SNM Hosts Briefing and Roundtable with Cancer Community

As part of its ongoing effort to expand the universe of organizations involved in increasing patient access to molecular imaging, SNM, in partnership with the Academy of Molecular Imaging (AMI), hosted a briefing and roundtable discussion titled, "Molecular Imaging: Diagnosis and Treatment of Cancer." The July briefing, held in Washington, DC, was attended by more than 30 individuals, representing 17 organizations. The purpose of the briefing was to educate and inform representatives from cancer patient advocacy, health professional, and related organizations about the application and promise of molecular imaging for the continuum of cancer care and to initiate partnerships to address issues of mutual interest and priority.

Speakers at the briefing included SNM President Robert W. Atcher, PhD, MBA; AMI President Timothy J. McCarthy, PhD; Martin G. Pomper, MD, PhD; and Chaitanya Divgi, MD. In addition, I facilitated a group discussion about opportunities for partnerships and collaboration between SNM, AMI, and the organizations in attendance. Dr. Atcher opened the briefing by stating that for each cancer care component, "screening, detection, diagnosis, staging, treatment, and monitoring—imaging often comes into play. We like to say that molecular imaging helps ensure that we give the right treatment to the right patient at the right time. That is what brings us together this morning."

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Dr. Pomper gave a "patient friendly" introduction to molecular imaging, and Dr. Divgi delivered a number of excellent clinical examples of ways in which molecular imaging is being used to detect, stage, treat, and/or manage

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The 6 Competencies and MOC

The American Board of Medical Specialties (ABMS), the umbrella organization for all primary certifying boards, and the Accreditation Council for Graduate Medical Education (ACGME), the umbrella organization for physician training programs, have agreed that all physicians should be evaluated for 6 competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice). Previously, the only competency that board certification evaluated was medical knowledge. A previous Newsline article (*J Nucl Med*. 2008;49:78N) discussed how the American Board of Nuclear Medicine (ABNM) and other boards will assess professionalism. Professionalism is primarily assessed through Maintenance of Certification (MOC) Part 1. Each diplomate must confirm annually that he or she has an unrestricted license to practice medicine. The ABNM evaluates all disciplinary actions taken by state medical licensing boards. In the future, it is likely that professionalism for physicians who provide direct patient care will also be evaluated through the use of a standard brief national patient survey.

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The other competencies are also assessed in various parts of MOC. Part 4 (practice performance assessment) encourages the diplomate to learn about his or her own practice and how to improve it (practice-based learning and improvement and patient care). Part 4 of MOC will also help the diplomate understand how various systems interact with and affect practice (systems-based practice). The ABNM will continue to assess medical knowledge with a secure computer-based exam (MOC Part 3) and through the use of self-assessment modules (MOC part 2). Interpersonal and communication skills will be assessed by means of 360° surveys and by auditing imaging reports. A 360° survey includes peers, referring physicians, trainees, technologists, nurses, and patients to provide

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34. Witzig TE, Flinn IW, Gordon LI, et al. Treatment with ibritumomab tiuxetan radioimmunotherapy in patients with rituximab-refractory follicular non-Hodgkin's lymphoma. *J Clin Oncol.* 2002;20:3262–3269.
35. Witzig TE, Gordon LI, Cabanillas F, et al. Randomized controlled trial of yttrium-90-labeled ibritumomab tiuxetan radioimmunotherapy versus rituximab immunotherapy for patients with relapsed refractory low-grade, follicular, or transformed B-cell non-Hodgkin's lymphoma. *J Clin Oncol.* 2002;20:2453–2463.
36. Wu AM, Yazaki PJ, Tsai et al. High-resolution microPET imaging of carcinoembryonic antigen-positive xenografts by using a copper-64-labeled engineered antibody fragment. *Proc Natl Acad Sci USA.* 2000;97:8495–8500.
37. Zafir-Lavie I, Michaeli Y, Reiter Y. Novel antibodies as anticancer agents. *Oncogene.* 2007;26:3714–3733.

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a number of different types of cancer. After the clinical presentations, Drs. Atcher and McCarthy segued the discussion to the public policy arena by providing an overview of current reimbursement challenges and our regulatory concerns at the U.S. Food and Drug Administration. In addition, they discussed the need to increase patient participation in clinical trials and to remain steadfast in our collective advocacy efforts to boost federal funding for biomedical research at both the Department of Energy and the National Institutes of Health.

Briefing attendees expressed great interest in what was presented and indicated a desire to convene again in the fall for further discussion and information sharing, particularly regarding the expected January release of the revised Centers for Medicare & Medicaid Services National Oncologic PET Registry coverage guidance. Other next steps include exploring ways to work together to increase clinical trials recruitment by educating physicians and nurses about molecular imaging studies. SNM also committed to developing additional materials illustrating the intersection between molecular imaging and comprehensive, quality cancer care. SNM looks forward to expanding upon this initial effort and developing strong working relationships with our colleagues in the cancer community.

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a comprehensive view. A standard patient survey instrument has been developed by ABMS for physicians providing direct care. It is likely that a standard brief national survey will be developed for the other groups listed for a 360° survey. The advantage of a standard brief national survey is that the results for each diplomate can be compared with those in a national database. Use of a standard survey also holds the promise of reducing redundancy.

The least-well-understood competency is systems-based practice. The goal of this competency is to have the diplomate understand how other parts of the health care system affect the quality of practice. For example, patient waiting times are often affected by the availability of transporters to bring patients to and from the nuclear medicine facility. The accuracy and timeliness of interpretation are dependent on the accuracy and timeliness of the transcription as well as the method of delivery of the report. Understanding systems-based practice is especially important, because significant improvements in health care usually require changes to systems in addition to changes that individuals can make.

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