

AAPM NEWSLETTER

July/August 2025 | Volume 50, No. 4



Special Interest Feature:
MedPhys 3.0

IN THIS ISSUE:

- ▶ President's Report
- ▶ Updates From ACR HQ
- ▶ International Council Report
- ▶ Online Learning Services Subcommittee Report
- ▶ ABR Update
- ▶ ASTRO Quality Improvement
- ▶ Radiation Risk Communication
- ▶ IHE-RO Working Group Report
- ...and more!

AAPM 2025

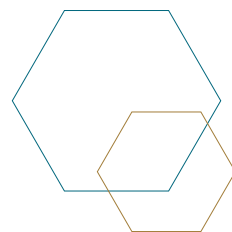
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TABLE OF CONTENTS

July/August 2025 | Volume 50, No. 4

REPORTS IN THIS ISSUE

- 5 Newsletter Editor's Report
- 7 President's Report
- 11 Executive Director's Report
- 13 Government Affairs Report
- 17 Special Interest Feature: MedPhys 3.0
- 19 Update From ACR HQ
- 21 International Council Report #1
- 27 International Council Report #2
- 31 International Council Report #3
- 35 Online Learning Services Subcommittee Report
- 39 ABR Update
- 41 ASTRO Quality Improvement
- 45 Radiation Risk Communication
- 49 IHE-RO Working Group Report

EVENTS/ANNOUNCEMENTS

- 12 AAPM Advocacy Day
- 15 Call for Proposals: AAPM Grand Challenge Sponsorship Opportunity
- 16 AAPM 2025 Early Career/Mentor Lounge
Our Condolences
- 18 AAPM 2025 Review Courses
- 26 2026 AAPM Spring Clinical Meeting
2026 AAPM Annual Meeting
- 34 AAPM Committee Classifieds
- 36 Medical Physics International History Series
- 38 2025 AAPM Awards, Achievements, and Honors Recipients
- 44 2025 AAPM Funding Opportunities
- 52 AAPM Volunteer and Leadership Handbooks
- 54 AAPM SCAMP & ICAMP
- 55 AAPM 2025 New Professionals Symposium

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SUBMISSION INFORMATION

To keep all reports uniform, we kindly request that submissions be made through a [QuestionPro](#) portal.

Questions? Contact [Nancy Vazquez](#)

PUBLISHING SCHEDULE

The AAPM Newsletter is produced bi-monthly.
Next issue: September/October 2025
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Posted online: week of September 2, 2025

CORPORATE AFFILIATE ADVERTISING

[Advertising Rates & Deadlines](#)

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EDITOR'S NOTE

I welcome all readers to send me any suggestions or comments on any of the articles or features to assist me in making the AAPM Newsletter a more effective and engaging publication and to enhance the overall readership experience. Thank you.

All articles appearing in this newsletter are expressions of the authors' own personal views and are not a reflection of the views of their places of employment or of AAPM.

A TURNING POINT FOR ARC THERAPY



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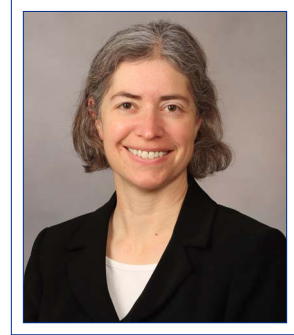
Welcome to the Busy Summer Months

NEWSLETTER EDITOR'S REPORT

Welcome to the July/August 2025 edition of the AAPM Newsletter! I hope many members have plans to attend the AAPM's 67th Annual Meeting & Exhibition in Washington, DC, from July 27–30, and the AAPM's first [Advocacy Day on Capitol Hill](#) on July 31. The [Annual Meeting Program](#) is live on the website and there's lots of great content you won't want to miss, in addition to new opportunities to network with other attendees. One of my favorite events is the Awards Ceremony on Monday night, where we get to celebrate the achievements of many great AAPM members. Congratulations in advance to the awardees! This year, the [Annual Business Meeting & Town Hall](#) will be held virtually prior to the Annual Meeting, on Thursday, July 17, from 4:00–6:00 pm Eastern time.

In this issue of the Newsletter, the Special Interest Group feature is an update on Med Phys 3.0, AAPM's initiative to build a stronger future for our profession, with their highlights from the past year and plans for the upcoming year. This issue also contains three reports on international activities, with features on three early-career Global Rising Stars, a hybrid training initiative for Ukrainian medical physicists, and the International Council's new ICAMP mentorship program. Check out the full issue for interesting updates from regular Newsletter contributors, timely announcements, and informational ads highlighting AAPM's upcoming programs and activities.

All AAPM members are encouraged to submit content and ideas for the Newsletter either directly to the Editor or through the submission link on the [Newsletter page](#). If you have an announcement of an honor or award that you would like to share, please submit it to the Newsletter for consideration! We want every AAPM member to find something of interest in each edition of the Newsletter, and that's only possible with the help of members. Enjoy this issue of the Newsletter and send us your feedback and ideas for future editions. And please share the Newsletter articles you enjoy with your social media network; the Newsletter is available for all to read. ■



Jennifer Pursley, PhD
Mayo Clinic

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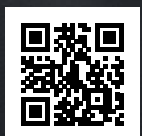
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Forging Ahead in 2025: AAPM's Midyear Reflections and Future Directions

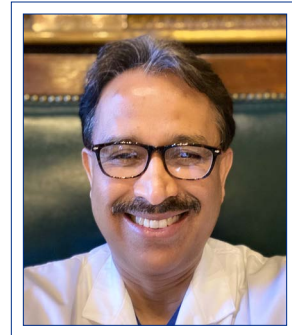
PRESIDENT'S REPORT

It's hard to believe we've already reached the midpoint of 2025 — the year is moving quickly, with constant changes, challenges, and exciting developments within AAPM keeping us all very busy. Thanks to our extremely dedicated volunteer members who serve on the five councils, ably led by exemplary chairs and vice chairs and assisted by our dedicated staff.

AAPM Annual Meeting

I invite you to join us in Washington, DC for the 67th AAPM Annual Meeting & Exhibition: “**Coming Together to Forge Ahead in Medical Physics**”. This year's theme (you may have heard many times already) is particularly relevant as we navigate the rapid evolution of areas such as Artificial Intelligence and Theranostics, and their impact on the practice of medical physics. Before I share more about the Annual Meeting, I would like to thank **Dr. Samuel Brady** the Chair of the Annual Meeting Subcommittee and its members for their diligent work in developing this year's program. This year we received a record number of abstracts for the meeting, and I am hoping there will be a record number of attendees too. Many changes are in place for this year's meeting. The overall duration is shortened to four days instead of five, and the AAPM Board of Directors' Meeting will be held on Friday, July 25, prior to the start of the Annual Meeting instead of after the Annual Meeting. For the first time, AAPM is organizing the [AAPM Advocacy Day](#) on July 31, and I urge AAPM members to sign up and join us to advocate for our profession with the congressional leadership. Advocacy has become even more important this year, particularly with the many changes coming from the administration. As the old saying goes, “If we're not at the table, we're on the table.” It is essential for medical physicists to engage with elected officials to raise awareness of the critical role we play in patient care. To support this effort, a special training session focused on messaging and key talking points will be offered during the Annual Meeting for all participants registered for the Capitol Hill visit.

I am happy to share another first at this year's meeting, that is, the Opening and Closing day keynote sessions. On the first day (July 27), **Dr Georgia Tourassi** will give a keynote lecture on Artificial Intelligence and on the final day (July 30), **Dr Anthony Chang** will give the keynote lecture on Theranostics. I am looking forward to moderating both of these sessions and invite you all to join me. Many thanks to members of the Annual Meeting Subcommittee for bookending our annual meeting program with two critical topics highlighting the importance for our profession now and in the future. The Presidential Symposium is on Monday morning, again this year we have something new, that is, leaders from four peer organizations have accepted our invitation and I am happy to share that the Presidents of **ACR, ASTRO, RSNA** and **SNMMI** will be joining me at the President Symposium and addressing the audience.



M. Mahesh, PhD
Johns Hopkins University

PRESIDENT'S REPORT, Cont.

The theme of the Presidential Symposium is 'Science and Advocacy' and I am pleased to share that we have two distinguished speakers, namely **Dr. Sudip Parikh**, Chief Executive Officer and Executive Publisher of Science Journals, Washington, DC and **Dr. Carolyn Meltzer**, Dean of the Keck School of Medicine of USC, Los Angeles, CA who also happens to be an neuroradiologist and board member of RSNA. I am very much looking forward to moderating the symposium and hope all of you to join me. Since the Annual Meeting has been shortened to four days this year, we've had to adjust a few things. The traditional Tuesday Night-Out will now take place on the first evening — Sunday — and will be held at the Smithsonian National Museum of American History. On Tuesday evening, we'll wrap up the meeting with a closing party. I hope this new tradition continues each year, with the goal of raising funds for the AAPM Education & Research Fund. This year's event is called "**Dance for Science**", and I encourage everyone to put on their dancing shoes and join me for a fun and meaningful celebration!

Also, since the AAPM Board Meeting will be held before the start of the Annual Meeting, we are having the [Annual Town Hall](#) Meeting (virtually) on July 17. By doing so, I am hoping a large number of members can attend, hear about the status of AAPM, and have their voices heard at the Town Hall Meeting.

Other AAPM Meetings

The 2025 Spring Clinical Meeting was a remarkable success, with a record number of attendees and exhibitors. Thanks to exemplary speakers, **Issam M. El Naqa**, **Laurence Edward Court** and **X. Sharon Qi**, the presidential symposium theme of **AI and the Clinical Physicist** was well received.

The AAPM Summer School was held in Denver, CO from June 19-24. The topic was "Clinical MR Physics: State-of-the-art practice". A very timely topic, given that MR is increasingly utilized in radiation therapy in addition to diagnostic imaging.

Advocacy Related Activities

As you all know, advocacy has become even more crucial this year. In this regard, thanks to AAPM staff for rapidly developing an [Action Center](#). This allows us to write to our elected members in the administration with a click of a button. Targeted messages will be posted on this page

as needed, especially when a call to action is issued. As is often the case, the more responses each leader receives, the more likely they are to take action. We are in constant touch with our peer organizations (almost daily), and sharing information, and calls for action, with you through AAPM media channels that include, e-News, the Newsletter, various AAPM social media platforms, and even direct email messages. In addition, the AAPM Government and Regulatory Affairs Committee ([GRAC](#)) is developing a process to engage members at the state levels.

During these past six months, there were many instances that AAPM had to respond to or communicate with the media. In those instances, I am grateful to the AAPM Responsive Communications Subcommittee ([RCSC](#)) which works closely with EXCOM in developing timely responses to the challenging issues that require me to communicate with members and outside entities. I am equally grateful to the AAPM Government and Regulatory Affairs Committee, whose members have been fully hands-on-deck in monitoring the many changes coming from the administration and providing timely guidance to support my responses.

Chapter Meetings and International Meetings:

Since my last column ([Jan-Feb](#)), I have had the opportunity to visit several chapters — namely, the South East, South West, and North West AAPM chapters — representing AAPM at the Conference of Radiation Control Program Directors (CRCPD) annual meeting, and speak at several international meetings, including the Medical Physics Congress organized by the Middle East Federation of Medical Physics (MEFOMP) in Kuwait City, Kuwait; the European Congress of Radiology (ECR) in Vienna, Austria; and the Latin American Congress of Medical Physics (ALFIM) in La Antigua, Guatemala. I enjoy visiting and speaking at the chapter meetings where I get to connect with colleagues, meet amazing medical physicists, residents, and graduate students. It gives me immense hope seeing the depth in expertise among our membership and the future medical physicists ready to enter our field.

Similarly, it is overwhelming to hear how the medical physicists in the organizations such as MEFOMP, EFOMP and ALFIM appreciate AAPM's task group reports and other AAPM activities and are looking forward to working

PRESIDENT'S REPORT, Cont.

collaboratively on topics that are of mutual interest. In fact, this year's theme of "Coming Together to Forge Ahead in Medical Physics" is universal and applies to all the cooperative work AAPM does with other organizations. At MEFOMP and ALFIM, I was invited to speak at the opening ceremonies and also to give plenary talks. I feel very proud and humbled for the opportunity to represent AAPM as your President at these international meetings.

Finally, I am very much grateful for the opportunity to lead our organization and thankful for the trust and confidence you all have of me and sincerely thank you for your continued support and dedication to our Association. ■



At SEAAPM meeting in Knoxville, TN with students who participated in the SLAM competition.



At SWAAPM meeting in Baton Rouge, LA with Arjit (SWAAPM President) and David Gammel (AAPM ED).



With faculty members of the IAEA session on Quality Control at the European Congress of Radiology, at Vienna, Austria.



Addressing CRCPD Meeting in Tucson, AR



At the Middle East Conference of Medical Physics in Kuwait City, Kuwait with the Kuwaiti Health Minister and IOMP President and leaders of MEFOMP.

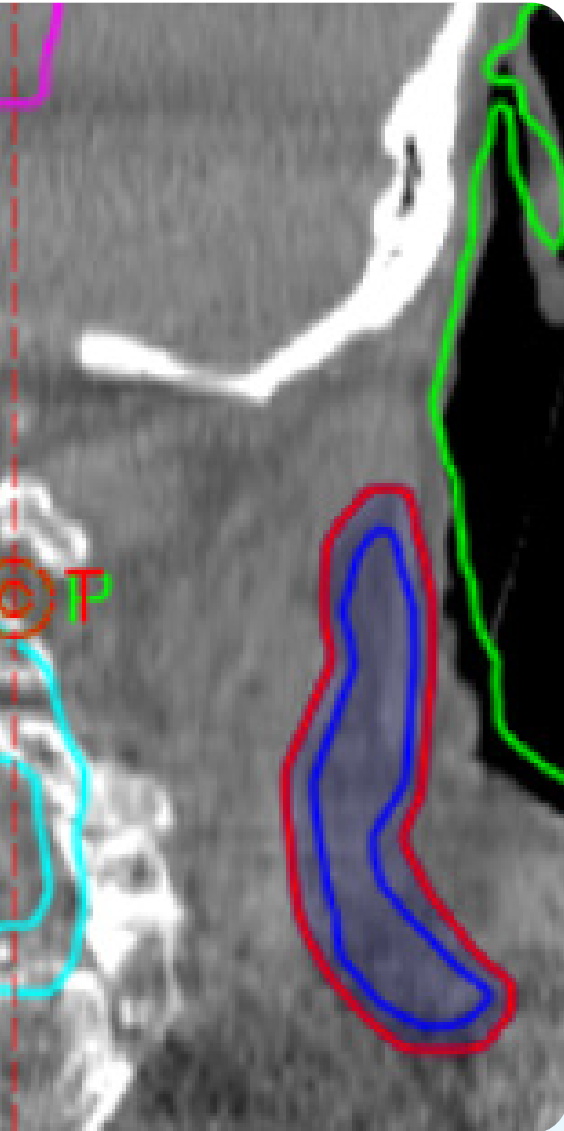


At the Latin American Congress of Medical Physics in La Antigua – Guatemala with leaders of the Latin American National Medical Physics societies.



