

# MI Abstracts for Annual Meeting

**A** new track for abstract presentations, "Novel Approaches to Molecular Imaging," has been added to the scientific program for the 2008 SNM Annual Meeting. While the scope of nuclear medicine includes much of what is understood to be "molecular imaging," the MI field is much broader. This new track is designed for abstracts that primarily involve the use of nonradioactive approaches to molecular imaging or the use of radiopharmaceuticals in combination with nonradioactive molecular imaging techniques and agents. We want to encourage physician/scientists working on the many techniques of molecular imaging to submit their research to this track, especially young researchers and scientists. To that end the SNM Board of Directors has approved 30 awards of \$1,000 each, specifically to support the travel expenses of students and postdoctoral or clinical trainees who will be presenting molecular imaging abstracts at the annual meeting. These travel grants will be awarded based on the quality of the abstract and on information provided in the award application.

The online abstract submission site, <http://snm.abstractcentral.com>, will be open through midnight, January 10.

This is membership renewal season, and I would like to encourage all SNM members to consider adding membership in the Molecular Imaging Center of Excellence when you renew your annual SNM membership. If you are not a member, you can join the center on a free-trial basis that includes a free 3-month membership in SNM. Membership in the center is also free to SNM members and is a great way to keep up with the latest molecular imaging technologies and techniques. Plus, you will be part of a vital and growing community of physicians, researchers, and technologists who share an interest in the exciting scientific developments that are shaping our specialty. ✨



**Marybeth Howlett,  
MEM, Director,  
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## MAINTENANCE OF CERTIFICATION

# MOC: Frequently Asked Questions

**T**he American Board of Nuclear Medicine (ABNM) recognizes that its diplomates have many questions about Maintenance of Certification (MOC) requirements. The board has done its best to answer these questions; however, as these requirements evolve, changes in board policy are necessary. Answers to frequently asked questions (FAQs), including updates, can be found at [www.ABNM.org](http://www.ABNM.org). Following are some abbreviated examples of these questions and answers.

**Must all diplomates participate in MOC?** Yes. As professionals we all have a responsibility for life-long learning. MOC formalizes this learning into a program that is valuable to diplomates and credible to medical licensing boards, payers, patients, credentialing committees, and others. If boards do not take the lead in establishing a credible program, similar programs will inevitably be imposed on medical professionals by others.

**What are the consequences if I do not participate in MOC?** Over the next few years, the ABNM expects that other important groups will require ABNM diplomates to

participate in MOC. Failure to participate will likely result in difficulty in renewing medical licenses, credentialing, and reimbursement by the government and third-party payers.

**Do diplomates with a lifetime certificate need to participate in MOC?** Yes. No logical argument can be made to require younger, more recently trained physicians to

participate in MOC and not expect older physicians to participate. The ABNM does not plan to revoke a lifetime certificate for lack of participation, but failure to participate will likely result in increased difficulty in renewing medical licenses, credentialing, and reimbursement.

**Why do I have to pay fees for MOC?** The ABNM must identify appropriate MOC activities and monitor the activities of all of its diplomates to ensure that they are completing the required activities. Significant implementation



**Henry Royal, MD**

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cm<sup>3</sup>; SUV  $\leq$  13.8) and only 29% of high-risk ROIs (SUV > 13.8). Limiting the target volume to predominantly PET-positive disease resulted in a low rate of isolated out-of-field recurrences, for which SUV and volume were predictors. SUV >13.8 was noted as the best identifier of ROIs at the greatest risk of recurrence.

*International Journal of Radiation Oncology, Biology, Physics*

### Image-Guided Adenovirus-Mediated RT of MTC

In an article published in the October issue of *Human Gene Therapy* (2007;18:916–924), Spitzweg et al. from the Ludwig-Maximilians Univer-

sity (Munich, Germany) reported on a study of the feasibility of image-guided radioiodide therapy of medullary thyroid cancer (MTC) after human sodium iodide symporter (hNIS) gene transfer, using a tumor-specific carcinoembryonic antigen (CEA) promoter for transcriptional targeting. NIS gene transfer was performed in human MTC cell (TT) xenografts, using adenoviral vectors carrying the NIS gene linked either to a cytomegalovirus promoter or a CEA promoter fragment. Functional NIS expression was confirmed by immunostaining and in vivo <sup>123</sup>I gamma camera imaging, followed by application of a therapeutic <sup>131</sup>I dose. TT cell xenografts in nude mice injected intra-

tumorally with 2 dosages of Ad5-CEA-NIS accumulated  $7.5 \pm 1.2\%$  ID/g and  $12 \pm 2.95\%$  ID/g, compared with accumulation of  $8.4 \pm 0.9\%$  ID/g after application of Ad5-CMV-NIS. Administration of a therapeutic dose of 111 MBq (3 mCi) of <sup>131</sup>I resulted in a significant reduction of tumor growth, associated with significantly lower calcitonin serum levels, as well as improved survival. The authors concluded that “a therapeutic effect of <sup>131</sup>I was demonstrated in vivo in MTC cell xenografts after adenovirus-mediated induction of tumor-specific iodide accumulation by CEA promoter-directed hNIS expression.”

*Human Gene Therapy*

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and maintenance costs are associated with the MOC program. Our primary sources of income—examination fees and your generous contributions—are not sufficient to meet these expenses. In 2006 the ABNM began charging an annual MOC fee of \$150. Diplomates who delay their participation in MOC must pay all delinquent MOC fees so that the cost of

MOC is shared equally by all diplomates. The annual MOC fee charged by the ABNM does not include the costs of products developed by the SNM or other organizations to meet MOC requirements.

*Henry D. Royal, MD  
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any dementia and with AD or vascular dementia in 2002. According to their calculations, 13.9% of Americans ages 71 and older have some type of dementia, 9.7% of Americans in that age group have AD, and 2.4% have vascular dementia. AD accounted for about 70% of all dementia cases among people 71 and older. As in other studies, the ADAMS analysis showed that the prevalence of de-

mentia increases significantly with age. Five percent of people ages 71 to 79, 24.2% of people 80 to 89, and 37.4% of those 90 years or older were estimated to have some type of dementia. The estimated rate of AD also rose significantly with age, from 2.3% of people ages 71 to 79 to 18.1% of people 80 to 89 to 29.7% of those age 90 and older. The ADAMS investigators found fewer years of education and the presence of at least 1 APOE e4

allele, a genetic risk factor for AD, to be strong predictors of AD and other dementias.

The ADAMS and HRS data are made publicly available to researchers seeking to conduct studies about the older U.S. population. For further information about the HRS and ADAMS, visit [hrsonline.isr.umich.edu](http://hrsonline.isr.umich.edu) or [www.nia.nih.gov/ResearchInformation/HRS.htm](http://www.nia.nih.gov/ResearchInformation/HRS.htm).

*National Institutes of Health*