

The Academy of Radiology Research: The Imaging Community's Advocate for Change

One of the medical imaging community's strongest advocates "inside the Beltway" is the Academy of Radiology Research (ARR). Formed in 1995, the ARR is a consortium of more than 20 professional imaging societies—including the Society of Nuclear Medicine—which works diligently to promote the status of imaging research both within the medical community and to the outside world. The Academy's long-term goal is the establishment of a National Institute of Biomedical Imaging at the National Institutes of Health (NIH). A separate imaging institute would shore up research funds for nuclear medicine projects both within NIH (intramural) and to outside institutions (extramural).

"Through the efforts of the Academy as well as the academic radiology research community, we've made significant progress since our inception," said Edward C. Nagy, the executive director of ARR. Indeed, three years ago the Academy was able to convince the NIH's leadership to significantly expand its extramural research program, which has been primarily maintained by the National Cancer Institute (NCI) since 1982. Until that time, extramural research grants for nuclear medicine and radiology imaging were administered through the Diagnostic Imaging Research Branch (DIRB), a small unit with only three full-time positions.

In 1996, following extensive discussions between ARR and NCI leaders, the director of the NCI agreed to replace the DIRB with the Diagnostic Imaging Program, which now comprises an Office of Technology Assessment and three branches: Imaging Diagnosis, Functional Imaging, and Image-Guided Diagnosis and Treatment. "The NCI leadership has recognized the importance of imaging research and has not only expanded the program, but also increased the available resources and number of people running it," said Nagy. As a result of the expanded program, NIH grants to radiology departments have increased nearly 25 percent from \$91 million to \$113 million from fiscal years 1995 to 1997. This represents the largest percentage increase for any clinical specialty at NIH during that period.

Recently, the NCI publicly recognized the importance of the imaging technologies field by designating it as one of four "Extraordinary Opportunities for Investment." This designation describes the fields most likely to achieve breakthroughs in cancer diagnosis and treatment and which are targeted for immediate investment of additional resources. Additionally, the NCI has

Alazraki Represents SNM



Naomi Alazraki,
MD

I have represented SNM on the Board of Directors of the Academy of Radiology Research (ARR) since its formation four years ago. Philip Alderson, MD, and the late Leonard Holman, MD, both leaders in the field of nuclear medicine, have also served on the ARR board, representing radiology organizations. At the 1995 and 1996 SNM annual meetings, Drs. Holman and Alderson participated with me in presentations highlighting the work of ARR and nuclear medicine research.

SNM has always strongly supported the goals and objectives of the ARR. Providing the financial resources to maintain SNM as a supporting member of ARR, however, has been difficult because of the financial pressures faced by SNM. In fact, the SNM had decided not to retain its membership in the ARR this year but then reversed its decision after the Education and Research (E&R) Foundation volunteered to contribute the \$10,000 annual dues to maintain SNM's status in ARR.

At the SNM Mid-Winter meeting in Fort Lauderdale, BJ Manaster, MD, a member of the executive committee of ARR, came to the SNM Board of Directors meeting at the invitation of President Jim Fletcher. She reported on ARR's activities and the importance of SNM's membership in ARR. She also attended the E & R Foundation Board meeting. At that meeting, members expressed their desire to see SNM representation on the ARR executive committee. Soon thereafter, I was notified of my nomination for executive committee membership.

C. Douglas Maynard, M.D., ARR vice president and former SNM president, has observed that the current U.S. Congress offers the best opportunity to date to move forward toward an Institute for Biomedical Imaging at NIH. In that regard, it is essential that as many members of the radiology and nuclear medicine communities as possible participate in the effort to communicate with representatives and senators. Input from constituents is the single most important factor in legislators' decisions, so the ARR is urging that radiologists and nuclear physicians contact their congresspeople. More information, including sample letters and the names and addresses of legislators, can be obtained by contacting the ARR at 202-347-5872 or through its website: <http://www.acadrad.org>.