Faculty, medical physics graduate students and residents at the Oregon Health Science Center, Portland, OR

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Leadership, Community, and Progress: Reflections from the ASAE Fellows Retreat

EXECUTIVE DIRECTOR'S REPORT

In May, I had the privilege of chairing the American Society of Association Executives (ASAE) Fellows Retreat, a gathering of senior association leaders committed to service and shared learning. This year's retreat focused on how associations can lead effectively through change while staying grounded in community and mission. As I reflected on the discussions, I saw strong connections to AAPM's current work and the evolving member experience we are building together.

1. Purposeful Transformation

Associations are changing rapidly — digitally, structurally, and culturally. At AAPM, our own transformation is visible in projects to elevate our overall digital experience and support for growing domains such as AI and radiopharmaceuticals. These changes are designed to make our work more impactful and aligned with where medical physics is heading.

2. Supporting Member Resilience

Leaders across sectors shared how their members are seeking stability, connection, and professional renewal. At AAPM, we see this clearly in the need to strengthen the workforce pipeline, provide relevant training, and support physicists at all stages of their careers. The member experience must offer both professional growth and a sense of belonging. We have also provided opportunities for members to advocate to Congress on issues of importance to the future of the discipline. [<https://www.votervoice.net/AAPM/home>]

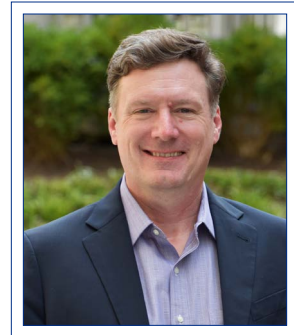
3. Community as Strategy

The Fellows community reminded me that connection is not a byproduct of our work — it is the work. Whether it's Task Groups, committee service, or events, the opportunity to collaborate with peers is one of AAPM's most valuable offerings. We are continuing to build infrastructure that makes those experiences easier, efficient, inclusive, and effective.

Recent and Upcoming Improvements

Several technology upgrades are rolling out to improve how we serve members, replacing aging custom systems:

- **New Election Platform:** We launched *ElectionBuddy* to replace a custom voting system and introduce an improved interface and enhance security for AAPM elections. It's easier to use and ensures a secure, reliable voting process.
- **Enhanced Broadcast Emails:** A new email platform is replacing our custom-built system, offering better deliverability, insights, and member experience across communications.



C. David Gammel
Executive Director, AAPM HQ

EXECUTIVE DIRECTOR'S REPORT, Cont.

- **Membership Renewal:** We are working toward retiring our custom membership renewal application that suffers from significant instability and launching in the Fall a renewal process that is built in our association management system. This will improve stability, accuracy, and enable us to offer additional feature enhancements in the future.

These are part of our broader efforts to modernize systems and strengthen member engagement. We have relaunched an overall website redesign project that will work in parallel with our deployment of new volunteer and member community collaboration tools. The new site design will be released in the first half of 2026 and new tools for our volunteers and members will continue to roll out this year and beyond.

Looking Ahead to the Annual Meeting

We're especially excited about this year's [AAPM Annual Meeting & Exhibition](#), taking place in late July in Washington, DC. We'll debut a new meeting pattern designed to improve the experience for attendees and exhibitors, with better pacing and more opportunities to connect. For those who stay through Thursday, we're also introducing a new [Advocacy Day](#) giving members the chance to visit Capitol Hill and share the value of medical physics directly with policymakers.

We look forward to seeing you there as we continue advancing the profession, together. ■



Join us for AAPM's inaugural in-person

AAPM
ADVOCACY
DAY 2025
July 31
Washington, DC

This is an opportunity for members interested in supporting AAPM's advocacy agenda of expanding awareness of medical physics, enhancing policies that support the medical physicist workforce and education opportunities, and to highlight the need for continued federal investment in scientific research.



Advocacy Day participants will receive Hill meeting training, will be formed into meeting teams, and will have meetings scheduled to engage directly with congressional offices.



AAPM members can learn more and register here.

Strengthening the Front Lines of Radiation Safety at the 57th CRCPD Annual Meeting

GOVERNMENT AFFAIRS REPORT

The [57th Annual Conference of Radiation Control Program Directors \(CRCPD\) Meeting](#) was held in Tucson, Arizona this past May 19-22. Once again, AAPM was well represented by a full delegation of leadership, volunteers, and staff. The annual CRCPD meeting serves as a pivotal venue for aligning the goals of AAPM with state (and federal) regulators — promoting radiation safety, strengthening regulatory consistency, and expanding the reach of medical physics advocacy.

This year's meeting was especially notable for highlighting our expanding grassroots advocacy network, the [State Champions \(CHAMPS\)](#). The reception from state regulators was enthusiastic, marking a key milestone in establishing deeper, more actionable collaborations with radiation control programs nationwide.

CRCPD and AAPM: An Enduring Partnership

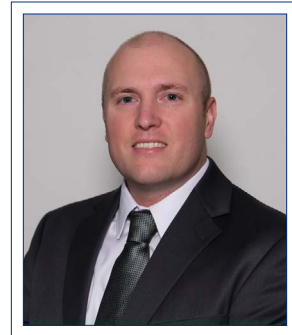
AAPM has a longstanding and trusted partnership with CRCPD, an organization composed of representatives from state radiation control programs. CRCPD's mission promotes radiological health through cooperation across federal, state, and local programs. These goals align directly with our own advocacy objectives. CRCPD produces the [Suggested State Regulations \(SSRs\)](#), which many states rely on for radiation policy updates, and they host the [Qualified Medical Physicist \(QMP\) Registry](#). Both serve as vital resources for the medical physics community.

In Tucson, CRCPD leadership transitions included an announcement of Lisa Bruedigan as Executive Director, succeeding Ruth McBurney, whose years of service were honored during the meeting. Additionally, Joann Harthcock was announced as the new AAPM-CRCPD Liaison, taking over from Jennifer Elee. These changes bring new energy to our continuing partnership.

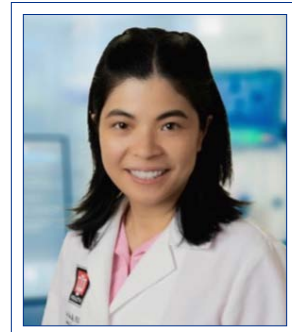
AAPM leadership and volunteers presented throughout the meeting:

- President **M. Mahesh** delivered a high-impact presentation on AAPM's organizational updates and extended an invitation to regulators for our Annual Meeting in Washington, D.C. He also introduced AAPM's inaugural Advocacy Day on Capitol Hill, emphasizing the need for direct engagement between medical physicists and policymakers.
- **Robert Staton** and **Kevin Little**, Chair and Vice-Chair of the [CRCPD Subcommittee](#), coordinated two standout training sessions:
 - "Toolkit for Medical Events – The Role of the Regulator"
 - "AI – The Current Clinical Reality"

These sessions—which included talks from **Lindsey Berkowitz**, **Quan Chen**, **Debbie Gilley**, **Kelly Kisling**, **Brian Miller**, and **Chris Watchman** — provided



David Crowley
Senior Government Relations Manager,
AAPM HQ



Sook Kien Ng
Chair of the State Champions Steering
Subcommittee

GOVERNMENT AFFAIRS REPORT, Cont.

valuable training for state regulators, especially for new or rotating staff within state programs. Their success demonstrates AAPM's commitment to strengthening radiation safety through practical, on-the-ground training.

- **Jessica Clements** shared progress from the [MPPG Adoption Working Group](#), which is building an MPPG-specific state report card to help our State Champions benchmark local regulations against AAPM-endorsed standards. This tool will aid in identifying advocacy opportunities and inconsistencies across jurisdictions.

State Champions: Building a Grassroots Backbone

Another impactful presentation came from **Sook Kien Ng**, who delivered strategic updates on AAPM's government relations and the rollout of the State Champions. Her presentation made it clear: CHAMPS is not just a grassroots program — it is the cornerstone of AAPM's evolving advocacy model that will plug us in directly to our state regulatory partners.

Sook Kien's remarks outlined how State Champions will serve as the "eyes and ears" for state-level regulatory activity, while also being proactive advocates for medical physics. Her message resonated well with the audience of state regulators. Numerous officials expressed an interest

in working directly with their respective State Champions to develop policies and training, and to harmonize regulations more consistently with national standards.

As Sook Kien aptly put it, "this initiative empowers medical physicists to be a bridge between science and policy. By embedding ourselves in state-level dialogues, we're not only advocating for our profession — we're shaping a safer, more consistent future for radiation protection nationwide."

The Road Ahead

The 57th CRCPD Meeting showcased the best of what coordinated advocacy can look like — strategic updates, peer-led trainings, energized partnerships, and forward momentum. With the growing enthusiasm for our State Champions program and the success of our CRCPD training initiatives, AAPM is well-positioned to make long-lasting impacts.

As always, if you are interested in getting involved — whether by becoming a State Champion or supporting our expanding regulatory training programs — please reach out to me directly at david@aapm.org.

Together, we can ensure medical physicists are engaged, informed, and impactful at every level of policymaking. ■



AAPM members gather for a photo following their training sessions on medical events. Pictured here: Debbie Gilley, Robert Staton, Sook Kien Ng, Kevin Little.



President M. Mahesh speaks to regulators about AAPM and the possibilities of AI.



Posing for a picture with CRCPD's Chair and future Executive Director, Lisa Bruedigan. Robert Staton (left) and David Crowley (right) accept an award recognizing AAPM's ongoing support for CRCPD and the state regulatory programs.



CALL FOR PROPOSALS



AAPM Grand Challenge Sponsorship Opportunity

The AAPM Working Group on Grand Challenges (WGGC) is now accepting proposals from those wishing to organize a scientific Grand Challenge!

- The WGGC will identify a proposal that merits sponsorship (some financial support is available) and assist the organizers in moving forward with the Challenge. The timeline for a proposed Challenge should allow for the conduct and conclusion of the Challenge before the Summer 2026 AAPM Annual Meeting. One member each from the Organizing team, the winning participant team and the runner-up participant team will be awarded complimentary AAPM Annual Meeting registration to attend in-person, where they will present at a dedicated Challenge session and to be honored at the Awards & Honors Ceremony.

Deadline for submission is 5:00 PM EDT Friday, August 1, 2025.

More details and the proposal form can be found [here](#).

 Competition is the fuel that ignites innovation. We look forward to working with you!



GET

READY!

FOR THE NEW
EARLY CAREER/MENTOR LOUNGE
AT THE 2025 AAPM ANNUAL MEETING & EXHIBITION!

The Early Career/Mentor Lounge is a networking space for student, trainee, and early career members to relax, connect with peers, and take advantage of programming specific to students and trainees.

The lounge will be open Sunday – Wednesday during the 2025 Annual Meeting & Exhibition.



AAPM 2025

JULY 27–30 | WASHINGTON, DC
67TH ANNUAL MEETING & EXHIBITION

COMING TOGETHER TO FORGE AHEAD
IN MEDICAL PHYSICS

Our Condolences

Horst Aichinger, PhD • [Paul A. Feller, PhD, FAAPM, FACMP](#) • [William J. Huff, PhD](#)
[Grace Gwe-Ya Kim, PhD, FAAPM](#) • R. Roger Sankey, PhD • [Kenneth Ulin, PhD](#)
[Peter C. Shragge, PhD](#) • [George Zacharopoulos, MS](#)

Our deepest sympathies go out to the families. We will all feel the loss in the Medical Physics community.

If you have information on the passing of members, please inform HQ ASAP so that these members can be remembered appropriately. We respectfully request the notification via email to: 2025.aapm@aapm.org
(Please include supporting information so that we can take appropriate steps.)

Special Interest Feature: MedPhys 3.0

MEDPHYS 3.0: SHAPING THE FUTURE OF MEDICAL PHYSICS

Ahmad K. Al-Basheer, PhD, MPH, DABR, FAAPM | Vice Chair, MedPhys 3.0 Committee

David W. Jordan, PhD, DABR, FACR, FAAPM | Chair, MedPhys 3.0 Committee

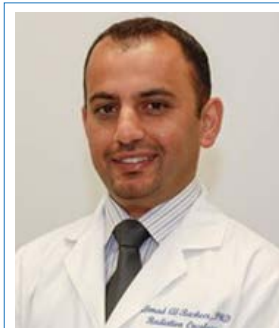
Medical Physics 3.0 is AAPM's initiative to build a stronger, more vibrant future for our profession. At its heart, it's about evolving the way we practice — finding new ways to contribute to patient care and preparing ourselves to thrive in a constantly changing healthcare environment. We believe medical physicists have so much more to offer, and MedPhys 3.0 is all about unlocking that potential. One of the best ways to be part of this movement is by sharing your own experiences — how you brought a new idea to life or built a new collaboration that made a difference.

Over the past few years, our MedPhys 3.0 team has been working hard to keep that momentum going. We've expanded our resources, created new ways to share ideas, and worked with other groups across AAPM to support innovation at every level of practice.

Highlights from the Past Year

One of the biggest successes has been the MedPhys 3.0 Webinar Series. These sessions have sparked thoughtful conversations and brought new energy to the initiative. Some of the recent topics include:

- The Future of Data-Driven Oncology – AI, Automation, and Shared Decision-Making
- The Evolving Collaborative Future: Radiation Oncologists, Medical Physicists, and Industry Partnerships



- Radiation Oncology Journey: From Practice to Entrepreneurship
- AAPM Past, Present, and Future
- ACR Data Science Institute Overview and Current Initiatives

The feedback we've received from these sessions has been overwhelmingly positive. People are not only inspired — they're taking what they learn and applying it in their own departments.

We've also been collecting real-world stories from physicists who are making MedPhys 3.0 a reality in their daily work. These case studies show what's possible when we embrace change—whether it's improving clinical workflows, working more closely with the care team, or using our skills to lead broader quality and safety efforts.

Our subcommittees have nearly finished refining their activities statements (or "charges") into clearer, more action-oriented descriptions of what they are doing and how they are supporting AAPM's updated strategic plan. If you've ever been curious about getting involved with MedPhys 3.0, but couldn't quite figure

out what would be the most interesting, fun, or best suited to your talents, we hope that these refreshed descriptions will make it easy to decide which one is right for you — at a glance. We are focusing each subcommittee on taking action for impact so that our volunteers and the entire AAPM community can see and feel the results of their work.

