool contains information on how the measures were calculated and provides users with direct links back to the original data sources. Access to the system is available at: HealthMeasures.aspe.hhs.gov.

U.S. Department of Health and Human Services

Each month the editor of Newsline selects articles on diagnostic, therapeutic, research, and practice issues from a range of international publications. Most selections come from outside the standard canon of nuclear medicine and radiology journals. These briefs are offered as a monthly window on the broad arena of medical and scientific endeavor in which nuclear medicine now plays an essential role. The lines between diagnosis and therapy are sometimes blurred, as radiolabels are increasingly used as adjuncts to therapy and/or as active agents in therapeutic regimens, and these shifting lines are reflected in the briefs presented here. We have also added a small section on noteworthy reviews of the literature.

FROM THE LITERATURE

68Ga-DOTATOC PET in GTV Delineation

In an article e-published on May 9 ahead of print in the International Journal of Radiation Oncology, Biology, Physics, Graf et al. from the Charité Universitätsmedizin Berlin (Germany) reported on the potential impact of 68Ga-DOTATOC PET in addition to MR and CT imaging in a study retrospectively assessing gross tumor volume (GTV) delineation of meningiomas of the skull base in patients treated with fractionated stereotactic radiation therapy (FSRT). The study included the scans of 48 patients with 54 skull base meningiomas identified and previously treated with FSRT. All patients had undergone PET and MR/CT imaging. Scans were coregistered, and GTVs were first delineated with the MR/CT data and then with PET data. Resulting overlapping areas were referred to as GTV_common, an area that became GTV_final in each patient study by adding volumes defined by either PET alone or MR/CT alone. Forty-eight of the 54 skull base lesions in 45 patients showed increased 68Ga-DOTATOC uptake and underwent additional analyses. The resulting mean GTV_final was significantly smaller when data from PET was added into consideration. PET resulted in >10% modification of GTV_final size in 32 (67%) meningiomas. The authors concluded that “68Ga-DOTATOC PET/CT seems to improve the target volume delineation in skull base meningiomas, often leading to a reduction of GTV compared with results from conventional imaging (MRI and CT).”

International Journal of Radiation Oncology, Biology, Physics

PET and Crohn Disease

Holtmann et al. from the Johannes Gutenberg University (Mainz, Germany) reported on May 9 ahead of print in Digestive Diseases and Sciences on a study designed to evaluate the accuracy of 18F-FDG PET for assessment of inflammation and disease activity in Crohn disease as a way to simplify current complexities in diagnostic assessment and therapy monitoring. The study included 43 patients with Crohn...