—Naomi Alazraki, MD

set aside \$33.2 million over the next five years for two new major imaging research initiatives: "Small Animal Imaging Resource Programs" and "Development and Application of Imaging in Therapeutic Studies."

The ARR's rapid success in achieving its goals is due, in part, to the foundation laid by its predecessor, the Conjoint Committee on Diagnostic Radiology, a less formal organization created in the 1970s to promote radiology research in the United States. "Because of the Conjoint Committee's influence, the Laboratory of Diagnostic Radiology Research, the first intramural laboratory for radiology research, was established at NIH by congressional mandate," said Nagy. In spite of that organization's success in promoting radiology research, the group's leadership and the radiology community at large were becoming increasingly concerned about the problems in imaging research resulting from the lack of coordination at the NIH and among other federal agencies.

In his 1997 address to the Senate Committee

on Labor and Human Resources, the late Leonard Holman, MD, cited the General Accounting Office's finding that more than 35 separate federal organizations in nine different departments have sponsored telemedicine initiatives. He went on to say that despite a major federal investment of \$646 million over three years, the GAO report found that "no formal mechanism or overall strategy exists to ensure that telemedicine development is fully coordinated among federal agencies to serve a common purpose."

Establishing a separate imaging institute at NIH would ensure that all research involving nuclear medicine or other fields of imaging would be coordinated under one large umbrella. "The Conjoint Committee saw the need for a separate Institute for Biomedical Imaging at NIH, as well as a more formal organization with a full-time presence in Washington to promote it," said C. Douglas Maynard, M.D., vice president of the ARR and a former member of the Conjoint Committee. "Four different member societies formed the basis for the fledgling organization, pledging \$75,000 each for the start-up costs." Those societies were the American College of Radiology, the Radiological Society of North America, the American Roentgen Ray Society, and a consortium consisting of the Association of University Radiologists, the Association of Program Directors in Radiology and the Society of Chairmen of Academic Radiology Departments.

"We hired Ed [Nagy] and his secretary and set up an office in Washington," said Maynard. The new organization engaged Arter & Hadden, a legislative consulting firm, and drew up a strategic plan. "It was clear from the beginning that the only way to establish a new Institute would be through legislation," said Nagy. "We immediately set out to build support in Congress for radiology research in general but with the specific aim of forming a new Institute."

The newly-formed Academy soon began approaching members of congressional committees that had jurisdiction over the NIH: the Commerce Committee and the Appropriations Committee in the House of Representatives, and the Appropriations Committee and the Labor & Human Services Committee in the Senate. The Academy set up a program to educate legislators and their staffs on the contributions of medical imaging research in order to help them understand the necessity for the proposed Institute. With increased funding from their membership, the Academy has been able to broaden and intensify these efforts in the past year by recruiting

(Continued on page 22N)

Members of the ARR

Broad-Based Members

- American College of Radiology
- American Roentgen Ray Society
- Association of University Radiologists/Association of Program Directors in Radiology/Society of Chairmen of Academic Radiology Departments
- Radiological Society of North America

Member Societies

- American Association for Women Radiologists
- American Association of Physicists in Medicine
- American Osteopathic College of Radiology
- American Society of Emergency Radiology
- American Society of Neuroradiology
- Society for Health Services Research in Radiology
- Society for Pediatric Radiology
- Society for the Advancement of Women's Imaging
- Society of Breast Imaging
- Society of Cardiovascular and Interventional Radiology
- Society of Computed Body Tomography and Magnetic Resonance
- Society of Gastrointestinal Radiologists
- Society of Nuclear Medicine
- Society of Radiologists in Ultrasound
- Society of Thoracic Radiology
- Society of Uroradiology

Supporting Organizations

- American Society of Radiologic Technologists
- Association of Educators in Radiological Sciences, Inc.

ARR*(Continued from page 10N)*

radiologists from around the country to meet with legislators and arranging for repeated contacts with key representatives and senators.