Looking to the Future

In 2025, we want to build on this progress and keep growing the MedPhys 3.0 community. Here's what we're planning next:

- **Sharing more voices:** We'll be featuring more success stories through the AAPM Newsletter and a new "MedPhys in Action" spotlight series.
- **Supporting early-career physicists:** We're working with student and resident groups to make sure new physicists feel empowered to lead from day one.
- **Creating practical tools:** We're developing new resources to help physicists bring MedPhys 3.0 ideas into their departments — whether it's a communication guide, strategic planning tips, or case examples to share with leadership.

You Can Be Part of It

If you've ever thought, "There's more we could be doing," this is your chance to get involved. MedPhys 3.0 is a grassroots effort, and it's powered by

MEDPHYS 3.0: SHAPING THE FUTURE OF MEDICAL PHYSICS, Cont.

stories from the field—people like you trying new things, solving problems, and finding better ways to serve patients.

Visit <https://mp30.aapm.org> to catch up on past webinars, browse case

studies, or find inspiration for your next project. And if you have a story to share, we'd love to hear from you.

Together, we're shaping the future of our field — not just with technology, but with creativity, leadership, and a

shared commitment to making things better. ■

AAPM 2025

JULY 27–30 | WASHINGTON, DC
67TH ANNUAL MEETING & EXHIBITION



COMING TOGETHER TO FORGE AHEAD
IN MEDICAL PHYSICS

REVIEW COURSES



Already planning to register for the AAPM Annual Meeting in Washington, DC?

Consider adding a comprehensive review course just prior to the start of the meeting. These courses provide a good review for physicists entering the specialty and physicists who would benefit from a refresher taught by experts in the field. Pre-Conference Event Courses will be held concurrently on Saturday, July 26.

Registration Fees are the same for In-Person (which includes On-Demand access) and On-Demand only.

**More
Information
on Course
Content >>**

**Categories
and Fees >>**

[a a p m . m e / a n n u a l](https://aapm.me/annual) | # a a p m 2 0 2 5

ACR Accreditation & More: Info for Medical Physicists

UPDATES FROM ACR HQ

Congratulations to ACR's 2025 Richard L. Morin, PhD Fellows in Medical Physics!

ACR is proud to announce that [Hadley DeBrosse, PhD](#), and [Reagan Dugan, PhD](#) were selected as ACR's 2025 Morin Fellows. Dr. DeBrosse is an imaging physics resident at The Ohio State University and Dr. Dugan is an imaging physics resident at University of Chicago. We look forward to working with Drs. DeBrosse and Dugan during their Fellowship year and beyond!



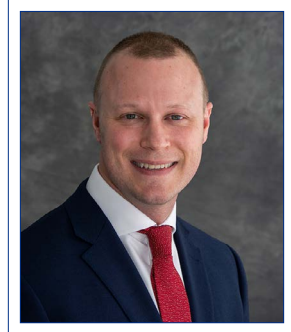
ACR sessions at AAPM

There are a few sessions at AAPM focusing on ACR activities. On Sunday you can hear about important DIR developments and work on reporting the Alara Imaging Inc. CMS quality measure, and on Monday there are two sessions on ACR's Data Science Institute programs advancing responsible use of AI in radiology.

Sunday July 27, 4:30 – 6:00 pm, Room 207A

ACR Updates for Imaging Physicists

Get up to speed on the latest from the ACR. This session covers key initiatives in advocacy, accreditation, and registries—plus updates on the Dose Index Registry (DIR), including its new digital radiography module. You'll also hear



Dustin A. Gress, MS

Senior Advisor for Medical Physics
ACR Quality and Safety, Reston, VA

In each issue of this newsletter, I present information of particular importance or relevance for medical physicists. You may also check out the [ACR's accreditation support page](#) for more accreditation information and QC forms. **Thank You** to all the other staff that keep ACR programs running and assist with creating the content in this column. This page has forms and quick links for all ACR accreditation programs.

UPDATES FROM ACR HQ, Cont.

how the ACR is tackling CMS's new CT quality measure and what it means for your practice.

Monday July 28, 1:30 – 2:25 pm and 2:35 – 3:30 pm
Room 206

ACR DSI – Responsible AI in Radiology

Two back-to-back sessions from the ACR Data Science Institute dive into how AI is being implemented and monitored in real-world radiology:

- Blazing the Trail for Responsible Use of AI in Radiology will feature ARCH-AI, the first national quality assurance program for AI in radiology. Learn how your site can earn recognition by meeting standards for governance, safety, and performance tracking.
- Monitoring AI Performance will showcase Assess-AI, the first AI quality registry, which will help practices monitor AI performance, benchmark nationally, and support AI governance with real data.

I hope you'll add these sessions to your AAPM schedule!

Announcing ACR Pulse

Many healthcare organizations have multiple touchpoints with ACR that are disparately managed. Based on

feedback from some leaders of large organizations, we have created ACR Pulse, which is a 360-degree view of the enterprise's engagement with ACR. The long-term goal of ACR Pulse is to create a unified interface for all interactions with ACR, simplifying and enriching the organizational experience. The initial launch will focus on authorized primary contacts securely logging in to an online portal to view and download engagement details tied to various programs including accreditation, registries, ARCH-AI, and Assess-AI. For this initial release of ACR Pulse, there can be one primary contact listed per organization. We will offer the ability to add additional users in a future release. The primary contact will have the ability to download a file of the organizational details, so they can also share that with others that may find that information useful. Please visit the [ACR Pulse landing page](#) for more details. A sample screenshot with dummy data is below to give you an idea of how it will look. I hope you tell your client and/or organizational leadership teams about ACR Pulse to help them visualize and be more efficient in their interactions with ACR. ■

The screenshot shows the ACR Pulse dashboard interface. At the top, there's a navigation bar with the American College of Radiology logo, the 'ACRpulse' title, and links for Summary, Site Details, and FAQ. A 'Logout' button is in the top right. The main heading reads 'Welcome to ACR Pulse: comprehensive insights in your organization's relationship with ACR'. Below this, there's a large blue box on the left with the 'Ameradia Health' logo. To the right of this box are two tables, each with columns for Program, Abbr., and Facilities.

Program	Abbr.	Facilities
Accreditation Programs		20
Breast Ultrasound	BUAP	3
Computed Tomography	CTAP	5
Magnetic Resonance Imaging	MRAP	3
Mammography	MAP	10
Positron Emission Tomography	PETAP	1
Nuclear Medicine	NMAP	3
Ultrasound	UAP	5
Radiation Oncology	ROPA	2
Stereotactic Breast Biopsy	SBBAP	4

Program	Abbr.	Facilities
National Radiology Data Registry	NRDR	16
Corporate Accounts		9
Dose Index Registry	DIR	4
General Radiology Improvement Database	GRID	2
Lung Cancer Screening Registry	LCSR	5
Qualified Clinical Data Registry for MIPS	MIPS	1
National Mammography Database	NMD	1
3D Printing Registry	3DP	1
Assess-AI Registry		1
CT Colonography Registry	CTC	1

Program	Abbr.	Facilities
Designations		3
Diagnostic Imaging Center of Excellence	DICOE	1
Designated Comprehensive Breast Imagi..	CBIC	2
Lung Cancer Screening Center Designation	LCSD	2
Prostate Cancer MRI Center Designation		0

Program	Abbr.	Facilities
ACR Recognized Center for Healthcare-AI	ARCH-AI	1
Learning Network		2
RADPEER		1

Program	Abbr.	Facilities
Connect		2
PACS		agfa

Supporting Ukrainian Medical Physicists: A Hybrid Training Initiative Amidst the War

INTERNATIONAL COUNCIL REPORT #1

I've always believed in the power of collaboration and education to overcome global challenges. Yet, nothing has highlighted this more than our recent collaboration to support Ukrainian medical physicists during the ongoing war.

In partnership with the AAPM Global Needs Assessment Committee ([GNAC](#)), Global Medical Physics Education and Training Committee ([GMPETC](#)), Global Clinical Education and Training Committee ([GCETC](#)), Clinical Education Working Group ([CEWG](#)), Help Ukraine Group (HUG), and the Ukrainian Association of Medical Physicists (UAMP), with **Matt Goss** we co-organized a hybrid year-long training course aimed at helping Ukrainian medical physicists transition from Co-60 to IMRT, a critical step in advancing their ability to provide world-class cancer treatment even during such difficult times.

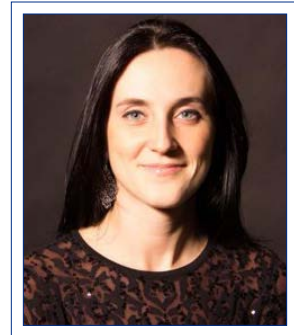
Given the extraordinary circumstances, this hybrid course was designed with the flexibility to meet the needs of medical physicists in Ukraine. The course was divided into three parts: foundational knowledge, linear accelerator commissioning, treatment planning, and QA (Parts 1 and 2), and hands-on practical training covering CT commissioning, linear accelerator commissioning, treatment planning and QA (Part 3). Virtual lectures were given by AAPM volunteers in English with AI-driven Ukrainian subtitles and practical sessions were in Ukrainian using equipment from two different vendors. This training aimed to ensure that participants could gain the knowledge and experience needed to improve their vital work despite the challenges they face in wartime.

A total of **131 medical physicists and students** enrolled in Parts 1 and 2, including all practicing medical physicists in Ukraine. The course attracted participants with diverse educational backgrounds and clinical experience, making it a truly inclusive initiative. The response from the participants has been incredibly positive, and the results have surpassed our expectations. Pre- and post-course exam scores showed remarkable improvement indicating the power of education and collaboration:

- In **Part 1**, the average score increased from **51.2% to 82.5%**.
- In **Part 2**, the average score increased from **53.3% to 89.4%**.

Satisfaction rates were equally impressive, with participants giving an average score of **9.3 out of 10**. A remarkable **96.3%** of participants recommended the course, and **70%** reported that their clinical practices had changed as a result of the training.

Four 3-day practical sessions in **Part 3** were conducted in two cities, Kyiv and Lviv, for **62 participants**, with exam scores improving from **57.8% to 80.5%**.



Nataliya Kovalchuk, PhD
Stanford University Cancer Center

INTERNATIONAL COUNCIL REPORT #1, Cont.

Participants rated the practical sessions even more highly, with an average satisfaction score of **9.8 out of 10**.

However, the true impact of this course is best captured by the stories of those directly involved. I had the opportunity to speak with two participants and trainers who played a pivotal role in this journey: Ruslan Zelinskyi and Serhii Brovchuk. Both participated in Parts 1 and 2 of the courses, and later, contributed as trainers in Part 3. Here's a glimpse into their experiences.

Interview with Ruslan Zelinskyi, former president of the Ukrainian Association of Medical Physics (UAMP), course participant and trainer:

NK: Ruslan, you've been both a participant and a trainer in this course. Can you start by telling us a little about your background and why this course was important for you and medical physicists in Ukraine?

Ruslan Zelinskyi:

Like most people working as medical physicists in Ukraine, I am not formally educated as a medical physicist. However, in 2011, when I received my degree in nuclear energy, several linear accelerators were installed in Ukraine, and I decided to try my hand in this field. When I came in and received equipment worth several million dollars, and realized that the lives of patients depend on me, at the same time I felt uncertain about my knowledge, and perhaps even a lack of knowledge, it had a profound effect on my mindset. I worked for several years, more than 9 hours a day, and when I returned home, I continued to study until late at night. But this self-education was mainly focused on practical tasks, and not much attention was given to fundamental knowledge. Often, I had to do the work without fully understanding the meaning of it. And I am convinced that most medical physicists in Ukraine are in a similar situation. For example, those with more experience typically know how to calibrate a linear accelerator, which coefficients to apply, but at the same time, very few physicists understand the nature of these coefficients.

This is precisely why this AAPM/HUG/UAMP course was so valuable to all medical physicists — particularly Parts 1 and 2 for both the young and the experienced, while the practical Part 3 was more beneficial for the younger

physicists, as we saw in the analysis of the practical course participants. Although experienced physicists were also present.

NK: What was your experience like with the virtual lectures in Parts 1 and 2? How did the interactive features, homework and tests support your learning?

Ruslan Zelinskyi:

In recent years, due to the Covid pandemic and the full-scale war in Ukraine, we have all become accustomed to online life, including learning. And one of the problems of online learning is the difficulties associated with maintaining the attention of the students. But during this course, I did not notice any problems. And this was facilitated by several factors:

- Motivation of students - at a time when missiles are flying around, electricity is turned off, part of life is spent in bomb shelters, instead of fear, we have an even greater desire to develop, learn, be better than yesterday, thereby investing in ourselves, in the human capital of our country.
- The presence of homework and testing allowed us to immediately check ourselves, immediately repeat information that was forgotten.
- Interactive communication with lecturers demonstrated their sincere desire to be with us, to teach us, it was felt that this was not just a job for them.

NK: When you moved to Part 3 as a trainer, what challenges did you face while conducting the practical sessions, and how did you adapt?

Ruslan Zelinskyi:

We clearly understood that the practical part was necessary, as theory must be supported by practice. In our conditions, there were many risks, as direct participation in the practical part required travel, which posed certain risks due to the constant missile threat. However, the motivation I mentioned earlier prevailed, and a large number of participants came to the practical sessions. Another challenge as a trainer was the diverse backgrounds of the participants – different experiences, different knowledge, different equipment. Therefore, I tried to adapt to this and during the lectures, I involved more experienced

INTERNATIONAL COUNCIL REPORT #1, Cont.

participants in discussions, asking about their experience, thus managing not only to present the material but also to discuss the participants' experiences on the relevant topics.

Interview with Serhii Brovchuk, course participant and trainer:

NK: Serhii, you, too, have been both a participant and trainer in this course. Can you share your background and what led you to get involved in this initiative?

Serhii Brovchuk:

For me, the start of this course was a long-awaited event. One of the initial steps toward making it happen was presenting to the AAPM Global Needs Assessment Committee, where I highlighted the lack of didactic education in medical physics. I was later thrilled to contribute to the discussions, help launch the courses, and participate in both attending and delivering lectures. I would like to express my deep gratitude, on behalf of all participants — myself included — to the amazing lecturers for their dedication and openness. The lecturers' motivation to help improve our skills in Ukraine has a profound effect on the level of care we can provide to our patients.

NK: What was your experience like in Parts 1 and 2, and how did the course impact your professional development?

Serhii Brovchuk:

The course was incredibly comprehensive, and I truly enjoyed attending every lecture. Having the best experts in medical physics share their knowledge was deeply inspiring. Both as a participant and a lecturer, I had the amazing opportunity to collaborate closely with medical physicists from leading institutions where best practices in the field are well-established. Part 1 covered exactly what is missing in graduate education for medical physicists in Ukraine, delivering the material in a condensed yet highly effective manner, maintaining an intense but optimal pace. Part 2 focused on clinical topics and provided valuable insights for ensuring the correct and effective functioning of medical physics departments.

NK: As a trainer in Part 3, what was it like working with the participants in hands-on sessions, especially given the war in Ukraine?

Serhii Brovchuk:

The main lesson for me was realizing the immense need for initiatives like this, where we can share our experiences. Organizing such efforts requires strong support, and we truly appreciate everything you did to make it happen, Nataliya. The participants also put in a tremendous amount of effort to attend the course, especially those from regions where travel is unsafe.

During our training, we had to take shelter several times when air raid alarms went off. Our practical sessions were interrupted, but we adapted by switching to theoretical discussions while waiting for the situation to improve.

It was also interesting to see that, in terms of basic practical aspects, most participants found something valuable for themselves. For example, performing QA gave many a deeper understanding of the process.

NK: What stood out to you the most during the practical sessions, both as a participant and as a trainer?

Serhii Brovchuk:

Nataliya, I'd like to share a thought I had several times throughout the course. It might be a longer answer.

Yes, it is both interesting and inspiring to participate in or help organize this course, and through it, I've gained a lot of valuable experience. At the same time, all participation in this course occurred after clinical duties, but we recognize that it is just as important and must continue. However, in any situation, it's natural to ask "why?" — and why did organizations choose to support us among many other countries?

It might be understandable to think that, during wartime, the priority should be to maintain radiotherapy services at a basic level and that development and educational activities can wait. However, there's another perspective to consider, and I'd like to share some thoughts on that.

While there have been many shifts in global perspectives, it's uncertain whether we will be able to preserve our sovereignty and democracy. But let's remain hopeful. More than a million people — defenders of Ukraine — have made it possible, sacrificing or being willing to sacrifice everything they have. Every Ukrainian soldier has family and friends.

INTERNATIONAL COUNCIL REPORT #1, Cont.

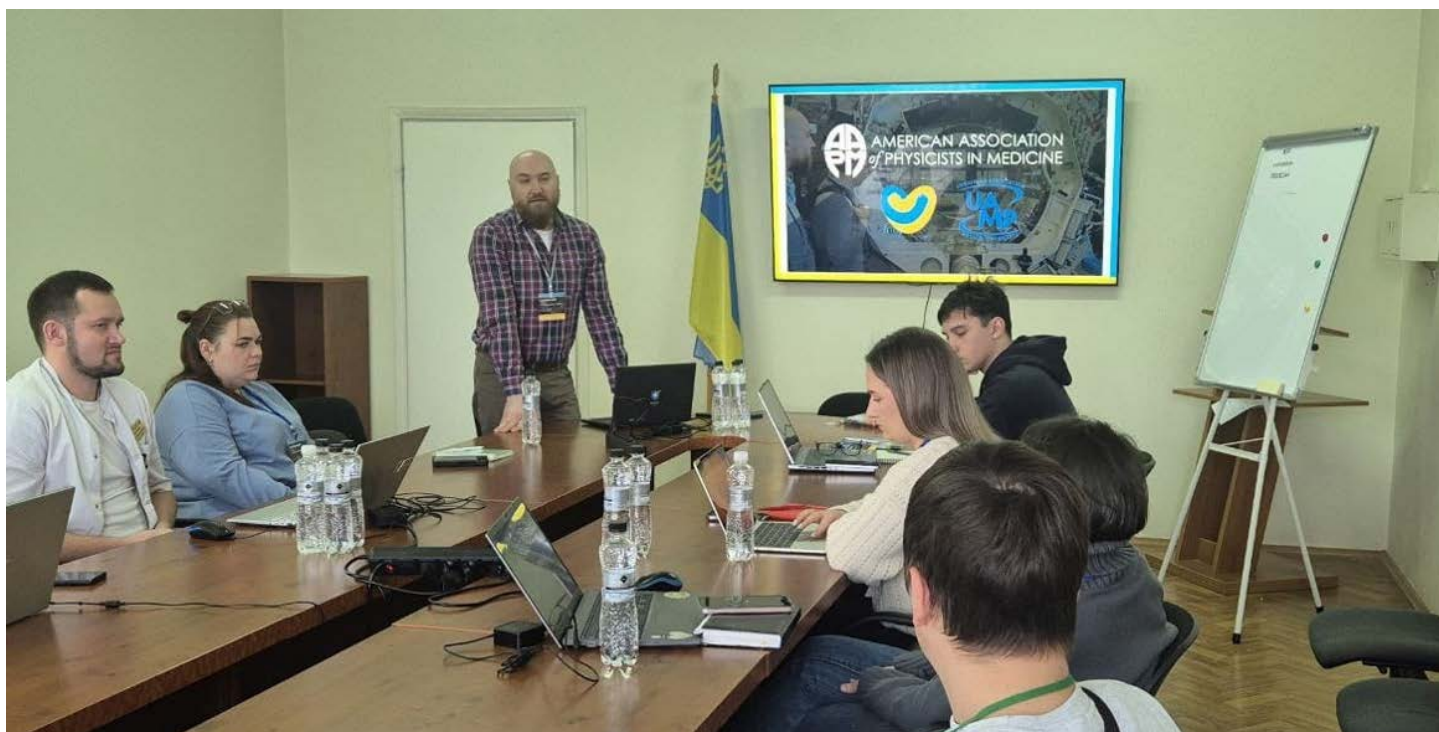
When the war is over, we will have our country — our home — because so many fought heroically for it. But if we haven't improved our field by then, is that acceptable? If the family members of our heroes, who fought for this country, need medical attention and we fail to provide it to the best of our ability, what can we say then? After all the heroism and sacrifices, we should help in every way we can to make our country strong and prosperous. To achieve that, our progress must be faster than in developed countries because we are starting from behind.

This work has been selected as a finalist for the Arthur Boyer Award for Innovation in Medical Physics Education at the 67th AAPM Annual Meeting in Washington, DC, July 27–30, 2025.

On behalf of all Ukrainian participants of the course, we extend our deepest gratitude to the AAPM International Council for their unwavering commitment in organizing and conducting this large-scale hybrid year-long

medical physics training course for Ukraine during the war. Special thanks go to course co-director, **Matt Goss**, course administrator, **Victoria Ainsworth**, and 50 amazing educators from AAPM and UAMP who delivered the virtual lectures for Parts 1 and 2, and guided participants in the practical Part 3. A special thanks to Varian and Elekta for their generous funding and support of the practical training during Part 3 in Kyiv and Lviv.

This collaborative course not only provided crucial skills but also showcased the strength and resilience of the Ukrainian medical physics community. Ruslan and Serhii's experiences, from participants to trainers, reflect the transformative impact this initiative has had. I am proud to have been part of this effort, and I look forward to continuing to support Ukrainian medical physicists as they navigate these challenging times. This course stands as a testament that, even in the midst of war, the flame of learning continues to burn. ■



Ruslan Zelinskyi starting Part 3 of the AAPM/HUG/UAMP course in Lviv, Ukraine.

INTERNATIONAL COUNCIL REPORT #1, Cont.



Serhii Brovchuk demonstrating how to setup the water tank as part of practical training for commissioning a new linear accelerator in Kyiv, Ukraine

AAPM/HUG/UAMP PART 3

PRACTICAL COURSE FOR MEDICAL PHYSICISTS

Four 3-day practical sessions in Kyiv with Elekta and Lviv with Varian linear accelerators

TRAINERS
RUSLAN ZELINSKYI
SERHII BROVCHUK

Key Discussions & Insights

- ✓ CT calibration curve
- ✓ Linac QA
- ✓ Linac commissioning
- ✓ Treatment Planning

REGISTER NOW

Dec 6-8 or Dec 13-15 2024
Akademika Shalimova St, 30, Kyiv - Friday : 11 am-6 pm, Saturday and Sunday :9 am-4 pm

Jan 3-5 or Jan 10-12 2025
Yaroslava Hasheka St, 2A, Lviv - Friday : 11 am-6 pm, Saturday and Sunday :9 am-4 pm

AAPM/HUG/UAMP Part 3 flyer



Trainers and trainees for session 3 of AAPM/HUG/UAMP Part 3 in Lviv, Ukraine



Sheltering in the basement during missile attacks

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dates!

Hyatt Regency Orlando | Orlando, FL



**MARCH 21–24
2026**

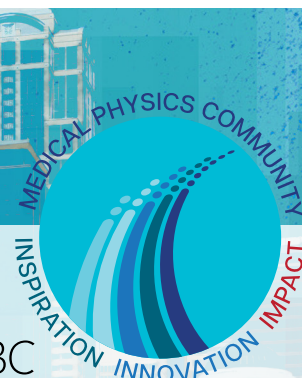
RFP Opens	Monday, June 2 , 2025
RFP Closes	Wednesday, August 27 , 2025
Abstract Submission Site Opens for Proffered Abstract Submissions	Wednesday, July 16 , 2025
Deadline for Proffered Abstract Submissions	Wednesday, August 27 , 2025
Authors Notified of Presentation Disposition	Wednesday, October 15 , 2025
Online Meeting Program Goes Live	Wednesday, November 12 , 2025

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2026 JULY 19–22
VANCOUVER, BC

JOINT AAPM | COMP MEETING



Abstract Submission Site Opens for Proffered Abstract Submissions	Tuesday, November 11 , 2025
Deadline for Proffered Abstract Submissions	Tuesday, January 27 , 2026
Authors Notified of Presentation Disposition	Thursday, April 23 , 2026
Online Meeting Program Goes Live	Wednesday, May 13 , 2026

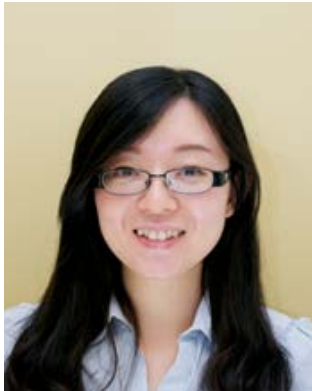
Early-Career Global Rising Stars: Showcasing International Excellence in Medical Physics Research

INTERNATIONAL COUNCIL REPORT #2

Written on behalf of Global Early Career Research Subcommittee within Global Research and Scientific Innovation Committee

The Global Early Career Research Subcommittee ([GECRSC](#)) within the Global Research and Scientific Innovation Committee ([GRSIC](#)) supports international collaboration, mentorship, and the promotion of emerging talent in medical physics. Programs like Global Rising Stars showcase research and accomplishments of future leaders to strengthen the global research community

A recent collaboration with the EFOMP Early Career Medical Physics Special Interest Group launched a joint webinar featuring three internationally recognized speakers. These interviews with Global Rising Stars, including two webinar speakers, offers insights into their work and advice for early-career researchers on mentorship, committee engagement, and global outreach. The EFOMP/AAPM webinar is available [here](#).



Grace Gang, PhD
Assistant Professor, Department of Radiology,
University of Pennsylvania

Dr. Gang received her Bachelor of Applied Science and PhD in Biomedical Engineering from the University of Toronto. Dr. Gang has developed a strong research program and has been the recipient of numerous awards, including first place in the Johns R. Cameron Young Investigator Symposium (2013), the AAPM Research Seed Grant Funding (2014), the Jack Fowler Junior Investigator Award in 2018, and

the John S. Laughlin Early-Career Scientist award(2022). Dr. Gang's current research interests include the development and performance analysis of deep learning algorithms, standardization of radiomics features using knowledge of imaging physics, and the development of spectral imaging techniques for interventional applications. She currently serves as the Principal Investigator of three R01 grants from the NIH.

How can mentorship and peer review contribute to strengthening grant proposals and increasing the likelihood of success for early-career researchers?

Writing grants is very different from writing papers. Grants have a different format, tone, emphasis, etc., which may also differ depending on the funding agency or funding opportunity. Seeing examples of successful grants and



Mark D'Souza, PhD
Sunnybrook Health
Sciences Center



Lauren Smith, PhD
Memorial Sloan
Kettering Cancer
Center



Derek Tang, PhD
ABR Board of
Massachusetts
General Hospital



Morgan Aire, MS
Louisiana State
University

The **Global Early Career Research Subcommittee** ([GECRSC](#)) supports international collaboration, mentorship, and the promotion of emerging talent in medical physics. Programs like **Global Rising Stars** showcase the research and accomplishments of future leaders to strengthen the global research community.

INTERNATIONAL COUNCIL REPORT #2, Cont.

getting feedback from experienced investigators are crucial for early-career researchers.

Do you have any advice for early-career researchers starting on writing their first grant application?

Enroll in the NIH Early Career Reviewer (ECR) Program. Serving on study sections is time-consuming but seeing how grant review works can be really helpful for preparing your own applications. You get to see what works, what does not, and different perspectives from different reviewers.

Be persistent. Prepare a solid application, but also keep in mind that there is a fair bit of randomness in the review process. It is not uncommon for a grant to go through several rounds of revision and refinement before it is funded.



Jenny Bertholet, PhD
Clinical and Research
Medical Physicist,
Inselspital and University of
Bern, Switzerland

Dr. Jenny Bertholet obtained her clinical certification in Bern in 2022 and her PhD in health science at Aarhus University Hospital, Denmark in 2017. She is active in Swiss, European and American professional

societies. She specializes in adaptive radiotherapy, novel treatment techniques and advanced treatment planning processes.

How do you make international connections for further research collaboration?

Regarding making connections, research is inherently an international affair. So the most important thing is to be open minded and curious, which are also traits of a good researcher in my opinion. For me, congresses/courses have always been good places to meet international colleagues. However, especially as a junior researcher, it is intimidating to go and introduce yourself to people so I was happy that I could count on my supervisor and

colleagues to help establish this first connection. Once you know 1-2 people, your network widens quickly and soon, you cannot go through the conference hall without saying hi to more and more people. For researchers who have less opportunities to attend international congresses and meetings, keep an eye out for visiting researchers and invited speakers who might come to your institution (internal seminars etc). They are usually eager to meet with researchers at all levels in their offices and labs to hear about their projects first-hand. Establishing collaborations is about network but also about timing on both sides, so again, being open to opportunity is everything. But if there is an interest and it is not the right time, then I would recommend keeping in touch with your international colleagues. Sometimes, collaboration ideas stay on the backburner for a while until it is the right time and then, they flourish. Patience is also important for this. Newer, smaller, meeting formats are also more appropriate to foster collaboration than big congresses. For example, creating opportunities for international collaboration with real actionable output is a goal of the ESTRO physics workshop.

How would you go about writing your first grant as an early career physicist?