"We've worked diligently to involve the radiology community in our effort to communicate with members of Congress," said Nagy. "We have not only facilitated meetings between constituent radiologists and our legislators, but have also asked members of the radiology community to write letters and/or send e-mails to members of Congress. This ongoing communication has been a central part of our strategy."

For all of its achievements, however, the Academy is aware that there are still major difficulties ahead. "The NIH has been very eager and helpful in expanding and promoting imaging within the existing Institutes," said Maynard. "But, understandably, the last thing they want is a new Institute. There are already nearly 20 institutes. Rather than create a new institute, the NIH's preference is to expand the status of imaging research within the existing structure."

One solution was to relocate the Laboratory of Diagnostic Radiology Research, originally located in the NIH Director's Office, to the Clinical Center, and place it under the authority of the director of the Imaging Science Program. The Academy also participated in the

recruitment of a new director of Diagnostic Radiology at the Clinical Center. Two members of the Academy's Executive Committee were on the NIH search team that eventually selected R. Nick Bryan, M.D., Ph.D. of Johns Hopkins University to fill that position. "These are among our most important accomplishments to date," said Nagy. "We've made tangible progress in terms of how imaging research is organized and found an individual with a national reputation who can be an effective spokesperson for imaging research within the NIH." Under Bryan's leadership, intramural imaging research activities in the Clinical Center have been consolidated into the Imaging Science Program, which includes nuclear medicine and PET.

On the political front, bills have been introduced both in the House (H.R. 1715) and the Senate (S.990) toward the establishment of a National Institute of Biomedical Imaging at NIH. However, Nagy concedes that these bills face obstacles. "A free-standing bill whose only purpose is to establish a new Institute at NIH will have a very difficult time in the legislative process," he said. "Our strategy has been to get those bills introduced, build support, demonstrate credibility and make the Academy and the issue of a new Institute part of the debate on NIH. The appropriate legislative vehicle for Congress to make structural and/or policy changes at the NIH is a bill to reau-

thorize NIH programs. Our ultimate goal is to be included in that legislation the next time the Congress votes on it." The Academy anticipates that an NIH reauthorization bill will be voted on after the next Congress convenes in 1999.

In its efforts to broaden its political coalition, the Academy has forged an alliance with the American Institute for Medical and Biological Engineering. "Like imaging, bioengineering is dispersed throughout most of the Institutes and doesn't have a central focus at NIH," said Nagy. The AIMBE has concluded that the problems bioengineering faces at NIH also require structural change. Given the similarities between the two disciplines, both organizations have determined that an Institute including both imaging and bioengineering would be an appropriate way to address their problems and increase the likelihood of the establishment of a new Institute.

If and when the Institute of Biomedical Imaging does become a reality, Maynard and Nagy agree that the Academy's focus will shift to a more supportive role. "We'll continue to be here in Washington to promote imaging research," said Nagy. "But we'll also be an advocate for the new Institute to help make it viable and ensure that it has adequate appropriations."

—Jeff Williams

1999-2000 SNM Election Results

The Nominating Committee is pleased to report the 1999-2000 Society of Nuclear Medicine Election results. They are as follows:

Vice President-Elect
Alan H. Mauer, MD

Historian
Dennis D. Patton, MD

Delegates-at-Large
Milton J. Guiberteau, MD
Robert Henkin, MD
D. Bruce Sodee, MD
James M. Woolfenden, MD

1999-2000 SNM Technologist Section Election Results

The Nominating Committee is pleased to report the 1999-2000 SNM Technologist Section Election results, which are as follows:

President-Elect
Kristen Waterstram-Rich, CNMT

Executive Board
Denise A. Merlino, CNMT
Rick Tetrault, CNMT
Duane Hollier, Sr., CNMT

Secretary/Historian
Patti Corrigan-Langford, CNMT

Delegates
Martha W. Pickett, CNMT
Frances L. Neagley, CNMT
Finance Committee
David Perry, CNMT

Nominating Committee
Kathleen M. Krisak, CNMT
Frances Keech, CNMT
Andrea Johanns, CNMT
Jeffrey B. Jones, CNMT