I found it really daunting and difficult. But like everything else, it is a skill that one can learn. There are some courses, retreats and workshops that can help. However, ultimately, one needs to learn by doing and to learn from others who have experience in this. So it is an iterative process but certainly it is better to seek (brutal!) feedback from a colleague first than to get it from the reviewers or a granting agency. What has been most helpful for me was to get examples of funded grants from other researchers. I noticed that there were almost as many ways of writing them as there are researchers. So no magic recipe. But in these examples, one method resonated with me and I have tried to emulate the structure and language ever since. As you go along, you add your own ideas and elements. Each application is better than the last and, lately, I have had more success. That being said, there is unfortunately a large "luck" component in acquiring

INTERNATIONAL COUNCIL REPORT #2, Cont.

competitive funding. So the main thing is to not get discouraged and keep trying. It is very hard not to take this personally. I think one needs to really believe and be excited by the proposal to write convincingly about it. The downside being that it hurts all the more if it is rejected. But it can also be improved and resubmitted...and funded eventually.



**Viktor Iakovenko, PhD
Medical Physicist, UT
Southwestern, Co-founder,
Help Ukraine Group (HUG)**

Dr. Iakovenko received his BSc in physics and MSc in nuclear and particle physics from Taras Shevchenko National University of Kyiv, Ukraine, and his PhD in particle physics from Paris-Sud University, Orsay, France. He completed

a postdoctoral fellowship at Princess Margaret Cancer Centre (University Health Network, Toronto), followed by a radiation oncology physics residency at the University of Toronto. Before joining UT Southwestern Medical Center, he worked as a medical physicist at Sunnybrook Health Sciences Centre. His research interests include MR-guided adaptive radiotherapy, novel detector systems, dosimetry for emerging modalities, and stereotactic radiotherapy. In March 2022, he co-founded Help Ukraine Group to improve cancer care in war-time Ukraine.

What are specific challenges faced by the Help Ukraine group that you co-founded and how can early career AAPM members help?

Help Ukraine Group (HUG) was founded in early 2022 as an initiative to help Ukrainian cancer centers cope with challenges related to disruption in supply chains, healthcare infrastructure damage and population internal displacement and emigration on a massive scale, all caused by the invasion from a neighboring country. During

our initial meeting with three other medical physicists from USA, Canada, Ukraine and Australia, we were full of empathy and passion to provide all the help we could, but we realized pretty quickly that the situation in Ukraine was changing too quickly and dramatically. Frankly, we weren't ready from the process perspective to immediately address the challenges in a war-torn Ukraine. Our diverse group was united with one goal — help Ukrainians asap. Diversity is what made our group successful, since we were able to quickly assess each challenge from multiple angles. It was also helpful that some of us had worked together previously. We were lucky to have some bright medical physics leaders from Ukraine in HUG. The latter in my opinion was the important element towards success of the group, as those medical physicists were the critical link to the real-time actual situation in Ukraine. Within weeks of troops storming Ukraine, we were connected with Ukrainian physicians and physicists, and had arranged the first supplies to the cancer centers in the West of Ukraine.

As we learnt more about the state of oncology in Ukraine, we realized another challenge — even though HUG was able to arrange modern tools and equipment, rigorous training was needed for full implementation. Additionally, English proficiency was a barrier for some Ukrainian colleagues. HUG collaborated with ASTRO, AAPM, UICC, ACPSEM and vendors to address the training gap via observerships in USA, Canada and Australia, all with great success. Now, Ukrainian colleagues are leading the educational efforts inside Ukraine, while HUG offers additional support to further implement complex technology and procedures.

Early career AAPM members can learn from our example, specifically on: recognizing and responding to the call for leadership and intervention; on the process of how to provide support for radiation oncology professionals in resource limited settings. There are opportunities to participate in the mentorship programs, journal clubs with Ukrainian colleagues and make a direct impact on the quality of medical physics in Ukraine. ■

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See a Demonstration at AAPM

An Early-Career Physicist's Experience in Supporting Diagnostic Imaging Physics in Central America Through Mentorship in the AAPM International Council Associates Mentorship Program (ICAMP)

INTERNATIONAL COUNCIL REPORT #3

Acceptance to the ICAMP Program and Exposure to IC Initiatives

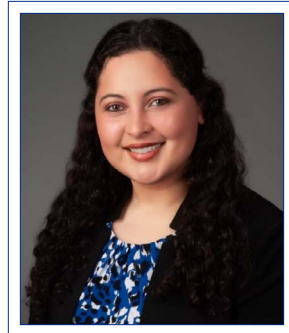
In May 2024, I (Kricia Ruano Espinoza) was selected as one of the six associates in the inaugural cohort of the AAPM International Council Associate Mentorship Program ([ICAMP](#)), chaired by **Dr. Eric Ford**. Guided by exceptional mentors and surrounded by a group of dedicated associates, ICAMP has been an eye-opening experience that has deepened my commitment to pursuing a physics career that allows me to actively engage in global health.

The International Council ([IC](#)) is the newest council of the AAPM and reports to the Board of Directors in a similar way as the Science Council, Educational Council and the other major councils of AAPM. Last year, the IC initiated the ICAMP program to support early-career medical physicists interested in global health by pairing them with mentors from IC committees. The program promotes sustained global health engagement and encourages active participation from the mentees in AAPM and IC activities. This first group of ICAMP awardees (Table 1) embarked on diverse initiatives under the guidance and support of their assigned mentors. Each project not only advanced our individual goals, but also contributed to a shared mission of fostering progress in medical physics across the globe. The collaborative nature of ICAMP provided a platform where we could share insights, support each other's efforts, and gain a deeper understanding of the global impact we can collectively have.

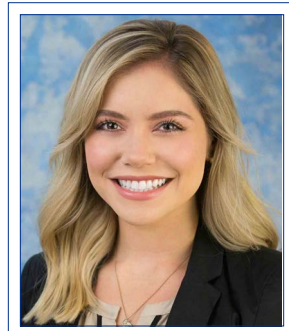
One of the most significant aspects of the ICAMP program has been the invaluable mentorship provided by leaders who actively shape the future of global medical physics. Their guidance was crucial in providing regular mentorship, project refinement, and partnership building. I was paired with **Dr. Izabella Barreto**, an experienced diagnostic imaging physicist with extensive involvement in international initiatives that I hoped to be involved with one day. Her mentorship has not only advanced my personal development but also empowered me to advance global medical physics. I was encouraged to attend meetings across all IC committees to learn about their missions and objectives, and while each committee has a distinct focus, their goals are interconnected. This structure and collaborative approach enable a streamlined collaboration and a synergistic approach to supporting the international growth of medical physics.

Supporting Medical Physics in Central America (CENAM) Through ICAMP

For my work within ICAMP I chose to focus on improving diagnostic imaging in Central America (CENAM). It is important for the diagnostic imaging physics profession to become recognized and incorporated in the imaging



Kricia Ruano Espinoza, MS
West Physics



Izabella Barreto, PhD, DABR, DABSNM
University of Florida College of Medicine

INTERNATIONAL COUNCIL ASSOCIATES MENTORSHIP PROGRAM SPOTLIGHT, Cont.

Table 1. ICAMP 2024-2025 Mentors and Mentees

Mentee	Mentor
Kricia Ruano Espinoza, MS Imaging Resident (Y2) West Physics	Izabella Barreto, PhD Clinical Associate Professor University of Florida College of Medicine
Mary Gronberg, PhD Therapy Resident (Y2) UT Southwestern Medical Center	Ana Maria Marques da Silva, DSc Full Professor University of Sao Paulo
Kai Huang, PhD Therapy Resident (Y2) University of Maryland Medical Center	Manju Sharma, PhD, DABR Associate Professor University of California- San Francisco
William FB Igoniye, PhD Chief Scientific Officer- Medical Physicist University Port Harcourt Teaching Hospital	Afua Yorke, PhD Assistant Professor University of Washington
Ikechi Ozoemelum, PhD Therapy Resident (Y2) University of Michigan	Laurence Court, PhD, FAAPM Professor UT MD Anderson Cancer Center
William Swanson, PhD Assistant Professor Emory University	Magdalena Bazalova-Carter, PhD Associate Professor University of Victoria

workflow within CENAM. Growing up in San Salvador, El Salvador, where healthcare access – and particularly diagnostic imaging – is limited, I witnessed the region's systemic challenges firsthand. While improvements have been made in recent years, medical physics remains in its infancy throughout CENAM, especially in diagnostic imaging. Because of my familiarity with the region, bilingual capabilities and diagnostic imaging experience, I chose to focus my project on supporting such development in CENAM. Prior to participating in the ICAMP program, I independently pursued similar projects with radiology-related non-profits but was ultimately unsuccessful. ICAMP equipped me with the proper mentorship and a myriad of resources needed to successfully execute this project and grow as a professional.

I was referred to the Radiation Protection Supervisor (RPS) at the Instituto Salvadoreño del Seguro Social (ISSS) in San Salvador. The ISSS is El Salvador's social security program, which includes a healthcare division comprising 11 hospitals and multiple satellite clinics. Without a dedicated diagnostic imaging physicist, many clinical responsibilities fall under the oversight of the equivalent

to a Radiation Safety Officer. This additional workload places a significant strain on professionals who may not be trained in diagnostic imaging physics. Currently, the University of Costa Rica is the only institution within CENAM that offers a master's degree in medical physics. There is also no residency program in all CENAM. This challenge is not unique to El Salvador and reflects broader limitations in regions where medical physics is still in development. Recognizing these gaps reinforced my determination to contribute and remain involved.

Supporting Quality Control through Equipment Donation and Training

Under the guidance of my mentor, Dr. Izabella Barreto, and **Stephanie Parker**, the Chair of the Global Needs Assessment Committee ([GNAC](#)) within the IC, I became an active member of the GNAC and its subcommittee, the Equipment Donation Program ([EDPSC](#)). I learned about the current committee projects and proceedings, and importantly, the procedures for accepting and donating quality control (QC) equipment through the AAPM/IOMP Equipment Donation Program (overseen by the EDPSC). The equipment donation program accepts QC equipment

INTERNATIONAL COUNCIL ASSOCIATES MENTORSHIP PROGRAM SPOTLIGHT, Cont.

donations and redistributes them to requesting institutions. I learned the EDPSC's procedures for surveying facility equipment needs and addressing equipment requests on a priority basis.

Through the AAPM/IOMP Equipment Donation Program, I secured a CATPHAN 503 CT phantom for the ISSS. In July 2024, I arranged a visit to the ISSS Oncology Hospital, where I collaborated with the RPS and clinical staff to perform QC tests and an image quality assessment of their CT simulation scanner (Figure 1). The phantom will be housed at the ISSS Oncology Hospital but will be shared by multiple clinics in San Salvador. This introduction of this phantom initiated the CT QC program at the ISSS, with an annual scanner evaluation now integrated into clinical operations.

While this was a significant step forward, the facility still requires additional resources, including radiation measurement devices, a CT dose index phantom, and a myriad of QC testing tools for other imaging modalities. Acquiring these resources remains challenging due to the limited availability of donated equipment. There is also still a need for accessible technical education material and clinical physics training, but this development will require gradual progress and collaborative work within the Americas.

Another difficulty I learned about is the complications in shipping equipment due to availability of global transport operators. Fortunately, I was able to secure another CATPHAN 503 CT phantom for the University of Ghana-Accra (Figure 2). The phantom was shipped in coordination with a colleague traveling to Accra, emphasizing the value of cultivating a supportive network of peers and volunteers.

Inspiring Others to Engage in International Collaborations

Raising awareness of global health initiatives and resources available within the AAPM is essential to fostering greater engagement in global medical physics efforts. Since becoming an ICAMP mentee, I have had the opportunity to showcase some of these resources and initiatives, and advocate for involvement in global health initiatives:

- At the 2024 RAD-AID Conference in Washington, DC, I presented on the status of imaging physics in CENAM and my efforts to support the growth of diagnostic

imaging physics in El Salvador (Figure 3)

- At the 2024 National Society of Black Physicists-National Society of Hispanic Physicists Joint Conference in Houston, TX, I presented on the unique role of medical physicists in championing global health (Figure 4)
- At the 2024, XXIV International Symposium on Solid-State Dosimetry and 6th Symposium on Clinical Medical Physics hosted in Mexico City, I presented on the status of diagnostic imaging medical physics in the United States, career pathways for board-certification, and AAPM resources that support early career physicists and international medical physics activities.

The third presentation was delivered virtually, showcasing how knowledge-sharing and international collaborations can be facilitated with minimal resources through video conferencing.

I encourage AAPM 2025 attendees to further learn about the mentorship programs offered through AAPM in an upcoming session titled: "[Three programs and one mission: Mentorship and fostering growth within and beyond the AAPM](#)" on Tuesday, July 29, from 2:35 pm – 3:00 pm in Room 201 (Walter E. Washington Convention Center).

My Next Steps in Medical Physics Global Health

Currently, I am focusing my efforts on creating accessible virtual training resources in partnership with the IC Virtual Training Resource Working Group. The committee seeks to form an accessible library of clinical training videos with incorporated AI-driven multilingual translation to enhance accessibility and global reach, especially since in-person training is costly and infrequent. I've already drafted a scripted clinical training video on CT dosimetry, which I hope to launch soon.

Medical physicists play a critical role in advancing global health. Reflecting on the past year, this formative experience enabled me to contribute meaningfully to projects that I've long been passionate about. I've further solidified my desire to build a career in this landscape and am excited to continue participating in AAPM's global health initiatives. Initiatives such as the ICAMP program pave a road for early-career physicists to partake in the global advancement of the medical physics practice. The ICAMP program has equipped me with the tools needed

INTERNATIONAL COUNCIL REPORT #3, Cont.

to further my efforts: 1) understanding the assessment of facility-specific needs, 2) facilitating the donation of QC equipment, 3) fostering a network of professionals committed to advancing the field, 4) advocacy, education and collaboration of current global health initiatives, resources, and projects in academic spaces, and 5) enabling sustainable practices for clinical training. I strongly encourage others to explore opportunities offered within the AAPM and the IC. Together, we can shape and facilitate the future of medical physics on a global scale. ■



Figure 2: University of Ghana- Accra Phantom Acceptance (1. Rebecca Naadei Kotei, 2. Mercy Torshie Schandorf, 3. John Boham Noonoo)



Figure 3: Presentation at 2024 RAD-AID Conference



Figure 1: ISSS Oncology Hospital Visit (1. William Paz, 2. Angelica Reyes, 3. Kricia Ruano Espinoza)

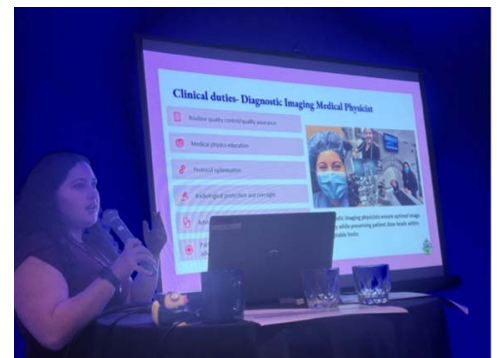


Figure 4: Presentation at 2024 NSBP-NSHP Conference



AAPM needs YOU!

Volunteers are essential to furthering the AAPM mission of advancing medicine through excellence in the science, education, and professional practice of medical physics. Become a part of this dynamic community via the [AAPM Committee Classifieds](#). Exciting new opportunities are posted regularly; bookmark or check back often to explore the latest possibilities to get involved!

Updates from the Online Learning Services Subcommittee

ONLINE LEARNING SERVICES SUBCOMMITTEE REPORT

Beginning with this issue, the AAPM Newsletter will feature a standing section highlighting newly published continuing education (CE) modules available in the [Online Learning Center](#), as well as recent additions to the [Virtual Library](#). New CE modules are made available following creation and review by the [Online Learning Services Subcommittee \(RDCE\)](#), and Virtual Library content typically becomes accessible approximately one year after its live presentation. We hope this new section helps readers stay better informed about the latest educational resources from AAPM.

I would also like to provide readers with a brief update on recent RDCE activities. A primary responsibility of RDCE is developing educational modules that Online Continuing Education Program subscribers can complete for CE credits. Throughout the year, RDCE continually creates new modules based on material from the Virtual Library and AAPM journals, emphasizing the most current and broadly educational content. RDCE aims to produce at least 60 new modules annually.

In partnership with the [Working Group on Journal-Sourced Educational Content \(WGJSEC\)](#), RDCE has increased its emphasis on modules based on Medical Physics Practice Guidelines (MPPGs) and Task Group Reports. These modules have so far proven exceptionally popular due to their practical applicability and professional relevance, comprising many of our most frequently accessed educational offerings. Currently, CE modules are available for 15 MPPG publications and more than 40 Task Group Reports, all accessible alongside other journal-based activities on our [Journal-Based Quizzes webpage](#).

RDCE has also launched an initiative to review and retire outdated CE quizzes, ensuring content in the Online Learning Center remains aligned with current medical physics practices and RDCE standards. Volunteers evaluate quizzes based on the relevance of their source material and their adherence to current subcommittee guidelines. More than 70 quizzes have been reviewed to date, and the subcommittee aims to evaluate an additional 50 quizzes in 2025, maintaining this review process as a routine operational task.

Subscriber feedback remains essential to the continuous improvement of the Online Learning Center. Users encountering technical or content-related issues within a CE module have multiple avenues to report these concerns. Each submission is automatically uploaded to our subcommittee web portal and emailed to RDCE leadership for review and action by volunteer subject matter experts. Although we strive to personally respond to user feedback, this is not always possible. Nonetheless, subscribers can be assured their input is carefully considered and directly contributes to enhancing our CE modules.

Lastly, by the end of this month, the remaining Self-Assessment CME (SA-CME) quizzes will reach their sunset date and be removed from the Online Learning



Eric Lobb, MS
Ascension Wisconsin

ONLINE LEARNING SERVICES SUBCOMMITTEE REPORT, Cont.

Center. Members will continue to have access to [hundreds of enduring MPCEC modules](#), with new modules published regularly, offering ample opportunities to fulfill continuing education requirements and support professional development.

Finally, I would like to extend gratitude to the thousands of AAPM members who utilize the Online Learning Center each year, as well as the dedicated AAPM staff and

volunteers within RDCE and WGJSEC, whose diligent efforts ensure the ongoing success of these programs. The Online Learning Services Subcommittee welcomes content suggestions and user feedback, and we can be reached at olc@aapm.org. We value hearing from our users about what is working well and where improvements can be focused. ■

NEWLY ADDED MPCEC QUIZZES IN THE AAPM ONLINE LEARNING CENTER

Radiotherapy: External Beam | [The Evolution and Challenges of Total Body Irradiation \(TBI\)](#)

Diagnostic Radiology: Magnetic Resonance | [AAPM Task Group Report 325: MRI static magnetic field homogeneity measurement and evaluation procedures](#)

Diagnostic Radiology: Quality Management | [AAPM medical physics practice guideline 6.a.: Performance characteristics of radiation dose index monitoring systems](#)

Diagnostic Radiology: Mammography | [Scanning K-edge subtraction \(SKES\) imaging with laser-compton x-ray sources](#)

Radiotherapy: Brachytherapy | [Commissioning of the Varian universal interstitial cylinder system for HDR brachytherapy of gynecological cancer](#)

Radiotherapy: Brachytherapy | [Individual curved-needle interstitial template created using three-dimensional printing for brachytherapy for distal parauterine tumor recurrence](#)

Radiotherapy: Nuclear Medicine | [Enhancing safety: Multi-institutional FMEA and FTA on Lu-177 based radio-pharmaceutical therapy](#)

Diagnostic Radiology: Magnetic Resonance | [Clinical Advanced Brain Tumor and Presurgical Functional MRI](#)

Diagnostic Radiology: Mammography | [AAPM Medical Physics Practice Guideline MPPG 17.a: Quality management for mammography review workstation displays](#)

Diagnostic Radiology: Mammography | [Longitudinal in silico imaging study comparing digital mammography and digital breast tomosynthesis systems](#)



Explore the newly released 2025 edition of the *Medical Physics International History Series*, now accessible online: This edition features the official handbook for the 2025 AAPM History Symposium.

[DOWNLOAD HERE](#)

ONLINE LEARNING SERVICES SUBCOMMITTEE REPORT, Cont.

AAPM MEETING CONTENT NOW AVAILABLE IN THE VIRTUAL LIBRARY

[AAPM Spring Clinical Meeting - 2024](#)

[AAPM Updates in Proton Radiation Therapy - 2024](#)

[AAPM Annual Meeting - Houston, TX - 2023](#)

QUESTIONS OR CONCERNS?

Contact Us: Online Learning Services Subcommittee

INTERESTED IN SUBSCRIBING TO THE ONLINE CONTINUING EDUCATION PROGRAM?

Purchase a Calendar-Year Subscription: [Online Continuing Education Program Subscription Payments](#)



The advertisement features a white Radcal T3 X-ray QA meter with a large color touchscreen. The screen displays various measurement data: 'Session: AG35 Ave IV', '63.3 kV', '2.48 mm', '387.9 ms', '2.26 mm-HAL', '24 pulses', and '3482 m'. It also shows a 'Wi-Fi Diagnostic' icon and a 'READY' status. A black cable connects the meter to a small blue Wi-Fi dongle. Below the meter are several accessories: a black circular probe, a black pen-like probe, a black cylindrical probe, a white cylindrical probe, and a black rectangular probe. The background is a blurred image of a human skeleton. The text 'INTRODUCING T3 X-ray QA Meter' is prominently displayed in blue and yellow. Below it, 'With New Smart PROFILE Technology' is written in blue. Further down, 'Compatible with NEW AG3 QA Software' is shown in blue and yellow. At the bottom right, a yellow arrow points to the text 'Visit us at AAPM, Booth #5041 7/27-7/30, Washington, DC'. At the bottom left, the Iba Radcal logo is visible. At the bottom center, the text 'For further details: Contact us at +1 (626) 357-7921 • Radcal.Sales@iba-group.com or www.radcal.com' is provided.

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Congratulations

**to the Recipients of the Following
AAPM Awards, Achievements,
and Honors in 2025!**

All recipients of awards, achievements, and honors will be recognized at the 2025 AAPM Annual Meeting & Exhibition in Washington, DC, during the Awards and Honors Ceremony, taking place on Monday, July 28, at 6:30 PM at the **Walter E. Washington Convention Center (reception immediately following)**

WILLIAM D. COOLIDGE GOLD MEDAL

Geoffrey S. Ibbott, PhD

EDITH H. QUIMBY LIFETIME ACHIEVEMENT AWARD

Ge Wang, PhD

Kalpana M. Kanal, PhD

MARVIN M.D. WILLIAMS PROFESSIONAL ACHIEVEMENT AWARD

David E. Hintenlang, PhD

HONORARY MEMBERSHIP

Colin J. Martin, PhD

JOHN S. LAUGHLIN EARLY-CAREER SCIENTIST AWARD

Ehsan Abadi, PhD

FELLOWS

Trevor Andrews, PhD

Arijit Baghwala, MS

Magdalena

Bazalova-Carter, PhD

Bryan Bednarz, PhD

Matt Bernstein, PhD

Nicholas Bevins, PhD

Stephen Bowen, PhD

Shifeng Chen, PhD

Sean Dresser, MS

Joseph Dugas, PhD

Andrew Godley, PhD

Robert Hobbs, PhD

Leonard Kim, MS

Nataliya Kovalchuk, PhD

Robert Krauss, DMP

Jon Kruse, PhD

Zacariah Labby, PhD

Hua Li, PhD

Yixiang Liao, PhD

Seng Lim, PhD

Raj Mitra, PhD

Bryan Muir, PhD

Tina Pike, PhD

Michael Price, PhD

Adam Riegel, PhD

John Rong, PhD

Joao Seco, PhD

Amish Shah, PhD

Sara St. James, PhD

Jennifer Stickel, PhD

Alexei Trofimov, PhD

Poonam Yadav, PhD

Jinzhong Yang, PhD

JACMP BEST PAPER AWARDS

Edwin C. McCullough Award of Excellence for an Outstanding Medical Imaging Physics Article:

Bente Konst, Linus Ohlsson, Lilian Henriksson, Mårten Sandstedt, Anders Persson and Tino Ebbers

Optimization of photon counting CT for cardiac imaging in patients with left ventricular assist devices: An in-depth assessment of metal artifacts. J Appl Clin Med Phys. 2024; 25:e14386.

<https://doi.org/10.1002/acm2.14386>

George Starkschall Award of Excellence for an Outstanding Radiation Oncology Physics Article:

Fre'Etta Mae Dayo Brooks, Mallory Carson Glenn, Victor Hernandez, Jordi Saez, Hunter Mehrens, Julianne Marie Pollard-Larkin, Rebecca Maureen Howell, Christine Burns Peterson, Christopher Lee Nelson, Catharine Helen Clark and Stephen Frasier Kry

A radiotherapy community data-driven approach to determine which complexity metrics best predict the impact of atypical TPS beam modeling on clinical dose calculation accuracy. J Appl Clin Med Phys. 2024; 25:e14318.

<https://doi.org/10.1002/acm2.14318>

Michael D. Mills Editor in Chief Award of Excellence for an Outstanding General Medical Physics Article:

Jessica M. Fagerstrom, Grace Eliason, Hania Al-Hallaq, Brian A. Taylor, Muhammad Ramish Ashraf and Natalie Viscariello

Improving access in medical physics residency programs for physicists with disabilities. J Appl Clin Med Phys. 2024; 25:e14518.

<https://doi.org/10.1002/acm2.14518>

Peter R. Almond Award of Excellence for an Outstanding Radiation Measurements Article:

Pingfang Tsai, Yunjie Yang, Mengjou Wu, Chin-Cheng Chen, Francis Yu, Charles B. Simone II, Jehée Isabelle Choi, Wolfgang A. Tomé and Haibo Lin

A comprehensive pre-clinical treatment quality assurance program using unique spot patterns for proton pencil beam scanning FLASH radiotherapy. J Appl Clin Med Phys. 2024; 25:e14400.

<https://doi.org/10.1002/acm2.14400>

MEDICAL PHYSICS BEST PAPER AWARDS

Farrington Daniels Award (awarded for an outstanding paper on Therapy Medical Physics, including dosimetry, planning, or delivery):

Mads L. Jensen, Brian Julsgaard, Rosana M. Turtos, Peter S. Skyt, Morten B. Jensen, Ludvig P. Muren and Peter Balling

High-resolution three-dimensional dosimetry in clinically relevant volumes utilizing optically stimulated luminescence. Med Phys. 2024; 51: 2200–2209. <https://doi.org/10.1002/mp.16796>

Moses & Sylvia Greenfield Award (awarded for an outstanding paper on imaging):

Scott S. Hsieh and Katsuyuki Taguchi

Spectral information content of Compton scattering events in silicon photon counting detectors. Med Phys. 2024; 51: 2386–2397.

<https://doi.org/10.1002/mp.16990>

OLA Scoring: Frequently Asked Questions

ABR UPDATE

In a recent article in the ABR newsletter "[The Beam](#)", Dr. Brooke Houck, ABR Associate Director of Assessments Research and Strategy, described how OLA scoring provides an accurate representation of diplomates' knowledge. The article outlines the OLA scoring process and explains how a diplomate's score changes depending on the questions asked and their ratings. As a reminder, the OLA question scoring formula is:

$$performance = \left(\frac{p}{\bar{A}} \right) - 1$$

where,

performance means an individual's current score relative to the criterion-referenced passing standard,

p = the percent correct out of the last 200 scorable questions for that individual, and

$\bar{A}$ = the average rating of the individual's last 200 scorable questions.

Example:

$$performance = \left(\frac{0.70}{0.50} \right) - 1$$

$$performance = .40$$

On March 11, 2025, **Drs. Babcock, Kanal** and **Ibbott** presented an ABR webinar to AAPM members. This presentation went into significant detail on the OLA scoring process. There were 210 attendees for the webinar and a total of 63 questions were asked during the Q&A session. The [recording](#) of this webinar and a compilation of the [questions asked and ABR responses](#) are posted on the AAPM website. Below is a subset of the questions asked during the webinar. This may help diplomates understand the OLA scoring process better.

1. *Questions are going to be much harder for people who do not practice in certain areas. How does the ABR account for varying levels of question difficulty?*

It is very important to have OLA question raters from a variety of medical physics practices and job roles. The more diverse the pool of raters, the more representation of all types of practices we have in setting the OLA passing standard. We have this diversity in raters and encourage increased diversity in thought by having more diplomates sign up to be [OLA question raters](#).

2. *Is the denominator 'A' a weighted average to account for the raters' years of certified participation in the system?*

The mean question rating is not weighted based on any rater demographic characteristics. Every rater has an equal voice in the process by design.

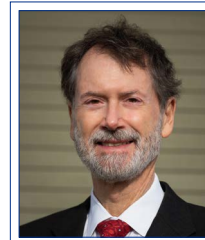
3. *Do you feel that the binary choice for question raters biases the denominator high?*



Kalpana Kanal, PhD
ABR Trustee
University of Washington



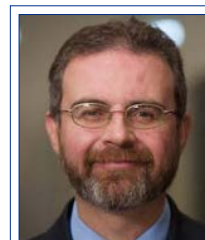
Ben Babcock, PhD
ABR Associate
Director of Psychometrics



Geoffrey Ibbott, PhD
ABR Associate
Executive Director
for Medical Physics



Jennifer Stickel, PhD
ABR Board of Trustees
Colorado Associates
in Medical Physics



Matthew Podgorsak, PhD
Chair, ABR Board of
Trustees
Roswell Park
Cancer Institute

Each participant's OLA score is re-calculated weekly. Changes in the score can occur for a number of reasons — not all of them are obvious.

ABR UPDATE, Cont.

Psychometric literature has demonstrated that every method of rating questions has its advantages and disadvantages. The ABR has picked a dichotomous rating system for a variety of reasons. Among those is that boiling the task down to a yes/no choice is cognitively simpler than the more complicated task of estimating a proportion or percentage from a population. Also, systems where raters estimate a percentage or proportion consistently show a strong inward conditional bias toward the mean (see [Wyse & Babcock, 2019](#)). Dichotomous ratings tend to show much less of this conditional bias.

4. *If you perform below average, you fail OLA?*

No, performing below average does not mean you fail OLA. The ABR uses [criterion-referenced standards](#), meaning each question is evaluated based on whether the participant meets a set standard, not relative to others' performance. Therefore, it is possible to pass OLA even if your performance is below the average of other participants.

5. *If my OLA current cumulative score does not change for a while, does that mean I am scoring similar to my peers?*

Your OLA current cumulative score level or change in your score level is not relative to other people in OLA. The ABR uses criterion-referenced standards, not a norm-referenced standards.

6. *If my OLA current cumulative score does not change for a while, does that mean my questions have not been calibrated yet?*

There are a variety of reasons why a score may not change over a long period of time. It could be because many of your questions are not yet calibrated. It could also mean that your performance over that time has been consistent compared with your own past performance.

7. *As question scores are calibrated by additional question raters, are individual scores also adjusted?*

Currently we recalculate every question's average rating every scoring period (i.e., each week). This means that as new ratings are given your OLA current cumulative score could change.

8. *How soon after you have answered a question is your OLA current cumulative score updated?*

Your OLA current cumulative score is updated weekly.

9. *Is it better to take the Continuing Certification Exam or engage in OLA?*

Presenting these as either/or options or pathways is not the best way to think about fulfilling your Part 3 requirement.

Consider the following approach:

- Answer OLA questions. Consider answering more than the minimum per year so you will have an idea of your OLA current cumulative score before year four of your five-year cycle for Part 3.
- If your OLA current cumulative score is below the standard during years four and five of your cycle, consider signing up for every opportunity to take the Continuing Certification Exam.
- Continue answering OLA questions if you are waiting for a Continuing Certification Exam opportunity. It may still be possible to pass OLA during the final year of your five-year cycle. If you do pass this way, you can cancel your Continuing Certification Exam appointment.

The ABR is not making public exact passing statistics for the Continuing Certification exams due to their small sample size and a population of test takers that is quite different from Initial Certification exams. The performance statistics that the ABR has examined, however, indicate a higher success rate for fulfilling the Part 3 requirement via OLA compared with the Continuing Certification exams. This makes forgoing OLA completely and relying solely on the Continuing Certification Exam a risky proposition.

10. *Do I pass OLA if at any single time in the past five years my OLA current cumulative score is above zero?*

No, your OLA current cumulative score must be equal to or greater than zero sometime during the fifth year of your Part 3 cycle. The fifth year is the OLA evaluation year.

11. *Do I have to maintain a score above zero all the time in order to pass?*

No, your OLA current cumulative score must be equal to or greater than zero at least one time during the fifth year of your Part 3 cycle to meet the Part 3 requirement.

Please note that more information can be found at <https://www.theabr.org/online-longitudinal-assessment-ola>, as well as from articles published in The ABR Beam newsletter, and other posts on www.theabr.org. ■

ASTRO Publishes New Guidance for Radiopharmaceutical Therapy

ASTRO QUALITY IMPROVEMENT

Quality and Safety Considerations for Radiopharmaceutical Therapy (RPT)

in Radiation Oncology is the latest topic in a series of safety white papers developed by the American Society for Radiation Oncology (ASTRO).¹ Published in *Practical Radiation Oncology* and officially endorsed by the American Association of Physicists in Medicine (AAPM), this guidance addresses the growing availability of radiopharmaceutical agents and establishes 11 key recommendations covering infrastructure requirements, personnel training protocols and quality management systems. The document specifically addresses safety processes and workflow considerations for both alpha- and beta-emitting radionuclides used in therapeutic applications, providing a comprehensive framework for program development and implementation.

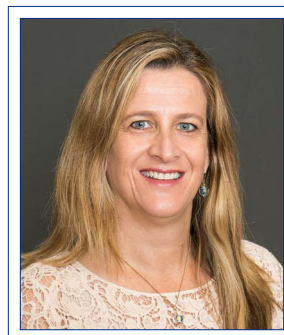
The development of the evidence-based recommendations involved a well-qualified multidisciplinary task force comprising nine leading experts in radiation oncology and nuclear medicine. The task force included five therapeutic medical physicists, three radiation oncologists, one physicist radiation safety officer, and one nuclear medicine physician, ensuring representation of all disciplines involved in RPT planning and delivery.

The timing of this guidance reflects the significant expansion in RPT options that has broadened patient treatment possibilities. As new radiopharmaceutical agents continue to receive regulatory approval and enter clinical use, the need for standardized safety protocols is critical to supporting consistent, high-quality patient care across all practices offering these advanced therapies. Below is a high-level summary of the new publication.

Program Prerequisites and Infrastructure

Before launching an RPT program, practices must conduct thorough assessments of their patient volumes to ensure sufficient cases for maintaining clinical expertise and program sustainability. The guidance emphasizes that radiation oncology practices are well suited for RPT because of their existing expertise in radiation safety protocols, treatment delivery systems and comprehensive patient care models. However, adequate case volumes remain essential for developing and maintaining the specialized skills required for optimal patient outcomes.

The infrastructure requirements for RPT programs extend beyond the needs of traditional radiation therapy facilities. Establishing an RPT program requires specific infrastructure for receiving, storing, preparing and administering the agent. Authorized users (AUs) need to work closely with qualified medical physicists (QMPs) and radiation safety officers to define the physical space for RPT delivery with appropriate shielding, equipment, waste management,



Samantha Dawes
Director of Quality Improvement, ASTRO

- ASTRO's RPT Safety White Paper was published in *Practical Radiation Oncology* and endorsed by AAPM.
- The ASTRO 2025 Annual Meeting will include an [RPT Workshop](#) on Saturday, September 27, and will offer continuing education credits.
- ASTRO's APEX - Accreditation Program for Excellence now has a dedicated [RPT designation](#) for practices to seek as a stand-alone accreditation or integrate into the comprehensive APEX program.

ASTRO QUALITY IMPROVEMENT, Cont.

dedicated patient restrooms, and patient release criteria for the specific RPT agent that will be administered. Radioactive materials are regulated by the Nuclear Regulatory Commission and Agreement States and therefore practices must comply with all applicable regulations and standards, including any local regulations. The paper includes detailed information about the requirements for the equipment and physical space needed to establish an RPT program.

Personnel Qualifications and Responsibilities

RPT cases benefit from a multidisciplinary approach led by a physician and/or AU with support from additional personnel trained in RPT. Personnel must be certified (or eligible for certification) in their specialty by a national certifying board, and licensed and credentialed as appropriate. Specific training and certification for each discipline are included in the document. For a QMP, requirements include:

- Per AAPM Position Statement 7,² board certified or eligible as applicable in a subfield of medical physics (Nuclear Medicine, Therapeutic, Diagnostic).³
- Appropriate training in RPTs consistent with AAPM's Report 249, and procedure-specific training in the RPTs being performed at their practices.⁴
- Licensed in a specialty area that includes RPT physics within its scope of practice in states where licensure is required. Links to state radiation protection programs, as well as links to state regulations and licensure requirements, can be found on ASTRO's [State Regulatory Library](#).

The safety white paper includes tabled team member roles and responsibilities. The following is an excerpt of the key functions for a QMP:

- Quality assurance (QA) and quality control
 - QA of imaging systems used for qualitative or quantitative dosimetry.
 - Radionuclide calibrator and survey meter calibration, QA, maintenance and testing.
 - Assay preparation and QA checks.
- Dosimetry and treatment
 - Perform patient-specific dosimetry, when applicable.
 - Determination of administered activity.
- Exposure/contamination control and waste management
 - Collaborate with other RPT team members in controlling and minimizing exposure and contamination risks.
 - Assist the AU and radiation safety officer in developing, maintaining, and writing operating and emergency procedures for therapy administrations requiring a written directive.
- Patient release and counseling
 - Confirm that patient release criteria are met.
 - Counsel patients on radiation safety precautions.
- Program management
 - Assist the AU in providing procedure-specific training to the treatment team.
 - Protocol development and maintenance for quantitative imaging.

Quality Management

The white paper recommends a comprehensive quality management program to ensure RPT is performed in a safe and effective manner, and in compliance with the applicable regulations, standards and recommendations. This includes the development and management of standardized operating procedures for radioactive material handling and management, including waste handling and patient release criteria to minimize exposure and contamination risks. Documentation must remain up to date, so there should be a periodic review of policies, procedures and forms, at least annually, or when a change is required. The RPT safety white paper describes in detail considerations for safe patient handling pre- and post-treatment and maintenance of the program to promote high quality and safe care.

To promote quality improvement, RPT programs are encouraged to establish interdisciplinary peer review processes, incorporate RPT cases into multidisciplinary review meetings, and participate in external audits of the practice's overall QA processes. ASTRO's APEX - Accreditation Program for Excellence now has a dedicated [RPT designation](#) to recognize practices for their expertise. The APEX RPT evaluation reviews regulatory licensing, processes, standardized documentation, appropriate personnel, safe storage and handling

ASTRO QUALITY IMPROVEMENT, Cont.

of radiopharmaceutical agents, appropriate patient areas and more. Practices can choose to integrate this technique-specific designation as a stand-alone accreditation for \$5,000 or integrate it into the comprehensive APEx program for \$1,000.

Safety Reporting and Continuous Improvement

The safety white paper recommends that practices use event reporting mechanisms to record variances in the RPT treatment process. RO-ILS: Radiation Oncology Incident Learning System® is one tool that practices can use to collect errors, near misses and safety events about RPT and other radiation oncology treatment techniques. Sponsored by ASTRO and AAPM with support from additional associations and corporate supporters, RO-ILS users can track and analyze their events in a ready-to-use online platform and contribute to a national database for broader learning. As a follow-up to the [RO-ILS Specialized Technique Themed Report](#), RO-ILS recently released a [Themed Report on Radiopharmaceuticals](#) in radiation oncology. This new report presents aggregate trends, three deidentified case studies related to RPT, and mitigation strategies. The data is based on approximately 100 events, represents input from 36 facilities and offers valuable insights, including potential safety error pathways and key analyses to support continued quality and safety improvements in RPT.

Educational Resources and Future Development

The safety white paper is the latest [resource](#) added to ASTRO's growing collection of RPT work. For example, multiple RPT [educational courses](#) are available in ASTRO Academy, including the nine-part Beyond the Beam series. Medical physicists can also add the [RPT Workshop](#) to their 2025 ASTRO Annual Meeting registration, which will hopefully include 4.5 credits approved by the Commission on Accreditation of Medical Physics Education Program (CAMPEP). Additionally, from February 17–18, 2026, ASTRO will host a Multidisciplinary Radiopharmaceutical Therapy Symposium in Palm Desert, California. More information will be released soon.

Since 2023, ASTRO has convened RPT industry leaders and ASTRO members at [RPT Roundtable](#) meetings to discuss topics such as status of the workforce and associated training needs, practice readiness and personalized

dosimetry. ASTRO also has an RPT standing committee comprised of radiation oncologists, medical physicists and other experts to help spearhead related projects.

This comprehensive safety white paper serves as an essential resource for radiation oncology practices considering RPT program development or seeking to optimize an existing program. It provides detailed, practical guidance for assessing program viability, developing necessary infrastructure, and maintaining consistently high-quality and safe RPT delivery. ■

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Fluoroscopy Safety: Reporting Activities That Can/May Have an Impact on the Practicing Medical Physicists

RADIATION RISK COMMUNICATION

There are two activities of note currently occurring outside AAPM regarding fluoroscopy safety. The purpose of this article is to provide the AAPM membership with information regarding two specific activities and discuss the potential impact for medical physicists. The first is the "Radiation Summit," hosted by the Society for Cardiovascular Angiography and Interventions (SCAI), with invitations extended to **A. Kyle Jones** and **M. Mahesh** to participate. The second is the "Blue Ribbon Panel on Fluoroscopy Safety," convened by the American College of Radiology and co-chaired by **Drs. Alan Matsumoto, Kevin Dickey, and M. Mahesh**.

The Society of Coronary Angiography and Intervention (SCAI) hosted the "Radiation Summit" on radiation protection in the catheterization lab in advance of their 2025 Annual Meeting in Washington, DC. Invited panelists included several interventional cardiologists, an interventional radiologist, a vascular surgeon, a diagnostic radiologist, a cardiology fellow, a radiologic technologist, a nurse, a physician's assistant, an administrator, a health physicist, and a medical physicist. The key points discussed at the summit are summarized here.

Physicians and staff involved in fluoroscopically guided procedures are exposed to several health risks as they perform their duties. Radiological risks, including cancer and cataracts, are reduced by the proper use of radiation personal protective equipment (RPPE) such as lead aprons. The weight and bulk of RPPE induces musculoskeletal (MSK) injuries in a large fraction of workers over time. As a means of reducing MSK injuries, there is an increasing demand to replace RPPE with other radioprotective devices (RPD) such as barrier systems. However, other RPD can limit procedural options and physician-patient interaction. The safety goal is to minimize all worker risks without decreasing patient benefits. Meeting this goal involves both ethical considerations and worker understanding of accompanying risks.

Anecdotal reports of cancers occurring in interventional physicians can be found in recent literature (see, for example, Ref 1). Although the primary reports seldom claim statistical significance, these cases have swelled in secondary and tertiary forums and have been taken as absolute truth.

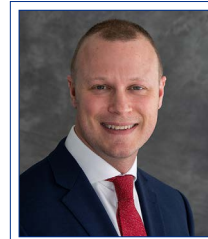
Physicians and staff should perceive medical and health physicists as essential resources for protecting their own health and safety. This requires the responsible individual physicist to have enough firsthand knowledge of what the physician actually does in the lab to offer constructive advice. Tangential to this topic, AAPM TG 389 on Invasive Cardiovascular X-ray Imaging is well under way and targets exactly this base of knowledge. It will provide a wealth of clinically focused information on Interventional Cardiac imaging procedures as well as ways medical physicists can work within this space.



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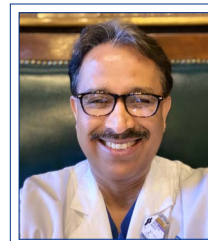
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University

RADIATION RISK COMMUNICATION, Cont.

Report 389 will provide a comprehensive update to the clinical portion of Report 70.

Attendance at the SCAI hosted "Radiation Summit" was primarily by invitation, and the meeting was not widely advertised. It is currently a priority of SCAI to reduce the incidence of orthopedic injury among cardiologists while maintaining or reducing occupational doses. Several cardiologists offered personal accounts of debilitating spinal nerve impingement, and clips from the [Scattered Denial documentary](#) implying a link between brain tumors and occupational radiation exposure were played. The expert panel offered a wide array of viewpoints, discussing the need to consider the current state of technology in the definition of ALARA, procedures where it is difficult to use barrier systems, and challenges presented by inconsistent state regulatory environment. The summit included a dedicated Q & A session but did not offer audience members the opportunity to ask questions or make comments near the end of the session, yet the summit appears as a one-sided conversation. For example, the Scattered Denial documentary had a lopsided opinion on radiation and links to brain cancers, and other panel members made anecdotal statements about radiation risk and miscarriage, etc. There was minimal discussion on the importance of education and training on fluoroscopy safety.

Part of the strategy put forth by SCAI included lobbying regulators to require the use of barrier systems and to put the onus on "Big Iron", as they refer to the manufacturers of fluoroscopic equipment, to ensure "appropriate" radiation protection of users of their equipment. In fact, the strategies for advocacy listed by SCAI in the closing session were "educate, lobby, petition, sue". The interventional radiologist panelist emphasized that passive strategies for radiation protection are more likely to be adopted and maintained and highlighted the episodic nature of occupational radiation exposure, which may indicate the need for a toolbox of strategies instead of a singular focus on one strategy. Dr Jones cautioned about regulating the means of radiation protection instead of the ends. Many panelists supported the idea that barrier systems are one tool in the toolbox of radiation protection, but not a one-size-fits-all solution. The current lack of high-quality occupational dose information owing to poor participation in occupational dosimetry programs was highlighted as a

challenge of addressing the goals of SCAI, along with the poor quality of some scientific studies that have attempted to investigate these problems.

Several points about trainees were raised. The first related to ACGME accreditation and the unionization of cardiology trainees, and potential consequences for failing to provide sufficient occupational safety resources. The interventional cardiology fellow panelist mentioned a seldom-discussed benefit of scheduling physicians for radiological procedures every other day rather than daily was that they came back to work the next day feeling "fresh" and rested because of not wearing RPPE the preceding day. Education was frequently mentioned during the summit, but no specific goals were proposed

The second activity, the Blue-Ribbon Panel on Fluoroscopy Safety (BRP-FS) convened by the American College of Radiology (ACR) in 2023, was primarily focused on the education and training of fluoroscopy users on fluoroscopy safety. Plans for the BRP-FS began in 2022, with the ACR Commission on Medical Physics and Commission on Interventional and Vascular Imaging co-leading the initiative. With approval from the ACR Board of Chancellors leadership and assistance from staff, the ACR project leads brainstormed on relevant stakeholders and organizations to invite, with the express intent of including as many voices as possible in order to strengthen the impact of consensus conclusions and recommendations. The in-person meeting was held at ACR headquarters in October 2023, where the Panel concluded with brainstorming on what additional organizations could be invited to participate. Twenty-one organizations attended the October 2023 meeting, and an additional 11 organizations were added to the Panel after follow-up invitations. The consensus paper has been reviewed by the panelists and feedback is being incorporated for a second review, after which consensus recommendations will be published. These recommendations will establish multi- and inter-specialty consensus standards, including minimum and uniform standards for education and training of fluoroscopy users that transcend geographical and professional boundaries. The BRP-FS is working on an executive summary to be published in the many association journals, to broaden awareness of the consensus recommendations beyond the radiology community. We expect the recommendations to afford substantial opportunities for AAPM and medical

RADIATION RISK COMMUNICATION, Cont.

physicists to provide additional value to clinical care.

The current high level of interest among SCAI members surrounding radiation protection represents a golden opportunity for diagnostic medical physicists to become more involved in their clinical interventional cardiology practices. However, it is important to stay away from unilaterally agreeing to the anecdotal references to radiation risks and confine our opinions based on the scientific findings and on the personal dosimetry data. By observing and learning the clinical aspects of these procedures, and combining our expert knowledge of medical physics, knowledge gained on clinical aspects of fluoroscopy, and training resources such as those provided by the [International Atomic Energy Agency](#), we can be ideally positioned to provide relevant education and guidance on implementation of radiation protection strategies that reduce orthopedic strain and organ doses

without compromising whole-body protection. ■

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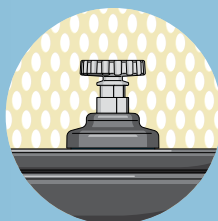
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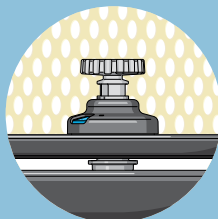
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How to Go From No Operability to Full Operability — A Report From Latest IHE-RO Connectathon Compiled by the Deformable Registration in Radiation Oncology (DRRO) Group

IHE-RO WORKING GROUP REPORT

Written on behalf of AAPM IHE-RO Deformable Image Registration (DIR) (UN45)

Integrating the Healthcare Enterprise – Radiation Oncology (IHE-RO) is a critical initiative designed to enhance the interoperability of complex systems that are integral to the field of radiation oncology. Started in 2004 and currently sponsored by the AAPM, this initiative gathers a diverse group of stakeholders, including radiation oncology clinicians, healthcare administrators, and key industry representatives. Together, they focus on effectively utilizing existing industry standards such as DICOM (Digital Imaging and Communications in Medicine), HL7 (Health Level Seven International), and FHIR (Fast Healthcare Interoperability Resources) to address intricate clinical connectivity challenges among various vendor systems.

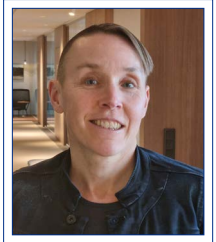
A pivotal technology in the radiation oncology portfolio is Deformable Image Registration (DIR). DIR allows for the precise alignment of medical images taken at different time points or from diverse imaging modalities, accommodating changes in patient anatomy such as organ deformation, weight fluctuations, or tumor shrinkage. As the medical imaging and treatment delivery domain becomes increasingly sophisticated, the imperative for seamless system interoperability for DIR continues to grow in importance. While historically the field of radiation oncology utilized a single CT for treatment planning and management, the field now routinely utilizes additional imaging such as 4D-CTs, MR simulations, and PET scans for comprehensive treatment planning and response assessment. Furthermore, with the advancements in on-line adaptive therapy, cone-beam CTs or MRs are now used not only for patient positioning but also for monitoring of plan appropriateness for current anatomy.

With this backdrop, an IHE-RO working group dedicated to deformable registration was formed in 2018 with the mission to develop the IHE-RO Profile for Deformable Registration in Radiation Oncology (DRRO). This profile aims to establish standardized protocols for using the DICOM standard in handling DSROs (Deformable Spatial Registration Object). The goal is to facilitate efficient and accurate data transfer of DSROs as well as deformed images, structure sets, and dose volumes, from one system to another, with no data integrity loss.

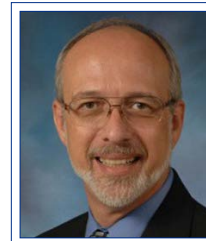
The working group embarked on a comprehensive exploration of DIR use cases supported by various vendors, aligning these with specific features of the DICOM standard and profile. The primary intent was to ensure that deformable registration workflows could enable seamless data transfer across systems without any compromise in data fidelity. Based on real-world clinical use cases, a set of Actors (systems that exchange information, see Table 1) were identified. The DRRO Profile specifies how the DICOM standard should be used to ensure data transfer occurs through Actors without loss of information.



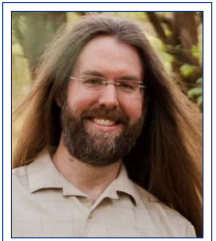
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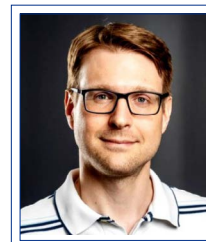
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Laboratories



Walter Bosch, DS, Washington
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Elekta



Howie Richmond, MD
MIM Software, a
GE Healthcare
Company



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Varian



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United Imaging
Shanghai

IHE-RO WORKING GROUP REPORT, Cont.

Table 1 DRRO Actors

Actor Name	Description
Deformable Registrator	A system that consumes multi-modality images and generates deformable registrations.
Deformable Displayer	A system that consumes multi-modality images, structure sets and deformable registrations to display the registered information. The producer of the deformable registration is expected to be a Deformable Registrator.
Contour Deformer	A system that consumes multi-modality images, structure sets and deformable registrations to generate deformed structure sets in a Deformable Displayer.
Dose Deformer	A system that consumes multi-modality images, structure sets, dose and deformable registrations to generate deformed dose objects in a Deformable Displayer.
Image Deformer	A system that consumes multi-modality images, structure sets, and deformable registrations to generate deformed images in a Deformable Displayer.

To facilitate rigorous, standardized testing of the implementation of these Actors, a synthetic CT phantom (shown in Figure 1) was created to represent various potential clinical uses, but with known and interpretable parameters. This phantom proved to be instrumental in evaluating the accuracy and consistency of deformable registrations during prior informal workshops held in April 2022, described in AAPM Newsletter September/October 2022 Vol. 47 No. 5, and December 2023. These events saw participation from prominent vendors such as Elekta, MIM, RaySearch, and Varian, who provided valuable feedback for creating formal test procedures and set the stage for formal testing of DRRO in the 2024 IHE-RO Connectathon.

The 2024 IHE-RO Connectathon took place at AAPM headquarters in Alexandria, Virginia, October 14 to 18, 2024 and formally tested multiple IHE-RO profiles including DRRO. See Figure 2 for a group photo and some photos acquired during the testing. Eight judges, including medical physicists and a test manager, evaluated the adherence for up to five IHE-RO Integration Profiles across eight vendor teams (11 products total with 31 vendor representatives). All participating vendors succeeded in passing formal testing for at least one Actor. For the DRRO Integration Profile, a total of 16 Actors (four vendors, four products) passed testing. Based on these results, vendors may publish integration statements for their products. Users

are encouraged to request these statements directly from the respective vendors.

Formal testing during the 2024 IHE-RO Connectathon marked a crucial milestone in establishing DIR as a standard clinical tool. This collaborative effort validated that software packages communicated DSROs effectively, thereby demonstrating that creation of the DRRO profile has greatly improved integration across DIR solutions provided by diverse vendors. Although noteworthy advancements to support the clinical use of DIR have been achieved, including enhancements like supporting deformed images and dose objects within multiple vendor systems, ongoing efforts remain. This includes continued refinement of the DRRO profile and further development of a DRRO Content Validator software, designed to ensure strict adherence to the newly established profile requirements. Although the profile is nearing maturity, it remains in trial implementation. The working group looks forward to continued progress and testing in anticipation of the IHE-RO 2025 Connectathon, and we encourage additional vendors to participate. ■

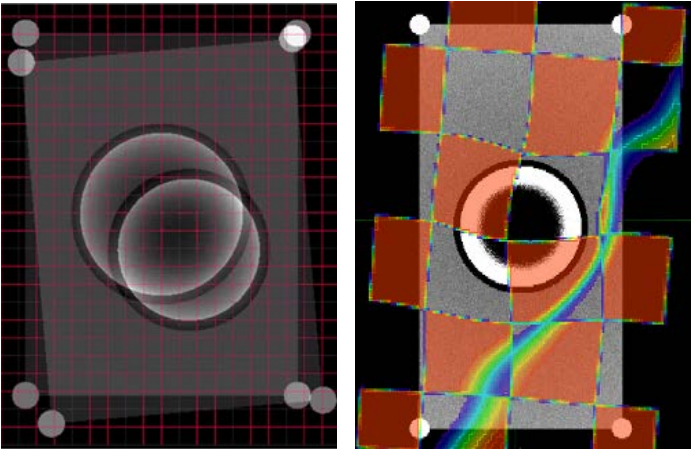


Figure 1 DRRO Test Phantom. Left: Synthetic CT Phantom consisting of a rectangular “tank” structure with an internal sphere that has been displaced in one of two CT Image Series. Right: Display of a synthetic dose object deformed using a DSRO created from the phantom to the left.

IHE-RO WORKING GROUP REPORT, Cont.



Figure 2 2024 IHE-RO Connectathon. Top: Group photo. Bottom: On-site and remote testing.

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CONGRATULATIONS

to the 2025-2026 class of the
**AAPM International Council
Associates Mentorship Program**



Hana Baroudi, PhD
**UT MD Anderson
Cancer Center**
Mentor: Eenas
Omari, PhD |
Medical College of
Wisconsin



Kaelyn Becker, PhD
**University of
Washington**
Mentor: Shannon
O'Reilly, PhD |
University of
Wisconsin-Madison



**Elvia Odalis Reyes
Guevara, MS**
**University of
Pennsylvania**
Mentor: Ana Maria
Marques da Silva,
DSc | University of
Sao Paulo (USP) and
Medical Imaging &
Data Analytics
(MEDIIMA)



Alamgir Hossain, PhD
**University of Rajshahi,
BD**
Mentor: Manju
Sharma, PhD |
University of
California San
Francisco



Lyu Huang, MS
Northwell Health
Mentor: Matthew
Goss, MS |
Allegheny Health
Network



Dishane Luximon, PhD
**University of
California Los
Angeles**
Mentor: Eric Ford,
PhD | University of
Washington

AAPM 2025

JULY 27–30 | WASHINGTON, DC
67TH ANNUAL MEETING & EXHIBITION



COMING TOGETHER TO FORGE AHEAD IN MEDICAL PHYSICS

NEW PROFESSIONAL SYMPOSIUM

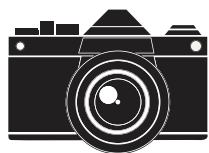
Tuesday, July 29, 2025 | 4:30–6:00 pm

Room 201 (Level 2), Walter E. Washington Convention Center

As a new member of AAPM, it is easy to feel overwhelmed by the size and complexity of the association and to be unaware of the benefits and opportunities available to members. At this year's AAPM Annual Meeting in Washington, DC, we will host a New Professional Symposium where you can learn more about the organization, member resources, opportunities to get involved, and about topics of particular interest to new professionals. We encourage you to take advantage of this great opportunity to learn valuable information and to grow your professional network.

Registered attendees will receive a raffle ticket. Enter to win a complimentary registration for the 2026 Annual Meeting & Exhibition in Vancouver, BC!

In addition, all new members who register for the Symposium will receive a drink ticket, good for one complimentary soda or beer served after the Professional Symposium during the social with committee chairs from five AAPM Councils: Science, Education, Professional, Administrative, and International.



Get Your Picture Taken.

A Headshot Lounge will be available in the Exhibit Hall to have a professional photo taken for your AAPM Member Directory profile.



aapm.me/annual



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